

Unannounced Care Inspection Report 18 July 2019



Struell Lodge Supported Housing Scheme

Type of Service: Domiciliary Care Agency
Address: 2 Ardglass Road, Downpatrick, BT30 6JG
Tel No: 02844513850
Inspector: Joanne Faulkner

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Struell Lodge Supported Housing Scheme, is a domiciliary care agency supported living type located in Downpatrick. Agency staff provide care and support to a number of service users living in shared accommodation located at various locations in the local community. Service users each have their own individual bedrooms and a number of shared facilities. The service users have a range of complex needs.

The agency's aim is to provide care and support to service users, this includes assisting service users with personal care needs, meals, medication, housing support and assistance to access community services with the overall goal of promoting independence and maximizing the quality of life.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)	Registered Manager: Stephen Moffett- application received 22 May 2019- registration pending
Responsible Individual: Mr Seamus McGorran- Acting	
Person in charge at the time of inspection: Stephen Moffett	Date manager registered: Stephen Moffett- application received 22 May 2019- registration pending

4.0 Inspection summary

An unannounced inspection took place on 18 July 2019 from 10.00 to 17.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human 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. Service users should experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during the last care inspection and aimed to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice identified throughout the inspection in relation to the agency's processes for staff supervision/appraisal, training and adult safeguarding and risk management. The care records were noted to be person centred and well maintained and there was evidence of effective communication with relevant stakeholders. There was evidence that care and support was provided in an individualised manner. The culture and ethos of the agency promoted treating service users with dignity and respect and maximising their independence. There was evidence of effective governance and management systems in place.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of equality, choice, care planning, decision making, confidentiality and effective service user engagement.

One area for improvement was identified during this inspection. Two areas identified at the last care inspection are carried forward to the next inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

The inspector would like to thank the manager, the service users and staff for their support and full co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2*

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

*Includes two areas for improvement are carried forwarded to the next inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 14 March 2019

The completed QIP was returned and approved by the care inspector. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 March 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report and QIP
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- discussion with the acting manager
- examination of records
- consultation with two service users and two staff
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

Ten questionnaires were provided for distribution to the service users and their representatives; one response was received prior to the issuing of this report. The respondent indicated that they were satisfied or very satisfied that the care provided was safe, effective and compassionate and that the agency was well led. They commented, "Care and staff are excellent."

The inspector requested that the manager place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the agency's premises.

During the inspection the inspector spoke with the manager, two staff members and visited two service users in their home. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met. Two areas will be carried forward to be assessed at the next inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 14 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23 (1) (2) (3) Stated: Second time To be completed by: With immediate effect	23.—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.	Met
	In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.	
	Action taken as confirmed during the inspection: The agency have a system in place for evaluating the quality of services provided. Quality monitoring audits are completed by the organisations governance officer. Copies of the reports of quality monitoring undertaken on a monthly basis have been forwarded to RQIA as requested.	

<p>Area for improvement 2</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 11 April 2019</p>	<p>1) The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>A copy of the amended Statement of Purpose is to be provided to RQIA with the returned QIP.</p> <p>Action taken as confirmed during the inspection: A copy of the Statement of Purpose was provided to RQIA.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Regulation 15(3)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall:</p> <p>(b) keep the service user plan under review; (c) where appropriate, and after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user’s representative, revise the service user plan.</p> <p>This relates to the need for the identified service user’s care plan to be updated.</p> <p>Action taken as confirmed during the inspection: From care records viewed it was identified that the identified service user’s care plan had been reviewed and updated.</p>	Met
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 13.3</p> <p>Stated: Second time</p> <p>To be completed by: 9 May 2019 and ongoing</p>	<p>The registered person shall ensure staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Action taken as confirmed during the inspection: From records viewed during and following the inspection it was identified that staff had received supervision and a record is maintained.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 8.12</p> <p>Stated: Second time</p> <p>To be completed by: 9 May 2019</p>	<p>The registered person shall ensure the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>A copy of the quality report for 2018 is to be submitted to RQIA within identified timeframes.</p>	Met

