

# Unannounced Care Inspection Report 21 September 2017



## West Belfast Supported Living Services

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

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Assurance, Challenge and Improvement in Health and Social Care

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

West Belfast Supported Living Service is a supported living type domiciliary care agency provided by the Praxis Care Group.

The scheme provides care and support for thirty two adults across two locality areas, the first at Dunmisk Walk and the other at Suffolk Road. The service is currently managed by Ms Rois McCotter with 16 staff providing support to thirty two service users who are part of a dispersed intensive support housing service and supported living for adults who experience mental ill health, within the West Belfast area. Service users are supported with daily living skills such as homecare, shopping and budgeting.

A person centred approach to service user needs is implemented and each service user has a named key worker.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group  <b>Responsible Individual:</b> Mr Andrew James Mayhew	<b>Registered Manager:</b> Ms Rois McCotter
<b>Person in charge at the time of inspection:</b> Ms Rois McCotter	<b>Date manager registered:</b> 09 March 2009

### 4.0 Inspection summary

An unannounced inspection took place on 21 September 2017 from 09.45 to 15.15 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 a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, relatives, staff and professionals on inspection was good with three service users, four staff, one professional and one family members presenting positive feedback.

No areas were identified for improvement and development.

Service users, one relative and one professional communicated with by the inspector, presented a range of both positive feedback regarding the service provided at West Belfast supported living service in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report.

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.

Following discussions with the manager, staff, one trust professional and one family member it was noted there was evidence overtime of positive outcomes for service users.

The inspector would like to thank the service users, agency staff and Praxis Care Group human resources staff for their warm welcome and full cooperation throughout the inspection process.

#### 4.1 Inspection outcome

	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 Ms Rois McCotter, manager and a senior support worker as part of the inspection process and can be found in the main body of the report.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 24 November 2016

No further actions were required to be taken following the most recent inspection on 24 November 2016.

#### 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 events for 2015/2016
- Record of complaints notified to the agency.

On the day of inspection the inspector spoke with the three service users who live at West Belfast Supported Living Service to obtain their views of the service.

The inspector also spoke with the manager, two team leaders, two support workers.

During the inspection the inspector spoke with one relative and one professional, by telephone to obtain their views of the service. The service users interviewed have received assistance with the following:

- Support with personal care
- Assistance with meals
- Social support
- Support with medication management
- Support with budgeting.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Eight questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users. Three questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting.
- Two new staff members induction records
- Two long term staff members' supervision and appraisal records
- Two long term staff members' training records
- Staff meeting minutes
- Staff handbook
- Two agency staff profiles and induction records
- One new service users' records regarding introduction to the service
- Three long term service users' records regarding review, reassessment and quality monitoring
- A range of staff rota's
- Staff NISCC registration processes
- Service user/tenant meeting minutes
- Three monthly monitoring reports
- Annual quality process
- Communication records with trust professionals through annual reviews.
- Statement of purpose
- Service user guide
- Three compliment records
- One complaint record
- One safeguarding record.

No areas for improvement were identified at the last care inspection.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 24 November 2016**

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

### **6.2 Review of areas for improvement from the last care inspection dated 24 November 2016**

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 was advised by three service users, one relative and one professional spoken with that the safety of care being provided by the staff at West Belfast Supported Living Service was very good.

Policies and procedures relating to staff recruitment and induction were held on site. The manager confirmed all policies are accessible on the service website. The team leader provided evidence of a range of policies on the website during inspection.

The manager verified all the pre-employment information and documents would have been obtained as required through the services recruitment process. Review of staff recruitment records within the services human resources department prior to inspection confirmed compliance with Regulation 13 and Schedule 3.

The service has introduced one team leader and one support staff to the service over the past year. The service has also introduced several agency staff over a period of time since the last inspection due to staff shortages. An introduction/induction process for the new and agency staff was reviewed and covered the main areas for appropriate induction.

An induction programme was reviewed with the manager and discussed with staff at inspection. The induction process is recorded and signed off by the individual staff member and senior staff or manager during the induction. The manager confirmed with the inspector the NISCC induction standards are embedded within the Praxis induction programme for all staff.

Discussions with the manager and other support staff confirmed all staff members' are currently registered with NISCC. A system for checking staff renewal with NISCC has been implemented by the organisation. The manager provided evidence of this process which detailed staff registration status, number and renewal date on certificates in staff files. The manager provided assurances the process of review is fully embedded. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion at staff meetings and through staff supervisions.

Staff spoken with during the inspection where able to describe their registration process and what registration with NISCC entails and requires of staff on an ongoing basis.

