

# Unannounced Care Inspection Report 4 July 2018



## West Belfast Supported Living Services

**Type of Service: Domiciliary Care Agency**  
**Address: 1 Dunmisk Walk, Belfast, BT11 8JY**  
**Tel No: 02890627895**  
**Inspector: Kieran Murray**

[www.rqia.org.uk](http://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**

This is a domiciliary care agency supported living type which provides services to 32 service users (one void tenancy on the day of the inspection) living in their own homes who require care and support with learning disabilities and mental health. The service users are supported by 18 staff (includes the manager, team leaders, support workers and administration staff).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group  <b>Responsible Individual(s):</b> Mr Andrew James Mayhew	<b>Registered Manager:</b> Ms Rois McCotter
<b>Person in charge at the time of inspection:</b> Operations Manager	<b>Date manager registered:</b> 9 March 2009

### 4.0 Inspection summary

An unannounced inspection took place on 4 July 2018 from 09.30 to 16.45 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

#### Evidence of good practice was found in relation to:

- staff inductions
- supervisions and appraisals
- care reviews
- adult safeguarding
- incident management
- collaborative working
- professional body regulations

No areas requiring improvement were identified during the 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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Caroline Haughey, Operations Manager, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 21 September 2017**

No further actions were required to be taken following the most recent inspection on 21 September 2017.

#### **5.0 How we inspect**

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

- previous inspection report
- record of notifiable incidents
- record of complaints
- correspondence with RQIA

During the inspection the inspector met with five service users, two staff and telephone conversation with one Trust professional and one service users' representative.

The following records were examined during the inspection:

- a range of service users' care and support plans
- care review records
- Health and social care trust (HSCT) assessments of needs and risk assessments
- recording/evaluation of care records
- monthly quality monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervisions
- records relating to appraisals
- complaints records
- incident records
- records relating to safeguarding of adults
- staff rota information
- staff communication records
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding adults in need of protection policy, 2016

- whistleblowing policy
- data protection policy
- grievance procedure
- Statement of Purpose
- Service User Guide

At the request of the inspector, the operations manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Four responses were received prior to the issue of the report. The operations manager was also asked to distribute 10 questionnaires to service users/family members. Eight questionnaires were returned by service users/family members.

The feedback received on the responses and questionnaire will be reflected in the body of the report.

There were a number of areas rated as 'unsatisfied' and 'undecided' on the feedback received from both service users/relatives and staff. As there was no contact details recorded for service users or staff, the inspector spoke to the operations manager on the 18 July 2018 and discussed the feedback received. The inspector has been assured by the operations manager that the comments made would be discussed with service users in the forum of a resident meeting and with staff at the next team meeting. The operations manager has agreed that the report would be discussed at both these meetings and a record retained for review at the next inspection.

The inspector requested that the operations manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 21 September 2017**

The most recent inspection of the agency was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 21 September 2017**

There were no areas for improvement made as a result of the last care inspection.

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and that these are satisfactory.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations; it was evidenced by the inspector that staff attend the Praxis Care Group corporate induction programme. Staff who spoke to the inspector stated that they are required to shadow other staff members during their induction and probation period. The inspector spoke with two staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the manager.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The operations manager provided the inspector with a detailed list of the domiciliary care agency staff, their photographic evidence, Access NI number, training and evidence of their NISCC registration and the induction programme provided to them.

##### **Service user comments:**

- "I have never been as happy in my life."
- "I feel 100% safe."
- "I am very pleased with all the help I get from staff but especially my keyworker XXXXX. He is very kind, courteous and professional. The rest of the staff and management are excellent and do a very good job."

##### **Staff comments:**

- "I got a three week induction which was quite intense."
- "There were minimum staffing levels a few months back but alright now."
- "Staff are up to date with all mandatory training and are encouraged to take part in extra training to suit the service users with their care."

##### **Relative comments:**

- "The place is really brilliant."

Examination of records indicated that a system to ensure that staff supervision and appraisal are planned in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards and the agency's mandatory training requirements. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Personality Disorder Knowledge and Understanding Framework, Sexuality and Learning Disability and Personal Safety and General Data Protection Regulation (GDPR) training.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted that records relating to staffs safeguarding training were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that the agency had made a number of safeguarding referrals to the Trust since the last inspection 21 September 2017 and they had been managed appropriately.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection it was noted that there were a number of restrictive practices in place and restrictive practices implemented were of the least restrictive nature considered necessary in conjunction with the HSC Trust and were reviewed yearly and evaluated.

The inspector noted that evidence of review of service users' needs took place annually or sooner as required. The inspector evidenced an easy read guide 'Your information – Privacy Note' relating to storage and sharing of information in service users files.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been a number of incidents since the previous inspection on 21 September 2017. The inspector evidenced that completed incident records were completed appropriately by the agency and in accordance with the agency's procedure and policy.

The inspector noted that the agency had received no complaints since the last inspection on 21 September 2017 and these were managed in accordance with policy and procedure.