	<p>Action taken as confirmed during the inspection: A copy of the annual report was supplied to RQIA.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 9.5</p> <p>Stated: Second time</p> <p>To be completed by: 30 May 2019</p>	<p>The registered person shall ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>This relates to supervision policy, disciplinary procedures, data protection policy and a training and development policy.</p> <p>Action taken as confirmed during the inspection: The inspector viewed evidence that the review of policies and procedures is currently ongoing. This will be carried forward to the next inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 2.1</p> <p>Stated: Second time</p> <p>To be completed by: 11 April 2019</p>	<p>The registered person shall ensure that the service user's guide contains information on the following:</p> <ul style="list-style-type: none"> • a summary of the statement of purpose and the services provided • the name of the registered manager and the general staffing arrangements • the amounts and method of payment of fees for services (relevant to self-referred service users only) • general feedback from service users and/or their carer/representatives about the quality of the service • the general terms and conditions for receipt of the agency's services • the arrangements for the inspection of the agency by the Regulation and Quality Improvement Authority and how to access inspection reports • the agency, its structure and the name of the registered person • how to access the service • a summary of the complaints procedure and how to access it • the address and telephone number of the Regulation and Quality Improvement Authority <p>A copy of the amended Service User Guide is to be provided to RQIA with the returned QIP.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The service user's guide was submitted to RQIA and assessed as compliant with Standard 2.</p>	
<p>Area for improvement 5 Ref: Standard 12.1 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that newly appointed staff to the supported living service should have a structured orientation and induction process, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.</p>	<p>Carried forward to the next care inspection</p>
	<p>Action taken as confirmed during the inspection: It was identified that no new staff have commenced employment within the agency. This will be carried forward to the next inspection.</p>	
<p>Area for improvement 6 Ref: Standard 12.3 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff mandatory training requirements are met.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: From records viewed during and immediately following the inspection it was identified that that staff mandatory training requirements had been met.</p>	
<p>Area for improvement 7 Ref: Standard 15.10 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust complaints process is implemented and maintained, specifically, that the management of individual complaints are thoroughly documented and demonstrate complainants' level of satisfaction/dissatisfaction with any and all actions taken.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Complaints records viewed indicated that the agency's complaints process is robust and that details are retained of the management of the complaint, the actions taken and if the complaint is resolved.</p>	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency has a recruitment policy that outlines the process for ensuring that required staff pre-employment checks are completed. It was identified that staff recruitment is managed and co-ordinated by the organisation's Human Resources (HR) department. Details of all information relating to individual staff recruitment is retained by the HR department.

Discussions with the manager indicated that they had an understanding of the recruitment process and the need for robust systems to be in place. They stated that staff are not provided to deliver care and support to service users until all required checks have been satisfactorily completed. The manager stated that they receive correspondence from the HR department when staff are ready to commence employment.

Discussions with the manager, staff and records viewed indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that no new staff have been employed since the last inspection.

Staff who spoke to the inspector talked positively about their induction and indicated that it had provided them with the knowledge and skills to meet the needs of service users. Staff stated that shadowing other staff provided them with the opportunity to become familiar with the needs of individual service users and ensured that service users were introduced to new staff prior to them providing care.

It was noted that the agency aims to provide supervision/ appraisal to staff in accordance with the timescales as outlined in their procedures. Records viewed during and following the inspection provided evidence that staff had received supervision and appraisal in accordance with their procedures.

The agency has a system for ensuring that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with NISCC. The manager stated that they check the information monthly and provided assurances that staff are not supplied for work if they are not appropriately registered. Records viewed indicated that all staff were registered appropriately.

The manager could describe the process for identifying individual staff training needs and their responsibility for ensuring that training updates are completed. Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff stated that their training had equipped them with the knowledge and skills for their role. They described the value of the additional training received in improving the quality of care they provided and demonstrated a clear understanding of service users' human rights in all aspects of their lives.

The inspector viewed the agency's system for recording training completed by staff. Records viewed indicated that staff had completed or were due to complete relevant training. Records viewed and feedback received evidenced that staff complete training in a range of areas such as moving and handling, MAPA, medication and safeguarding adults, first aid and fire safety. In addition it was positive to note that a range of key areas are discussed during the initial induction training provided to staff such as equality, confidentiality, adult safeguarding and whistleblowing. Training records are reviewed by the person completing the quality monitoring audit.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager and staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns appropriately.

