



Announced Care Inspection Report 22 August 2018



North Down Supported Living

Type of Service: Domiciliary Care Agency
Address: 42 Foresthill, Conlig, Bangor, BT23 7FL
Tel No: 02891468039
Inspector: Joanne Faulkner

www.rqia.org.uk

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

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 and Lisburn areas.

Under the direction of the registered manager, 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.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual(s): Mr Andrew James Mayhew	Registered Manager: Mrs Rebecca Stewart
Person in charge at the time of inspection: Mrs Rebecca Stewart	Date manager registered: 02/05/2018

4.0 Inspection summary

An announced inspection took place on 22 August 2018 from 10.00 to 15.00.

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:

- Engagement with service users and relevant stakeholders;
- Staff induction;
- Staff supervision and appraisal;
- Staff training;
- Provision of care in a person centred manner.

No areas for improvement were identified during the inspection.

The comments of service users have been included 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.

The inspector would like to thank the manager, service users and staff for their support and co-operation 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 the 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 7 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 September 2017.

5.0 How we inspect

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

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

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

- Discussion with the manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

During the inspection the inspector met with the manager, two service users and two staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Minutes of service user meetings
- Minutes of staff meetings
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

A number of policies viewed prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; eight questionnaires were returned to RQIA. The majority of those who responded indicated that they were either satisfied or very satisfied that care provided was safe, effective and compassionate and that the service was well led. One response indicated that they were unsatisfied that care was effective; no comments were recorded or contact details provided. This was discussed with the manager prior to the issuing of the report and agreement provided that this would be discussed in the forum of service user meetings.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; two responses were received. One response received indicated that they were either satisfied or very satisfied that care provided was safe, effective and compassionate and that the service was well led. One respondent indicated that they were very unsatisfied; no contact details were provided; this was discussed with the manager prior to the issuing of the report and agreement provided that this would be discussed with staff in the forum of a team meeting.

The inspector requested that the manager display a 'Have we missed you?' card within the premises. No responses were received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 7 September 2017

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 7 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 21(1)(c) Schedule 4.6 Stated: First time	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained , and that they are (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>Schedule 4 6. Where the agency is acting otherwise than as an employment agency, the details of the training undertaken by all employees including, where applicable, induction training.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: From records viewed it was identified that the agency retained details of staff training including induction training.</p>	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 9.5 Stated: First time	<p>The registered person shall ensure that Policies and procedures are subject to a systematic 3 yearly review, and that the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector noted that the staff recruitment and appraisal policies had been reviewed and updated.</p>	

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 inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of the agency's staffing arrangements.

The agency's recruitment policy outlines the processes for ensuring that required staff pre-employment checks are completed. The organisation's Human Resources (HR) department co-ordinates the recruitment process and includes input from the manager. The manager stated that they receive confirmation indicating that all pre-employment checks have been satisfactorily completed for any new staff. The manager stated that staff are not provided for work prior to the completion of pre-employment checks and induction.

The registered person has provided assurances to RQIA that they have developed and are in the process of implementing a system to ensure compliance with Regulation 13 (d) Schedule 3. It was identified that the agency plans to have in place a statement by the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform.

The agency's induction policy details the induction programme provided; it is noted to be in excess of the three day timescale as outlined within the domiciliary care agencies regulations. The inspector viewed details of the induction programme provided to staff; it was identified that staff are required to complete initial induction during the first two weeks of employment and in addition to shadow other staff employed by the agency for a further period as determined by the manager.

Within the initial six months of employment all new staff are required to complete an induction workbook based on the Northern Ireland Social Care Council's (NISCC) Standards for care workers and complete additional training in a range of relevant areas. The inspector discussed with the manager the need to ensure that the name of the staff member is clearly recorded on the workbook.