Of four responses returned by staff, two indicated that they were ‘very satisfied’ care was safe and two indicated that they were ‘satisfied’ care was safe. Of eight questionnaires returned by service users/relatives two indicated that they were ‘very satisfied’ care was safe, three indicated that they were ‘satisfied’ that care was safe, two indicated that they were ‘undecided’ if care was safe and one indicated that they were ‘unsatisfied’ that care was safe.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to recruitment and inductions, supervision and appraisals, training adult safeguarding referrals, complaints, incidents and health and safety.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2018) and Service User Guide (2018).

The inspector reviewed three service users’ care and support plans. The inspector was informed that care and support plans are reviewed on a monthly or three monthly basis or sooner if required with the key worker. These records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined three annual reviews and the records were satisfactory.

The agency maintains daily contact records for each service user. On examination of records the inspector noted a number of correction practices which were not in keeping with policy and procedure. The inspector requested the operations manager add an agenda item to the forthcoming staff meeting agenda in relation to recording keeping and appropriate correction methods.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and service users’ indicated that service users: have a genuine influence on the content of their care plans and the frequency of reviews with keyworkers i.e. three monthly instead of monthly.

**Relative’s comments:**

- “I am very happy with the staff.”



- “I keep in touch with the staff.”

**Staff comments:**

- “There is a different challenge every day.”
- “I feel that the service offered in my scheme is suitable to the service users, using a person centred approach at all times.”

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users’, staff, relatives as appropriate and community keyworkers, and progress on improvement matters.

The inspector noted the following comment on monthly monitoring reports made by Trust professionals:

“The support worker was very efficient in supporting the service user with ongoing PIP forms.”

The inspector noted the following comment on monthly monitoring reports made by agency staff:

“The general consensus is that although managing shift vacancies and rota cover can be challenging, the moral within the team is good and there is a strong sense of team work.”

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users’. The staff described effective verbal and written communication systems with the staff team, including the use of a diary and verbal and written handovers.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that a local team meeting took place on a weekly basis and a larger team meeting on a bimonthly basis; the staff who spoke with the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

The inspector reviewed the tenant meetings which evidenced that they took place on a monthly basis. Service users spoken to on the day of the inspection verified this.

The inspector noted and examined the following surveys carried out by West Belfast Supported Living Service, Operational Plan 2017/2018, Service User Survey and West Belfast Supported Living Service Specific Business Continuity Management Plan 2017/2018 with positive results.

The name and contact details of advocacy services were available in the Service User Guide as well as on the complaints and comments leaflet.

The staff interviewed informed the inspector that desktop computers are available in the agency office to use to access policies and request on-line and face to face training.

Of four responses returned by staff, two indicated that they were 'very satisfied care was effective, one indicated that they were 'satisfied' care was effective and one indicated that they were 'unsatisfied' care was effective. Of eight questionnaires returned by service users/relatives three indicated that they were 'very satisfied' care was effective, four indicated that they were 'satisfied' that care was effective and one indicated that they were 'undecided' that care was effective.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 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 inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with staff and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Service users who wished to meet the inspector were provided with privacy as appropriate. The inspector noted that service users have choice regarding their daily routines and personal belongings.

The inspector noted a letter of thank you to a service user from a local charity for the donation following their collection.

Service users who spoke to the inspector discussed their trips to Knock and attendance at a recent Elvis contribute night. Other service users advised the inspector that the agency had arranged a BBQ on site for service users and how much they enjoyed it.

The inspector was informed that service users and staff had donated new items of clothing for the Homeless.

The inspector noted posters inviting service users to attend the local health centre to avail of Health Day.

On the day of the inspection the inspector observed staff taking service users out to the local area to promote social inclusion.

#### **Service user comments:**

- “Living here has promoted my independence.”
- “I come and go as I like.”

#### **Relative comments:**

- “When XXXX is happy, I am happy.”

#### **Staff comments:**

- “At the end of the day I am here for the service user.”

#### **Professional comments:**

- “The service users report they are happy and their needs are met.”

Of four responses returned by staff, three indicated that they were ‘very satisfied care was compassionate and one indicated that they were ‘satisfied’ care was compassionate. Of eight questionnaires returned by service users/relatives three indicated that they were ‘very satisfied’ care was compassionate, three indicated that they were ‘satisfied’ care was compassionate and two indicated that they were ‘undecided’ if care was compassionate.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection on 21 September 2017. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its procedure and policy.

The agency operates a robust training system available for staff to request training to meet the needs of service users.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are maintained on an electronic system for staff to access.

The inspector discussed arrangements in place that relate to the equality 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. The operations manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the Trust referral information.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection it was noted that no complaints had been received since the last inspection on 21 September 2017.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles.

Written and verbal guidance for staff of their daily roles and responsibilities were available.

The responsible person and registered manager has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

**Service users' comments:**

- "The staff are great, very supportive."
- "The staff are dedicated and loyal."
- "I'd be lost without this place."

**Staff comments:**

- "Management is good."
- "There is always a manager on-call which we can find in the rota file."
- "An excellent service is provided to all service users in scheme."

**Professional comments:**

- "The management team is proactive."

Of four responses returned by staff, two indicated that they were 'very satisfied that the service was well led, one indicated that they were 'satisfied' the service was well led and one indicated that they were 'undecided' that the service was well led. Of eight questionnaires returned by service users/relatives four indicated that they were 'very satisfied' that the service was well led, three indicated that they were 'satisfied' that the service was well led and one indicated that they were 'undecided' that the service was well led.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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