It was noted that staff are required to complete safeguarding training during their induction programme and annual training updates thereafter. From training records viewed it was noted that four staff were due to complete an update; following the inspection the manager provided confirmation that dates had been booked for those staff to complete the training.

The Adult Safeguarding Position report was not available for viewing during the inspection. The manager stated that they would liaise with the ASC to ensure that the report is completed prior to March 2020.

The service users who spoke to the inspector could describe what they would do if they had any concerns in relation to safety or the care and support provided. They indicated that they could speak to staff at any time and felt that their concerns would be listened to and appropriately addressed.

Discussions with the manager and records viewed relating to adult safeguarding indicated that the agency has a process for maintaining a record of referrals made to the safeguarding team and other relevant stakeholders with regard to any alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that no referrals had been made in relation to adult safeguarding matters from the date of the last care inspection.

Staff had a clear understanding of their role and responsibility to identify and report actual or suspected incidences of abuse. They described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

One service user spoken with indicated that they had no concerns regarding the safety of care being provided by the agency. They stated that new staff are introduced to them; this is felt to be necessary in terms of respecting the service users' dignity and respect. Those consulted with confirmed that they could approach the staff if they had any concerns. Example of a comments made by service users: "I am happy here; I have no concerns."

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. The manager stated that the agency is currently in the process of recruiting additional staff to meet the increased needs of the service users. Discussion with staff during of inspection highlighted no concerns in regards to them having appropriate time to undertake their

duties in accordance with individual service users' care plans. It was identified that the agency do not access staff from another domiciliary care agency.

Staff confirmed that care is provided to service users by a core staff team to help provide continuity of care and develop positive relationships. It is felt that this can have a positive impact on the service users' experience in accordance with their human rights such as privacy, dignity and respect. There were no concerns raised with the inspector in relation to the service users' needs being met. It was noted that out of hours staff can access guidance from staff in one of the agency's other facilities or from senior managers.

It was identified that the agency's staff rota information was required to be reviewed to further enhance the list of abbreviations and to ensure that the rota accurately records the full name of all staff provided. An area for improvement was identified.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. There were no incidents reported to RQIA since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The manager and staff could clearly describe the process for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and were appropriate their representatives.

Staff who spoke to the inspector were very knowledgeable and informed, regarding the individual needs of service users'. Staff described the value they place on ensuring that service users are supported in a person centred manner, where their preferences, choices and views are considered. Staff could describe the importance of ensuring service users were encouraged to discuss any concerns they had and the need to balance risk with the choices and human rights of individual service users.

One service user who spoke to the inspector stated that they had choice and indicated that staff listened to them and respected decisions made. In addition they indicated that staff talked to them about their care and support needs. The inspector visited the home of two service users and noted that they appeared relaxed and comfortable; they could describe how staff had supported them to personalise their home and to enjoy days out.

Staff and the service user who spoke to the inspector indicated that they felt care was being provided in a safe manner. Staff could describe how they observe service users regularly to identify any change in dependency, ability or behaviour and take appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Information relating to service users was noted to be stored securely. Staff could describe the importance of storing confidential information in accordance with data protection guidelines.

The agency's office accommodation is located within one of the organisation's residential homes and accessed from a shared entrance. The inspector discussed with the manager the benefits of reviewing this arrangement to ensure the privacy of the residents living in the residential home; the manager stated that this arrangement is currently under review. It was noted that during the inspection records were stored securely and that computers were password protected.

Comments received during inspection process.

Staff comments

- “Service users can do what they want.”
- “Service users are out and about all the time; they love getting out.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, training, adult safeguarding and management of risk.

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency’s staff rota information.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency’s Statement of Purpose and Service User Guide had been updated since the previous inspection. They were noted to contain details of the nature and range of services provided.

The organisation’s data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised and secure manner.

Service user care records viewed during the inspection were noted to include referral information received from the relevant HSCT representatives; they included risk assessments and care plans. The review of the individual service user care records identified that they were individualised.