No issues regarding the carers' training were raised with the inspector by the service users, relative or professional communicated with during inspection. One service user did highlight that they felt staff were well trained.

Service users and the relative spoken with confirmed that they could approach the support staff if they had any issues and were assured matters would be addressed. Service users, family and the professional stated communication is good and timely. Examples of some of the comments made by the service users, relatives and professional are listed below:

- "Things are going really well".
- "The staff are good at communicating with me via phone and in person".
- "I'd talk to my keyworker if I had a problem".
- "They're very good".
- "Everything's fine".
- "I'm very happy with xxx living there".
- "Staff are very approachable".
- "Documentation and recording are good".

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency has developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection were knowledgeable regarding their roles and responsibilities in regard to safeguarding and were familiar with the new regional guidance and revised terminology which is currently being rolled out within Praxis training programmes. Update training was discussed with the manager at inspection as ongoing.

The inspector was advised that the agency had one safeguarding matter since the previous inspection. Review of the matter during inspection supported appropriate procedures in place. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process.

Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the manager discussed processes used to address any matters arising.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training records reviewed in staff files for 2016-17 contained each of the required mandatory training subject areas and additional training specific to the service needs. Training is facilitated through the Praxis central training e-learning programme with staff competence for managing service users' money completed on site. Review of staff records supported the competency process being completed annually. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered and confirmed annual service user money competency assessments. Review of agency staff profiles during inspection confirmed staff training.

Records reviewed for two staff members evidenced mandatory training, supervision and appraisal compliant with agency policy timeframes. Full records of staff training in compliance with standard 12.7 were reviewed during inspection and discussed regarding standardising how records are maintained by all staff to ensure full compliance with standards 12.7 ongoing. Staff supervision and appraisals were found to be consistently referenced within staff records reviewed. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of three service users' records evidenced ongoing review processes, records had been signed by those involved including the service users where appropriate. Communication with service users, one relative and the professional during



inspection supported a process of ongoing review with service user involvement. The manager confirmed that trust representatives were contactable when required regarding service user matters, and communication with trust professionals was confirmed during inspection with a trust professional.

Service users, a relative and trust professional communicated with by the inspector, discussions with staff and review of agency rotas suggested the agency have some ongoing staff recruitment requirements. Current staffing levels are being met by the services own staff and agency staff. Current staffing levels appeared appropriate on rota's reviewed at inspection.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided on a regular basis. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

Three service user questionnaires supported they were 'very satisfied' with care and support provided within West Belfast Supported Living Service. They felt safe and protected from harm and could speak with staff if they had concerns.

### Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff recruitments, training, supervisions and appraisal. Review of service users' support needs were also found to be ongoing. Feedback from service users, a relative and trust professional supported consistency in support provided to service users by West Belfast supported living services.

### 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 inspector was informed by the three service users', one relative and a trust professional spoken with that there were no matters arising regarding the support being provided by the staff at West Belfast supported living services.

No issues regarding communication between the service users, relatives and staff from West Belfast supported living services were raised with the inspector. Reviews were discussed with service users and one relative who stated they were involved in reviewing the support needs of the service users. Consistency of staff and involvement from trust professionals has led to an ongoing review process with support and communication at the expected standards for those receiving support and their families. The manager confirmed service users receive a



questionnaire to obtain their views of the service as part of the annual review process. Service user feedback has been ongoing over time whilst relative and professional feedback is sought through service user reviews and through monthly monitoring completed in the service.

Examples of some of the comments made by service users, one relative and a trust professional are listed below:

- "The staff support me a lot".
- "Staff support me with financial matters".
- "My keyworker meets me every week".
- "I attend a review with my trust keyworker and my family if I wish".
- "Tenants meetings take place every month and discuss a range of matters".
- Regular reviews are held and I am invited".
- "They keep me informed of incidents which occur with service users".
- "I was made to feel part of the team from the start of my induction".
- "I shadowed the team leader for a long period to ensure I knew what was required and felt confident".
- "Good team support and good staff team".

Service user records included reviews completed by the agency annually or more frequently with the trust and evidenced that service users views are obtained and where possible incorporated. Review of support plans within the agency supported an ongoing process involving service users and keyworkers, the support plans are signed by service users where appropriate. One service user had chosen not to sign documents and this was clearly evidenced within the records reviewed at inspection. Involvement in reviews was discussed with service users during inspection and all confirmed this as a positive experience of active involvement.

