

Inspection Report

7 May 2024



West Tyrone Domiciliary Care and Supported Living Services

Type of service: Supported Living
Address: 43 Ardbarren Road
Castlederg
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Trinity Support and Care Services Limited.	Registered Manager: Mr. David Hawkes
Responsible Individual: Mr. Cormac Coyle	Date registered: Registration pending
Person in charge at the time of inspection: Mr. Colum McDaid (Team Leader) and David Hawkes	
Brief description of the accommodation/how the service operates: Castlederg Supported Living Service aims to provide services to one service user with very complex needs. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by Positive Behaviour Support in line with their model of Person-Centred Care and Support. Services are provided in a home like environment.	

2.0 Inspection summary

An unannounced inspection took place on 7 May 2024 between 09.00 a.m. and 13.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), family involvement and restrictive practices were also reviewed.

There were no areas for improvement identified.

Good practice was identified in relation to family involvement, documented assessment of need and care planning. There were good governance and management arrangements in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure

compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service user relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with relatives of a service user, as well as staff members and associated HSC professionals.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service user's relative's comments:

- "It's top class."
- "The staff are unbelievable."
- "I don't know how they got so many good staff."
- "They 'get' [my relative]."
- "If [my relative's] behaviour is bad, they just go about their normal business, and manage [my relative] so well".
- "I'm just a chocolate machine, when we meet!"

Staff comments:

- "I like it here."
- "The training is good."
- "There was a good induction with shadow shifts."
- "We all want what is best for our service user."
- "We all love our service user".
- "I love it here".
- "the company is very responsive to queries".

- “A good company to work for”.

HSC Trust representatives’ comments:

- “My client moved into the Castlederg property with the support from Trinity staff in November 2023.”
- “To date I have observed the staff are all very caring and communicate well with (my client’s) parents and myself as needed.”
- “I feel that the Trinity staff take any advice on board and everyone is working well together to ensure that things are manageable at present.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 14 November 2023 by a care inspector. This was a pre-registration inspection. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report could not be reviewed as this is the first inspection. Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. Review of the records indicated that these had been managed appropriately.

The relative of a service user said they had no concerns regarding the safety of their relative; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. The manager reported that the current service user did not require the use of specialised equipment. They were aware of how to source such training should it be required in the future. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with the service user's representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that a service user was subject to a DoLS. A resource folder was available for staff to reference. A register of restrictive practices was held by the agency.

The manager confirmed that the agency did not manage service users' finances.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that the relatives of the service user had an input into devising the plan of care for their relative. The service user's care plan contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had meetings with the relative of the service user on a regular basis which enabled the provisions of their relative's care to be discussed.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

No service users had required a SALT referral. A review of training records confirmed that staff had completed training in Dysphagia as well as First Aid to allow them to respond to choking incidents should these occur.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs as communicated by relatives. These were recorded within the care plan.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; The records included the names and signatures of those attending the training event, the date(s) of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Staff spoken to by the inspector confirmed that they were aware of this.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was

engagement with the service user's relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report could not be reviewed as this is a new service.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's pending registration certificate dated 19 February 2024 was displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure and this formed part of the monthly monitoring report.

The inspector discussed the management arrangements with the manager whose registration remains pending.

Due to the nature of the service, staff always have access to the accommodation of service user.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Tracey Devenney, Assistant Director; David Hawkes, Registered Manager and Colum McDaid, who was the person in charge at the beginning of the inspection.



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