

Inspection Report

23 August 2021



Abbots Court Supported Living Scheme

Type of service: Domiciliary Care Agency
Address: 10 Abbots Court, Newtownabbey, BT37 9RL
Telephone number: 028 9036 0690

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Northern Health and Social Care Trust	Registered Manager: Mrs Anne McCormick
Responsible Individual: Ms Jennifer Welsh	Date registered: Acting – no application required
Person in charge at the time of inspection: Ms Laura Austin, deputy manager	
Brief description of the accommodation/how the service operates: Abbots Court Supported Living Scheme is a domiciliary care agency supported living type which provides services for up to 13 tenants living in their own homes within the Northern Health and Social Care Trust (NHSCT) area. Tenants require care and support for a range of needs relating to their learning disabilities. The tenants are supported by eight staff.	

2.0 Inspection summary

An announced inspection took place on 23 August 2021, between 9.50am and 1.45pm by the care inspector.

The inspection focused on staff recruitment and the agency's governance and management arrangements as well as registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the tenants. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the Quality Improvement Plan (QIP) notifiable incidents and written and verbal communication received since the previous care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with NISCC were monitored by the agency.

We discussed any complaints and incidents during the inspection with the person in charge and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, tenants and their relatives, to request feedback on the quality of service provided. This included an electronic survey and tenant/relative questionnaires to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires from 10 tenants showed that those supported thought care and support was either excellent or good.

During the inspection, we spoke with four tenants and two staff members. Eight questionnaires were received from tenants and their relatives. No staff responded to the electronic survey. In addition we received feedback from one HSCT representative.

Comments received during inspection process:

Tenants' comments

- "Happy."
- "I'm very happy here."
- "If I have any problems, I can talk to staff."

- “I get on with the staff very well.”
- “Staff need my permission to come into my flat.”
- “It’s nice living here and I feel safe and happy.”
- “Staff help me make my meals and I get choices.”
- “It’s nice to see staff coming into my house and checking my temperature. It makes me feel safe with covid.”
- “Staff are great, they help me with what I need.”
- “I can come and go as I please.”
- “Nothing needs to change.”

Staff comments

- “Working here is brilliant.”
- “There is good team work and good communication.”
- “I have completed Dysphagia training and am aware of the different categories.”
- “I am trained in DoLS.”
- “I absolutely love it here, there’s a great buzz.”
- “It’s a really nice service, everyone is really friendly.”
- “We empower our tenants; they are able to make decisions.”
- “I have brought ideas to management and they have been implemented.”
- “Training is great.”
- “There is an open door policy.”

HSCT representatives’ comments

- “I have no issues with the care that they provide. Recently the tenant was in hospital and Abbots Court were very attentive in assisting with their discharge planning and with adjustments ensuring they could return to their home environment.”
- “Communication is always excellent. They participate in all reviews and adhere to trust care plans.”

5.0 The inspection

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

The last inspection to Abbots Court Supported Living Scheme was undertaken on 3 March 2020 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 3 March 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (d) Schedule 3 Stated: First time	The registered person shall ensure that a robust system is in place to ensure that required AccessNI checks are completed for new staff members prior to the commencement of employment.	Met
	This relates to all new staff including staff transferred from another area within the HSCT.	
	Action taken as confirmed during the inspection: A review of staff recruitment records evidenced that all pre-employment checks including AccessNI were undertaken on both new recruits and staff transferring from another area within the HSCT.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of tenants was reviewed. 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 clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 has a system for retaining a record of referrals made in relation to adult safeguarding matters. Four safeguarding referrals had been made since the last inspection. It was noted that all referrals had been managed in accordance with the agency's policy and procedures.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The person in charge and staff were provided with training appropriate to the requirements of their role. This included DoLS training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The person in charge confirmed the agency does not manage individual monies belonging to the tenants.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The person in charge advised that there were no care partners visiting tenants during the Covid-19 pandemic restrictions.

5.2.3 Is there a system in place for identifying tenants Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The person in charge confirmed that one tenant had Dysphagia needs. The discussions with the person in charge and review of tenant care records identified that specific modified diets were included in the risk assessments and care plans. There was evidence that staff were respectful of the tenant's preferences in relation to the level of supervision required. Staff had implemented the specific recommendations of SALT to ensure the care provided was safe and effective. It was good to note that lesser restrictive options were used in order to maintain the tenant's dignity when eating.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence

employment and engage with tenants. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

5.2.5 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The reports included details of the review of tenants' care records; accident/incidents; safeguarding matters; complaints; and staffing arrangements including recruitment and training. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been addressed.

It was established during discussions with the person in charge that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

There was a system in place to ensure that support workers received supervision and training in accordance with the agency's policies and procedures.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency was providing safe and effective care in a caring and compassionate manner; and that the agency was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care