The service user guide was reviewed during inspection and confirmed compliance in accordance with standard 2.2. The service has introduced one new service user over the past year. The manager confirmed the guide is provided to new service users at introduction to the service.

The agency maintains recording sheets in each service users' home file on which support staff record their daily input. The inspector reviewed completed records and found the standard of recording to be good. The service also completes a monthly review of service users' needs and these were reviewed during inspection and held centrally within service user files. Staff discussed the benefit of this process in reviewing service users' progress ongoing.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior staff or manager if any changes to service users' needs are identified. Staff interviewed discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Eight staff questionnaires received by RQIA suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

Three service user questionnaires supported they were 'very satisfied' with effective care and support provided. They felt involved in care and support planning and reviews.

## Areas of good practice

There were examples of ongoing support and review provided by staff and communication between service users, support staff and other key stakeholders. Feedback from service users and family was very positive regarding the effectiveness of service support and this was shared with the manager during the inspection.

## Areas for improvement

No areas for improvement were identified during the inspection in respect regulations and standards.

	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.**

One relative and a professional spoken with by the inspector felt that care was compassionate. The relative and professional advised that support staff provide an excellent service treating the service users with dignity and respect.

Views of service users are sought through an annual review process as detailed under the previous section. Examples of some of the comments made by the service users and relatives during the inspection and received by the service as compliments are listed below:

- "xxx is really happy there".
- "I couldn't do any better myself".
- "I am extremely happy with xxx and how they have progressed with the great support of staff".
- "I do not know what I would have done without the support of staff".
- "Staff are to be complimented on the support xxx is receiving at this time".
- "Good support".

The agency implements service user quality review practices on an ongoing basis. Quality monitoring from contacts during monthly quality visits evidenced positive feedback from service users and their family members alongside trust professionals and staff feedback. Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users' wishes, dignity and respect.

Six staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care. One staff questionnaire suggested that the agency does not provide service users' with information on their rights and choices about the service they received. A second questionnaire suggested that the views of service users are not taken in account when

reviewing service improvements. This feedback was shared with the manager post inspection and was requested for discussion with the staff team.

Three service user questionnaires supported they were 'very satisfied' with the area of compassionate care and confirmed the care they received meets their needs and expectations.

### Areas of good practice

There were many examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, a relative, trust professional and staff on the day of inspection.

### Areas for improvement

No areas for improvement were identified during the inspection in respect of regulations and standards.

	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.**

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Positive feedback received during inspection has been referenced under the previous three sections and further detailed below. Comments made by service users and family members include:

- "The service is well managed".
- "Communication is effective".
- "Staff are good".

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current manager, the agency provides domiciliary care/supported living to 32 adults living in West Belfast supported living services.

The Statement of Purpose and Service User Guide were both found to be compliant with the relevant standards and regulations. The agency's complaints information viewed was found to be appropriately detailed, and included reference to independent advocacy services.

The policies and procedures which are maintained on the service website were reviewed and the contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within all policies reviewed. The inspector did discuss certain policies such as induction which have supporting templates that are reviewed at different times to the overall policy and suggested reviewing all supporting documents on a given topic at the same date. Staff spoken with during

inspection confirmed that they had access to the agency's policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis.

The complaints log was viewed for 2016-2017 to date, with one complaint arising. Review of this matter supported appropriate actions taken.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. No incidents had arisen since the previous inspection.

The inspector reviewed the monthly monitoring reports for May, June and August 2017. The reports evidenced that the assistant director for the service completes this process. Monthly monitoring was found to be in accordance with minimum standards with input from service users, relatives, staff members and professionals.

Discussion with four support staff during inspection indicated that they felt supported by their manager and within the staff team at West Belfast supported living services. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved with the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Communication with one trust professional during inspection supported an open communication process with staff at West Belfast supported living services and presented positively in terms of staff approach to supporting service users.

Five staff questionnaires received indicated the service is well led with staff indicating satisfaction with the agency management systems. One staff questionnaire suggested that the agency is not well managed and that current staffing arrangements are not appropriate. A second questionnaire stated 'There is poor management, no staff support, low staff morale, staff shortages and a skeleton rota which places staff under a lot of pressure'. A third questionnaire suggested quality monitoring for service users and staff is not undertaken on a regular basis. This feedback was shared with the manager post inspection and was requested for discussion with the staff team.

Three service user questionnaires supported they were 'very satisfied' that the service was well led and confirmed concerns or complaints are listened and responded to.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to service user support plans and review of service users support needs. Monthly monitoring processes and maintaining relationships with key stakeholders were also evident.

### **Areas for improvement**

No areas for improvement have been 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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