Care plans viewed were noted to provide an account of care and support required. In addition, they contained details of specific choices made by service users and made reference to their human rights and any practices deemed to be restrictive. The service user who spoke to the inspector stated that they were supported to make choices in relation to the care they received.

The manager could describe the methods used for supporting service users and where appropriate their relatives to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided. The agency contributes to reviews involving the service users’ HSCT keyworkers as appropriate.

The agency’s processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and observations made evidenced that staff communicate appropriately with service users.

A service user who spoke to the inspector stated that that staff listen to them and respect their choices in relation to their care, support and daily activities.

The manager could describe the processes used to develop and maintain effective working relationships with relatives and other HSCT representatives. The manager could describe the ongoing engagement with the HSCT community team in relation to one service user.

The agency facilitates staff meetings in conjunction with staff from one of the residential homes; the inspector discussed with the manager the need to ensure that the minutes clearly reflect what items relate to the domiciliary care agency.

Service user meetings are facilitated; minutes viewed included comments made by service users.

The service users who spoke to the inspector stated they had no concerns regarding the conduct of staff providing the care and support.

Examples of some of the comments made by service users are listed below:

- “They (staff) talk to us.”
- “I have a keyworker.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of the care records and the agency’s communication with service users, and where appropriate other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was noted that staff receive information/training in relation to equality, human rights and confidentiality during their induction programme. Discussions with staff and a service user, observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care and support is provided. A service user could describe ways in which staff respect their views and choices. During the inspection the inspector observed service users making choices in relation to their daily routines.

Staff who spoke to the inspector described how service users can make choices about the care and support they receive and provided assurances that service users can refuse any aspect of their care. Staff discussed the risks that may arise due to choices made by service users and could describe the process for raising concerns with the manager in relation to any identified risks.

Service users who spoke to the inspector indicated that they have choice and stated that staff respect their choices. Some comments made were “I can do what I want; staff help me. I like the staff.”; “I like living here.”

Service user care records viewed were noted to outline the information relating to the needs of service users and their individual choices and preferences. During the inspection the inspector observed staff supporting service users to make decisions about their care and support.

Staff stated that they aim to provide the care and support in an individualised manner; and the processes used for effectively supporting service users in making informed choices.

Staff could describe the value of developing a good rapport with service users, and the need to be mindful of their individual wishes and preferences.

Staff spoken with commented:

- “They (service users) do have choice.”

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had been provided with equality awareness information during their induction programme. Staff could describe how their training equips them to engage with a diverse range of service users.

The manager described how they consider ways of improving the service provided, they described the methods used to ensure that care is provided in a person centred way.

Discussions with one service user and staff provided evidence that supports service users’ equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- risk assessment and care planning

From records viewed and discussions it was identified that the agency has a range of methods for recording comments made by service users and/or their representatives. Records of care review meetings, daily recording, service user meetings and reports of quality monitoring visits indicated regular engagement with service users and where appropriate other relevant stakeholders.

The inspector noted that the agency’s quality monitoring process has been further developed since the last inspection to ensure that it was more robust. It has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

Staff and service users who contributed to the inspection indicated that they felt care provided was compassionate.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the effective engagement with service users, and where appropriate other relevant stakeholders with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for promoting human rights; this has led to better outcomes for service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by the acting manager supported by a number of senior support workers and support staff. The Acting manager has submitted an application to RQIA to be registered as the manager.

Staff could describe the process for obtaining support and guidance. Staff who spoke to the inspector indicated that they felt they could approach the manager.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring and service user meetings.

The agency has a range of policies and procedures which are retained electronically and staff can access. It was identified that a number of policies required to be updated were currently being reviewed; and area for improvement identified at the last inspection will be carried forward to the next inspection.

The agency's complaints policy outlines the process for managing complaints; discussions with the manager and staff indicated that they had an understanding of the actions to be taken in the event of a complaint being received. One service user who spoke to the inspector could describe the process for raising concerns.

It was identified that complaints are audited on a monthly basis as part of the agency's quality monitoring system. The agency has a process for maintaining a record of complaints received. It was noted from records viewed and discussions with the manager that the agency had received no new complaints since the previous inspection.