Records of staff induction retained by the agency were viewed; they included details of the information provided to staff during their induction period. Staff described the content and format of the induction provided; they indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The manager described the process for ensuring that staff provided at short notice had the knowledge and skills for the roles and appropriate induction. The inspector viewed profiles of staff provided at short notice who are accessed from another domiciliary care agency and discussed with the manager the benefits of requesting that their staff profiles record the expiry date of the staff members NISCC registration.

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of the service users in a person centred manner. The agency's staff rota information was presented in a clear format and reflected staffing levels as described by the manager; the rota identified the person in charge of each shift. The inspector discussed with the manager the need to ensure that the full name of all staff supplied is recorded consistently. Staff indicated that they have enough staff to meet the assessed needs of the service users.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. It was identified that staff are provided with a supervision contract; the agency retains a record of staff supervision and appraisal. Records reviewed relating to three staff indicated that they had received supervision and appraisal in accordance with the agency's policies.

The agency has a system for monitoring staff registration status with NISCC or other appropriate regulatory bodies. It was noted that the manager reviews the registration status of staff on a monthly basis; they stated that staff would not be supplied for work if they are not appropriately registered. Staff who spoke to the inspector were aware of the importance of ensuring that they remain appropriately registered. Records viewed indicated that staff were registered appropriately.

The agency has a system for recording training completed by staff; records viewed indicated that training compliance was currently 91%. It was noted that prior to the inspection outstanding training updates had been booked. It was noted that compliance levels are audited on a monthly basis. The manager and staff could describe the procedure for identifying and ensuring that training updates are completed as required. It was noted that staff are required to complete training in a range of mandatory areas and additional training specific to the individual needs of service users. Staff indicated that their training was good and that it had equipped them with the knowledge and skills for their job roles.

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 outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC); staff could describe their role within the organisation.

Staff could clearly describe the process for reporting adult safeguarding concerns. Training records viewed, provided evidence that staff had received adult safeguarding training. Staff are required to complete classroom based safeguarding training during their induction programme and two yearly updates thereafter. Service users indicated that they knew how to raise concerns in relation to their safety or the care they received.

The inspector viewed records maintained in relation to adult safeguarding referrals made by the agency. Discussions with the manager and records viewed evidenced that the agency has a process for recording details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager evidenced that the agency had made no referrals since the inspection.

The agency's arrangements for identifying, managing and where possible eliminating risk to service users' health, welfare and safety were reviewed. The agency requires that a range of assessments and risk assessments are provided by the referrer for individual service users prior to them receiving care. Service users are supported to participate in a monthly review of their care and support; records viewed were noted to be comprehensive. In addition annual reviews involving the HSCT keyworkers are completed; the inspector discussed with the manager the need to ensure that the minutes of the meetings are obtained from the HSCT keyworker.

The inspector viewed a range of risk assessments in place relating to individual service users. The agency has a restrictive practice register and risk assessments in place for practices deemed to be restrictive; these were noted to be monitored monthly by the person completing the quality monitoring visit.

The agency's office accommodation is located in the same building as the home of a number of the service users and accessed from a shared entrance. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose. It was noted that the office is lockable and that information is stored appropriately. Records viewed during the inspection were noted to be retained in an organised manner.

Comments received during inspection.

Service users' comments

- 'I am happy; I have no concerns.'
- 'Staff help me be safe; they are very kind to you.'
- 'I have no concerns or worries.'

Staff comments

- 'I enjoy working here; I feel supported.'
- 'Training is good; we get extra training if we need it.'
- 'I get supervision and appraisal.'
- 'I go to the staff meeting and I can raise issues.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, supervision, appraisal and training, and adult protection processes.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 responding to, assessing and appropriately meeting the needs of service users were reviewed during the inspection. During the inspection the Statement of Purpose and Service User Guide were updated to include full details of the nature and range of services provided.

The agency's Information Governance, Records Management and Retention and Disposal policies outline the processes for the creation, storage, retention and disposal of records. It was positive to note the policies had recently been updated to include information in accordance with General Data Protection Regulation (GDPR) legislation. Agency staff had received training relating to record keeping and confidentiality during their induction programme and had recently completed an e learning module in relation to GDPR.

