

Unannounced Care Inspection Report 24 November 2016.



West Belfast Supported Living Services

Domiciliary Care Agency/Supported Living
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Tel no: 028 9062 7895
Inspector: Jim McBride

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of West Belfast Supported Living Services took place on 24 November 2016 from 09.00 to 14.30.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. Staff could demonstrate how they work in partnership with service users to address their needs and develop their capacity for independence, as well as respect and act on people's wishes and choices. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. There was evidence over time of positive outcomes for service users. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of individual care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The agency engages in partnership working with service users to meet the needs/choices of the individual. There was evidence over time of positive outcomes for service users. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency asks people who use their services what they need and want from the agency. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. Agency staff aim to help service users work towards the achievement of individual outcomes as described within individual care and support plans, as well as individual task analysis and goal achievement. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be providing a well led service. The staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. The agency aims to ensure that managers and staff listen and are accessible to people who use services and their representatives including the HSC Trust and relatives. Service users and their representatives are provided with information on the organisational structure and how to contact the agency as

necessary. The agency has policies and procedures in place that go beyond statutory requirements to embrace good practice.

The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. The agency evidenced support systems that enable service users to get involved e.g. advocacy services, user-led groups. There was evidence over time of positive outcomes for service users. A number of areas for improvement were identified in relation to the agency's statement of purpose and service users' guide and office premises. However, the inspector was satisfied that these areas were actioned by the agency prior to the issue of this report.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Rois Mc Cotter, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Praxis Care Group Andrew Mayhew	Registered manager: Rois Mc Cotter
Person in charge of the service at the time of inspection: Rois Mc Cotter	Date manager registered: Rois McCotter - 9/3/2009

3.0 Methods/processes

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable events

The inspector visited the offices of Praxis Care on the 28 July 2016 to review a selection of records relating to the agency's recruitment practices. These records were found to have been satisfactory.

During the inspection the following processes used include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Evaluation and feedback

The following records were examined during the inspection:

- A number of care and support plans
- Health and Social Care (HSC) Trust assessments of service user needs and associated risks assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports from May to September 2016
- Minutes of staff meetings
- Minutes of tenants meetings
- Staff training records in relation to:
 - Vulnerable adults
 - Medication
 - Health and safety
 - Confidentiality
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information

4.0 The inspection

West Belfast Supported Living Service is a recent amalgamated service within the Praxis Care Group. The agency was previously known as PCG Dunmisk Manor and in addition to being renamed, the agency's range of services extends to those services previously provided by Praxis Care Group (10825) 64 Upper Suffolk Road, a domiciliary care agency that deregistered on 4 May 2016. The agency is managed by Rois Mc Cotter. Twenty staff provide support to thirty one 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. During the inspection the inspector spoke with the registered manager and seven staff. No service users were available during this unannounced inspection. Staff feedback has been included throughout this report.

At the request of the inspector staff were asked to distribute 10 questionnaires to staff for return to RQIA; two questionnaires were returned. The Staff were also asked to distribute ten questionnaires to service users for return to RQIA, three questionnaires were returned. Questionnaires highlighted that both staff and service users were very satisfied with the service.

The inspector spoke with a senior staff member on the 7 December 2016 and the registered manager on the 12 December 2016 and discussed the return rate. The manager stated that some service users choose not to complete their questionnaires, and that all staff were encouraged to return theirs.

Following discussion with the manager and staff, it was noted there was evidence overtime of positive outcomes for service users. This has been demonstrated by the agency throughout this report.

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

4.1 Review of requirements and recommendations from the most recent inspection dated 6 August 2015

The most recent inspection of the agency was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 6 August 2015

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The inspector was advised by the manager that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined six care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk screening tools completed contained evidence that service users and/or representative's views had been obtained and incorporated. Risk assessments examined provided clear evidence of safe effective care and support being provided to service users. The agency delivers positive

outcomes for people who use their services on an ongoing basis and in some instances over a long period of time. The agency's risk management policy was reviewed by the agency 15 October 2015.

Minutes of tenants' meetings read by the inspector provided clear evidence of safe care being discussed: e.g.

- Health and safety
- Home safety
- Medication
- Confidentiality
- RQIA inspections and role of the organisation

The agency has in place a written policy and procedure for the recruitment of staff. Employment procedures reviewed evidenced the completion of pre-employment checks. The recruitment policy was updated by the agency 4 September 2014. The agency has in place a comprehensive checklist for personnel file documents.