The manager stated that a number of complaints had been received previously in relation to changes made to the organisation's travel procedures. The manager stated that the organisation is currently completing a pilot in relation to a proposed travel scheme for service users. Staff who spoke to the inspector felt that the current arrangement for supporting service users to use public transport was not always appropriate; the inspector discussed the need to promote independence however ensuring the arrangements are suitable for each individual service user.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include supervision of staff, monthly monitoring of complaints, accidents, safeguarding referrals and incidents including those notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective collaborative working relationships with relevant stakeholders such as community HSCT representatives.

The inspector viewed evidence which indicated appropriate staff training, supervision and appraisal. The manager could clearly describe the rationale for regularly reviewing the quality of the services with the aim of improving the service provided.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff who spoke to the inspector had a good understanding of the responsibilities of their job roles. The manager stated that staff conduct is discussed with staff during their probation period.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards.

Service users who spoke to the inspector knew whom they should contact if they have any concerns regarding the service. One service user commented, "I talk to the staff if worried; or my keyworker."

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

The organisation has further developed the process for completing monthly quality monitoring audits. The inspector viewed the agency's quality monitoring reports of the visits completed by the organisation's governance officer. Records viewed indicated that the process is more robust and effective. It was noted that an action plan is developed. Records viewed were noted to include comments made by service users, and where appropriate their representatives.

Some comments noted on the reports:

- "I think our daughter is a lot happier since she moved to Struell Lodge and she has a lot more to do."
- "Our son is very happy in ****. Staff are excellent and they treat our son with respect and care. Visits to our home have greatly improved since he moved."

The reports included details of the review of the previous action plan, review of care records, accidents/incidents, safeguarding referrals, and complaints.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 21.(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner.</p> <p>This relates specifically to the agency's staff rota information.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: I can confirm that the layout of the staff rota has been amended to reflect changes as detailed below;</p> <ul style="list-style-type: none"> • The manager has been added to the rota to reflect hours in work in each part of the service. • The name of the person in charge in the absence of the manager has been highlighted in the daily rota on each shift. • A key has been introduced onto the rota to reflect any abbreviations used on the rota to explain e.g. a/l for annual leave, LTS for long term sick etc. • The use of the 24hr clock has been introduced onto the rota. • A full list of staff is in place on the rota. • A column has been introduced on the rota to facilitate staff comments. • List of staff signatures attached to Rotas. • Any amendments to rota are to be signed. • No Abbreviated names – all names are in full. <p>This upgrade will be enhanced further on implementation of e-rostering which will be implemented in Jan 2020 at Struell. E rostering will provide a high level of governance and reassurance with the management of and record of rotas for future inspections.</p>
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Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 9.5</p> <p>Stated: Second time</p> <p>To be completed by: 30 May 2019</p>	<p>The registered person shall ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>This relates to supervision policy, disciplinary procedures, data protection policy and a training and development policy.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.1</p>
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	<p>Response by registered person detailing the actions taken:</p> <p>The disciplinary policy is a regional policy. There is currently a working group reviewing this policy which comprises of management and trade unions. There has also been a number of workshops carried out across the region to get feedback from people who have been involved in the process. It is expected to be ratified by the end of 2019.</p> <p>The Data Protection Policy is currently live from April 2019 until April 2024.</p> <p>The Staff Appraisal and Training Needs Policy is currently live from Feb 2019 until Feb 2022.</p> <p>The issue of the update of the social care supervision policy has been an ongoing discussion at regional level. The Western Health and Social Care Trust are leading an approach to the development of one social care policy for all Trusts and for that reason a decision was made not to update our Trust policy whilst this work is ongoing, the most recent workshop held by the Dept in early October 2019 This has been agreed at the Social Work Executive meeting. The development of the policy is taking longer than anticipated and in the meantime the Trust require staff to adhere to the Reform Implementation Team (RIT) Supervision Policy 2015.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that newly appointed staff to the supported living service should have a structured orientation and induction process, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken:</p> <p>There has been no newly appointed staff to the supported living service since the last inspection in March 2019. However, as new staff are recruited and appointed they will be inducted accordingly into the service as per induction policy and following the induction booklet.</p>

****Please ensure this document is completed in full and returned via Web Portal****



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