Records viewed by the inspector were noted to be well managed and retained securely and in an organised manner, in accordance with legislation, standards and the organisational policy.

Staff discussed the processes used to support service users to be effectively involved in the care planning process. Service users stated that staff support them to contribute to their individual risk assessment and care plans. Staff record daily the care and support provided; care and support provided is reviewed on a monthly basis in conjunction with service users and their identified keyworker.

The agency has systems in place for monitoring, auditing and reviewing the effectiveness and quality of care provided to service users. The process includes monthly monitoring visits completed by the Head of Service to review the quality of the service; a report is developed.

Quality monitoring reports viewed indicated that the process supports the agency in identifying areas for improvement; an action plan is developed. Reports include comments from service users, staff, HSCT representatives and where appropriate service user representatives. The reports provide details of the review of the previous action plan. It was identified that the person completing the audit visits service users in their own homes; it was discussed with the manager the need to ensure the audit includes a review of all information relating to the agency and not just the areas visited; assurances were provided that the reports would reflect this information. The process includes the review of complaints, accidents, and incidents; including those reportable to RQIA. In addition safeguarding matters; staffing arrangements, training, care records, medication and financial management arrangements are monitored as part of the process.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate in an appropriate manner with service users. Staff indicated that communication is effective within the staff team.

The agency's Service User Handbook includes details of service users' right to fair treatment and information relating to advocacy services that service users can access if required.

The manager described the range of methods used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates monthly staff meetings; service user meetings are facilitated monthly or as agreed with individual service users. It was identified from records of minutes viewed that a range of standard items are discussed at the meetings such as personal safety, complaints, record keeping, staffing arrangements, sharing arrangements, trips and activities, environmental issues incidents/accidents, GDPR legislation. Records of meetings included details of comments and decisions and choices made by service users.

Comments received during inspection.

Service users' comments

- 'Staff speak to me and they listen if I am worried about anything.'
- 'Staff help with shopping.'
- 'I am very happy; I go to walk the dog and to feed the ducks. Staff help me.'

Staff comments

- 'Service users have choice; we support them to do as much as they can.'
- 'We go out all the time with the service users.'
- 'We help the service users learn new skills.'
- 'The agency is well organised and well run.'
- 'We get a daily handover; communication is good.'
- 'We help to keep service users safe.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with service users and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 assessed the agency's ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Staff stated that they had received training in relation to confidentiality, human rights and equality during their induction programme. It was positive to note that staff had recently completed training in GDPR. The agency seeks the service users' consent in a range of matters relating to their individual care and support.

Discussions with service users and staff, records viewed and observations made during the inspection provided evidence that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed contained information in relation to their individual needs, choices and preferences; service users who spoke to the inspector stated that staff respect their views and choices.

Discussions with staff and service users and observations made indicated that care and support is provided in a person centred manner; staff described the methods used for effectively supporting service users in making informed choices. Service users stated that they are involved in discussions relating to their individual care, support and daily routines; they stated that they can make choices about their everyday lives and that staff are respectful of their choices. Service users have received information relating to the agency's complaints process in the format of a leaflet.

The inspector discussed with staff the arrangements in place relating to the equality of opportunity for service users and the importance of and awareness of equality legislation, whilst recognising and responding to the diverse needs of individual service users, in a safe, effective and compassionate manner. Staff described how their induction and training had equipped them with the appropriate knowledge and skills to engage with a diverse range of service users and the challenges faced.

The agency has an equality policy; the Statement of Purpose and Service User Handbook contains information relating to equality legislation. Discussions with the service users and staff highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user engagement in relation to care provision
- Individualised risk assessment processes
- Equity of provision of care and support
- Provision of care and support in an individualised manner

There was evidence that the agency has in place systems for recording comments made by service users and where appropriate their representatives. Records of service user meetings, care planning processes, care review meetings, one to one keyworker meetings and reports of quality monitoring visits included evidence of engagement with service users and where appropriate relevant stakeholders.