A number of staff files were examined by the inspector on the 28 July 2016 and they included the required information in line with the agency's policy and good practice guidelines. The records were satisfactory.

The agency has a structured comprehensive staff induction programme which includes shadowing by an experienced mentor for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements. The agency's induction standards are in line with the Northern Ireland Social Care Council standards for new workers in social care. The agency's induction procedures were reviewed by the agency in February 2015. Staff members interviewed during the inspection suggested that the induction prepares all staff for their role.

The person centred part of the induction includes:

- Safeguarding & Protection of
- Vulnerable Adults & Child protection
- Service User Awareness
- Understanding Behaviour which
- Challenges
- Values and Attitudes
- Needs Assessment and Support Planning
- Person Centred Planning

Records of staff induction, including short notice procedures and mandatory training, were retained within staff files reviewed. Staff confirmed that they have direct access to all relevant policies and procedures which are held centrally within the agency via the agency's intranet. The agency has a policy and procedure on staff supervision and appraisal reviewed by the agency 5 March 2015. The manager reported that she undertakes supervision with Team Leaders who in turn supervise care staff. The inspector examined staff rotas for weeks ending 27/11/16, 4/12/16, 11/12/16 and the 18/12/16 and was satisfied that the agency's staff resources were appropriate to meet service user needs.

Discussions with the manager and staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times. It was noted that agency's operational plan

states an objective of *“Agreed minimum safe levels of staffing will be maintained at all times.”* with an agreed escalation policy if minimum standards are not or cannot be met.

Staff interviewed demonstrated a comprehensive awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures.

Where shortcomings in systems may have been highlighted as a result of an investigation, additional identified safeguards are put in place. There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed. The inspector noted that staff make every attempt to increase people’s choice and control.

Staff comments:

- “The agency is safe as we adhere to all health and safety issues.”
- “Tenants are safe as we are well trained and have the knowledge of care and support needs.”
- “Training is excellent and comprehensive.”

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified. The inspector noted some of the comments made by service users during their annual care review:

- “No concerns with the placement, staff are very good and supportive.”
- “I’m happy with the support I receive.”
- “I’m happy and content in my flat.”
- “I feel very happy and safe here.”

The agency maintains a daily contact record for each service user. The agency’s individual activity records show what service users did, including how they link activities with the community. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency’s Statement of Purpose and Service User Guides, makes appropriate references to the nature and range of service provision. Service users and their representatives are advised of independent advocacy services within the Service User Guide.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. Following engagement with staff it was evident that staff focus on people as individuals with different needs and wishes. Service users are made aware

of whom they should contact if any issues arise regarding the service. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed. Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis. One staff member commented: *“We all communicate well with each other***** has kept communication with staff updated.”*

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan. Service users are also given the opportunity to comment on the quality of service.

Staff Comments:

- “Supervision and appraisal helps staff to develop skills and on-going personal development.”
- “Induction and training helps prepare you for the job.”
- “Staff communicate well with each other throughout the day whilst on duty.”

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The agency’s Statement of Purpose and Service Users Guide reflect that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

The inspector noted the agency’s annual quality survey and the positive results in relation to the following:

- Are you happy with the way staff help you?
- Do staff treat you the way you like to be treated?
- Has the scheme helped you?
- Has your life changed since you started to get help from the scheme?
- Do staff help you make your goals happen?
- Do you have a review once per year?
- How safe do you feel?
- Are you told about changes?

The agency involves everyone in consultation activities and considers that everyone has the capacity to be involved. Service users, as far as possible, are offered choices and are encouraged to complete tasks themselves when appropriate. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Staff Comments:

- “The service is compassionate as we care for and support the tenants with all their needs.”
- “The staff are empathetic to the needs of the tenants.”
- “Staff are always available for the tenants.”
- “We treat the tenants with respect and with dignity in their pursuit of individual goals.”
- “We listen and respond to the views of the tenants.”

