Inspection Report

24 June 2021

Mid and South Antrim Supported Living Service

Type of service: Domiciliary Care Agency
Address: 2 - 4 The Courtyard, Off Main Street, Ballytromery, Crumlin, BT29 4UP
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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: Praxis Care Group **Responsible Individual:** Mr Greer Wilson	**Registered Manager:** Mrs Bronagh McCaw **Date registered:** 8 April 2018
Person in charge at the time of inspection: Mrs Bronagh McCaw	
Brief description of the accommodation/how the service operates: Mid and South Antrim Supported Living Service is a domiciliary care agency supported living type which provides personal care and housing support to 15 people with learning disability, mental health and complex needs from the Northern Health and Social Care Trust (NHSCT) area. Service users are supported by 52 staff.	

2.0 Inspection summary

An unannounced inspection took place on 24 June 2021, at 09.50 am to 13.10 pm by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC), Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

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.

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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifications, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.

- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires and 'Tell us' cards for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with one service user, one relative and two staff.

In addition we received questionnaires from service users/relatives as well as electronic survey feedback from staff which indicated that all respondents were happy with the service provided by the agency. Some of the comments made are recorded below.

Comments received during inspection process-

Service users' comments:

- "The staff are good to me."
- "The staff give me choices."
- "If I had any problems, I would go to staff."

Relatives comments:

- "The staff are great, very professional and kind."
- "The staff were good at getting to know XXXX before XXXX took up tenancy."

Staff comments:

- "I had an induction."
- "The management is always available."
- "Any issues are dealt with promptly."
- "There is plenty of training."
- "Service users are at the centre of their care, staff go over and beyond to ensure their needs are met."
- "I feel that during this uncertain and sometimes difficult past year, including changes to work environment and limitations on community activities, that standards have remained high across the staff team and an effective service has been maintained."

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 Mid and South Antrim Supported Living Service was undertaken on 27 August 2020 by a care inspector; no areas for improvement were identified.

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 service users 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). The Adult Safeguarding Position report for the agency has been formulated and was reviewed.

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

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

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences 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 to the appropriate NHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that a number of adult safeguarding referrals had been made since the last inspection and that the referrals had been managed appropriately.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

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.

Staff have undertaken DoL's training appropriate to their job roles.

Examination of service users care records confirmed that DoLS practices were embedded into practice with the appropriate documentation available for review.

Staff demonstrated that they have an 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.

Where a service user is experiencing a restrictive practice, examination of these care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate HSCT representative.

The manager told us that the agency does not manage individual service users' monies.

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 service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

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

The manager confirmed that the agency had not received any specific recommendations from the Speech and Language Therapist (SALT) in relation to service users Dysphagia needs to ensure the care received in the setting was safe and effective.

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 service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates are 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 to keep their registrations up to date.

The manager told us that the agency does not use volunteers or voluntary workers.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and NHSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. 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 actioned.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's) Significant Event Analysis's (SEA's) or Early Alert's (EA's).

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is 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 Mrs Bronagh McCaw, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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