Engagement with service users and their representatives are also maintained through the agency's complaints process, monthly review meeting with their identified keyworker and annual review meetings involving the HSCT keyworker. The agency's monthly quality monitoring process assists in the evaluation of the quality of the service provided.

Discussions with service users indicated that they are supported to make choices regarding their daily routines and activities. They indicated that staff respect their views and opinions and that they are provided with an opportunity to express their opinions in relation to a range of matters relating to their care and shared living arrangements.

The outcomes of the agency's annual survey for service users were provided in an easy read format; it was positive to note that all those who had completed the survey indicated that their lives had improved since receiving care and support from the agency.

Comments received during inspection.

Service users' comments

- 'I like the person I live with.'
- 'I can choose what I want and where I go out to.'
- 'I can do what I want.'
- 'Staff are good; they help me.'
- 'I am happy.'

Staff comments

- 'Service users have choice.'
- 'We promote the independence of service users; we do with as opposed to doing for.'
- 'We support service users to go shopping, attend church, go to the cinema and the Black Moon disco.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the processes for engaging with service users in an effective and meaningful way.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Management and governance systems in place within the agency to meet the individual assessed needs of service users were reviewed.

The agency is managed on a day to day basis by the manager supported by a number of team leaders and support workers. Staff stated that the manager and team leaders are approachable and supportive and could describe the process for obtaining support and guidance, including out of hours arrangements. Staff stated that their views are listened to and that they can raise issues at any time with the manager.

The agency policies and procedures were noted to be in accordance with those outlined within the minimum standards; they are retained electronically. Policies and procedures viewed prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy outlines the procedure for managing complaints received. Staff who spoke to the inspector stated that they received training relating to complaints during their induction; they could describe the actions to be taken in the event of a complaint being received. Service users knew how to raise concerns and had been provided with information in relation to making a complaint or raising a concern. The inspector provided information booklets developed by RQIA in relation to the processes for raising concerns and requested that this information be placed in a prominent place within the service users shared areas in their homes.

The agency retains a record of complaints received and the outcome of the investigations. It was identified from records viewed that complaints received since the previous inspection had been managed in accordance with the agency's policy and procedures. Complaints are audited as part of the agency's monthly quality monitoring process. It was positive to note that the agency had received a number of compliments in relation to the care and support provided.

The agency has management and governance systems in place to monitor and improve the quality of the service; they include the monthly quality monitoring process. There are systems in place for auditing and reviewing information with the aim of improving safety and improving the quality of care provided. Discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. The systems include the provision of required policies and procedures, monitoring of staffing arrangements, complaints, practices deemed to be restrictive, safeguarding issues and incidents including those notifiable to RQIA. There was evidence of ongoing collaborative working with relevant stakeholders, including HSCT representatives.

A record of accidents and incidents including those reportable to RQIA are retained; records viewed were noted to include a comprehensive account of the incident and the actions taken. Incidents are reviewed monthly as part of the agency's quality monitoring

process. It was noted that there had been ongoing engagement with the relevant HSCT representative in relation to a number of the incidents.

The organisational and management structure of the agency and lines of accountability are outlined in the agency's Service User Guide. Staff had a clear understanding of their roles and responsibilities; they are provided with a job description at the commencement of employment. It was noted that staff are allocated tasks at the commencement of each shift.

On the date of inspection the RQIA registration certificate was noted to be displayed appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulation and Minimum Standards.

Comments received during inspection.

Staff comments

- 'I feel supported.'
- 'I cannot speak highly enough of the scheme; we have a good, stable team.'
- 'We can raise issues or concerns with the manager or team leaders and they are addressed.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of policies and procedures and the handling of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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