

# Inspection Report

11 March 2022



## North Down Supported Living

**Type of Service: Domiciliary Care Agency**  
**Address: 42 Foresthill, Conlig, Bangor, BT23 7FL**  
**Tel No: 028 9146 8039**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Praxis Care Group	<b>Registered Manager:</b> Mrs Rebecca Stewart
<b>Responsible Individual:</b> Mr Greer Wilson, acting	<b>Date registered:</b> 02/05/2018
<b>Person in charge at the time of inspection:</b> Mrs Rebecca Stewart	
<b>Brief description of the accommodation/how the service operates:</b>  <p>North Down Supported Living is a domiciliary care agency, supported living type. The agency's aim is to provide care and support to meet the individual assessed needs of people who live in single dwellings, and group living arrangements in the North Down area.</p> <p>Under the direction of the registered manager, team leaders and support staff, are available to support service users 24 hours per day with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.</p>	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 11 March 2022 between 10.00 a.m. and 2.30 p.m. by the care inspector.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (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 users, staff registrations with NISCC and the management of complaints and adult safeguarding. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff and service users. There was evidence of robust management and governance arrangements.

Two areas for improvement identified with regard to staff training and care planning.

The findings of this report will provide the registered individual and the manager 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 the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, Health and Social Care (HSC) Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

### 4.0 What people told us about the service

During the inspection we spoke with one service user, the relatives of two service users and four staff members. We requested feedback from HSC Trust representatives; we received one response.

The information provided during the inspection indicated that there were no concerns in relation to the agency.

#### Comments received during inspection process included:

##### Service user's comments:

- "All good, I am very happy."
- "Staff are very good."
- "I go to the tech and to my placement."
- "I enjoy living at \*\*\*\*\*, staff help with cooking and laundry."
- "No concerns."

##### Staff comments:

- "Anything I am not happy with I speak to the manager."

- “During the last few months the team pulled together. We have a good squad of staff.”
- “Service users have loads of choice and are safe.”
- “I have been redeployed since the pandemic to work with one service user and it has worked really well.”
- “I have no concerns.”

#### **Relatives’ comments:**

- “I could not be happier, \*\*\*\*\* (service user) is very happy living there, he is spoiled rotten by staff.”
- “I can speak to the manager or team leader and they listen.”
- “I have no worries or concerns.”
- “I could not fault the care \*\*\*\*\* (service user) is really well cared for. I never thought I could leave him and not worry, but I can.”
- “The service is a lifesaver for us and \*\*\*\*\* (service user); he is very settled.”
- “Staff work well with my son and have no concerns.”
- “I can raise issues with the manager and they are dealt with.”

#### **HSC Trust representative’s comments:**

- “At the recent reviews staff appear to know the service users well and have supported them appropriately. The tenants physical and mental health needs are monitored and they are supported with treatments. Each of the tenants reported that they were happy with their care and living in their home. Staff appear to work jointly with families and encourage the gentlemen to maintain contact with them. Families also reported that they were very happy with the support their sons receive.”

Six staff responded to the electronic survey the majority indicated that they were satisfied that care provided was safe, effective and compassionate and that the service was well led.

Comments included:

- “Service users are well supported to meet goals and plans for future. Staff strive to meet needs of service users and staff are supported in their roles.”
- “Great place to work. Staff do a great job. Service users are well cared.”

The responses received from one staff member were discussed with the manager prior to the issuing of this report and will be followed up in a team meeting.

One questionnaire was returned; the respondent indicated that they were satisfied with the care and support provided.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 14 June 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 10.4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that the information held on record is accurate, up-to-date and necessary.	<b>Met</b>
	This is related, but not limited to the staff roster information.	
	<b>Action taken as confirmed during the inspection:</b> Staff rota information was noted to be accurate and up to date.	

## 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 was reviewed and is completed in a comprehensive manner.

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. Staff could describe the process for reporting concerns.

It was identified that staff are required to complete 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 incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection. It was identified that adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

The service user who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to the manager, team leaders or staff if they had any concerns in relation to safety or the care being provided. Relatives who spoke to us stated they had no concerns. The agency has provided service users with information in relation to the process for reporting any concerns.

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 and are reviewed as part of the quality monitoring process.

It was noted that all staff have completed DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance. It was noted that the agency are not appointee for any of the service users.

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

The manager described the plans for improvements and redecoration of the staff areas and shared areas in the service users' homes in conjunction with the housing provider.

### **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. It was positive to note that a number of service users had regular contact with family during the pandemic.

### **5.2.3 Are there 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, checks are completed before staff

members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details are monitored by the manager in conjunction with the organisation's HR department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

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

It was noted that a small number of service users have been assessed by the SALT in relation to swallowing issues and dysphagia needs. Discussions with the manager, staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe, effective and specific to the individual assessed needs of service users. However it was noted that the services users care plan had not been updated to reflect the information detailed within the SALT assessment. An area for improvement was identified.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated SALT dietary requirements. Staff were knowledgeable with regard to how food and fluids should be modified. However it was identified that staff had not completed dysphagia awareness training. An area for improvement was identified.

#### **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 evidence of engagement with service users, staff, service users' relatives and HSC Trust representatives as appropriate.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection. Complaints are reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that staff received supervision, appraisal and training in accordance with the agency's policies and procedures. However it was noted that a number of staff had not received supervision as planned due to recent staff absence.



A plan is in place to address this matter in the next few weeks and is monitored by the person completing the quality monitoring.

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

## 6.0 Conclusion

Based on the information reviewed we were satisfied that the agency was providing safe, effective and compassionate care and that the agency was well led. However, this inspection resulted in two areas for improvement being identified with regards to staff training and care planning.

Findings of the inspection were discussed with Mrs Rebecca Stewart, Registered Manager, as part of the inspection process and can be found in the main body of the report.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, Revised 2021

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Rebecca Stewart, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, Revised 2021	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 3.3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered manager ensures that the care plan includes information on: <ul style="list-style-type: none"> <li>• the care and services to be provided to the service user;</li> <li>• directions for the use of any equipment;</li> <li>• the administration or assistance with medication;</li> <li>• how specific needs and preferences are to be met; and</li> <li>• the management of identified risks.</li> </ul> This relates specifically to recommendations provided following an assessment by the SALT.  Ref: 5.2.4
	<b>Response by registered person detailing the actions taken:</b> Registered Manager has ensured that all care plans include the required relevant information. In particular all care plans contain the specific information identified by SALT assessments ensuring all staff are aware and equipped to meet the needs of the service user.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that staff are trained for their roles and responsibilities.  This relates specifically to Dysphagia training.  Ref: 5.2.4
	<b>Response by registered person detailing the actions taken:</b> All staff have completed dysphagia training.

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority

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

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

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