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. These reports evidenced how the agency ascertains and respond to the views of service users, professionals and staff. The reports of monthly monitoring provide assurance of quality monitoring and service improvement. The inspector recorded some comments from service users, relatives, and HSC Trust professionals:

Service user’s comments:

- “The staff are very helpful.”
- “I’m happy and content with the service.”
- “Good support from staff. I have no concerns.”
- “I feel safe here.”
- “Staff are excellent.”
- “Any concerns I have I would speak too staff.”
- “I’m happy with the service and get well supported by staff.”

HSC Trust comments:

- “Reports are comprehensive and cover all aspects of care and support.”
- “Happy with the support ***** is receiving. This has enabled ***** to become more independent.”
- “I have a good relationship with the manager and the staff.”
- “No concerns, the support provided is excellent.”
- “The service is well managed and all staff have a good understanding of service users’ needs.”
- “The service provides positive risk taking and the communication is excellent.”
- “Staff are enthusiastic in meeting the service user needs.”

Staff comments:

- “The scheme is well run and attends to all the service user needs.”
- “I enjoy the work here.”
- “I enjoyed the induction.”

Relative’s comments:

- “The support is unbelievable.”

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Feedback provided to the inspector indicated that there are effective collaborative working relationships with external stakeholders, including the HSC Trust. This relationship is valued by staff who reported improvements in outcomes for service users.

A number of policies and procedures in place are accessible to staff via the staff intranet. Staff interviewed were aware of the complaints procedure and their role if they receive a complaint.

It was noted that the monthly monitoring reports show evidence of complaints auditing and records of action taken in relation to any trend identification.

The agency has a complaints policy and procedure in place April 2016, which is also reflected within the Statement of Purpose and Service User Guide.

Incidents are reported to RQIA when required and it is evident that agency procedures are followed in relation to these. Incidents form part of the monthly monitoring and the agency's operational plan objectives. Required actions are taken to address concerns; this is ongoing within the agency to enable them to reflect on any learning from incidents. The incident reporting policy was reviewed by the agency in November 2015.

A number of staff training events have taken place and mandatory training was up to date for all staff at the time of the inspection. Supervision records examined by the inspector indicated clear evidence of compliance with the agency's own policy and procedures. Feedback provided to the inspector indicated that staff feel respected and supported by the management structure within the agency. Staff reported that they had a very good working relationship with the manager.

There was strong evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed via records, within care plans and through discussions with the manager and staff. There is a whistleblowing policy and procedure and staff interviewed were aware of this. The policy was reviewed by the agency in March 2014.

There was evidence that staff were encouraged to be involved in the development and improvement of the service including measuring the outcomes for service users in relation to their care and support. This was noted within the staff meeting agendas, minutes and the agency's operational plan. The inspector noted some of the topics discussed during team meetings:

- Service users
- Professional boundaries
- Training
- Quality
- Staffing
- Finances
- Changes to the service

The agency has a policy and procedure on staff supervision and appraisal. The manager reported that she undertakes supervision with the team leaders who in turn supervise care staff.

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency's Statement of Purpose.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received one complaint during this period which was resolved satisfactorily. The manager demonstrated an awareness of the regulatory framework and understanding of the agency obligations in relation to this.

The agency's system for reviewing policies and procedures was in place and had been actioned. The agency has policies and procedures in place that go beyond statutory requirements to embrace good practice, and that these are followed by staff. The inspector noted a number of key policies that were subject to systematic review.

The inspector noted that the governance systems within the agency identify and drive quality improvement.

The agency's operational plan states a number of objectives that ensure outcomes for service users beyond statutory requirements:

- Measured outcomes for service users
- Service users involvement in staff recruitment
- Individual task analysis and goal achievements
- Tenant compatibility discussions
- Volunteer development
- Local community involvement
- Identification of quality improvement

There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues. The inspector saw evidence of systematic audit within the agency which results in effective improvement plans with measured outcomes. This included monitoring of training, supervision, complaints and incidents. The audits within the agency are there to improve the quality of service delivery and individual outcomes for service users. The agency aims to make it possible for people to have control over decisions about their life and day-to-day decisions, as well as enabling people to do activities that they find important, enjoyable and meaningful. The central focus of provision is person centred. The agency reflects on its work using the outcome focus of the operational plan including, action plans and uses this information to challenge its own performance outcomes.

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

Staff comments:

"The manager is very supportive to all staff."

"The manager has an open door policy and is always available to staff."

"Service users' complaints and concerns are listened to by staff."

"Staff do receive an annual appraisal and performance review."

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



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