

# Unannounced Care Inspection Report 14 June 2019



## North Down Supported Living

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

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. A number of the service users have a range of complex needs and require enhanced support whilst a number are more independent.

Under the direction of the registered manager, a service manager, team leaders and support staff, service users are supported 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

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

### 4.0 Inspection summary

An unannounced inspection took place on 14 June 2019 from 09.00 to 18.00.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

Information received by RQIA highlighted concerns in relation to staffing arrangements and care provision in place within the agency. In light of the concerns received, a referral was made to the SEHSCT adult safeguarding team, in relation to a potential safeguarding matter and an investigation was commenced. In addition, RQIA completed an unannounced care inspection on 14 June 2019. The inspection sought 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 the agency's risk assessment process and care records. One area requiring improvement was identified in relation to the agency's staff rota information.

Feedback received from the service users' representatives are 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. RQIA will continue to liaise with the SEHSCT representatives in relation to the ongoing review and assessment of the service provided to the service users and in relation to the adult safeguarding investigation.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 22 August 2018

No further actions were required to be taken following the most recent inspection on 22 August 2018.

## 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 care inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection
- Information provided by the South Eastern Health and Social Care Trust (SEHSCT)

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

- discussion with the manager, a service manager and assistant director
- consultation with SEHSCT representatives
- examination of records
- consultation with one service user, staff and the relatives of two service users
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection.

At the request of the inspectors, the manager 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; no responses were received prior to the issuing of this report.

Prior to the inspection one of the inspectors spoke to a representative from the SEHSCT. During the inspection the inspectors spoke with the manager, the assistant director, a service manager, staff and one service user. One of the inspectors spoke to a relative of one service user during the inspection and to the relative of another service user following the inspection.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection. Following the inspection one of the inspectors liaised with the SEHSCT in relation to the findings of the inspection.

The inspectors would like to thank the staff, service users and relatives for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Inspection findings

During the inspection one of the inspectors visited that agency's office and spoke to the registered manager. Permission was requested for the two inspectors to visit the home of two of the service users living in a house located in Lisburn. The inspector met with an assistant director for the organisation and a service manager who were in attendance in the home of the service users.

The inspectors discussed with the person in charge the staffing arrangements currently in place to meet the assessed needs of the individual service users, specifically those living in the house in Lisburn. Discussions with the management team on the day of inspection confirmed that there were sufficient numbers of staff deployed to ensure the needs of service users were met as outlined in their care plans and which had been agreed with the relevant SEHSCT representatives and in addition that their rights were promoted.

The service manager and assistant director described the required staffing levels which had been assessed and agreed with SEHSCT representatives as necessary to provide a safe and effective service to the service users at different periods of the day and to ensure that their needs were met effectively. They described the measures put in place to ensure that there is at all time the required number of appropriately trained and skilled staff to meet the complex needs of the service users. However, a review of a sample of the agency's staffing roster information identified that there were instances whenever staffing arrangements were not accurately recorded. Dates on which the manager or other staff members completed additional hours to ensure safe staffing levels were achieved were not always recorded on the staff roster. On the day of inspection clarification was sought that staff had worked the additional hours as described by the manager from reviewing handover reports. The need for the agency's staff roster information to accurately reflect any changes to staffing arrangements on a daily basis was highlighted to the person in charge. An area for improvement was made in this regard.

During the inspection the inspectors discussed with the person in charge details of practices in place that may be deemed as restrictive; it was identified from records viewed and discussions with the person in charge that restrictions in place had been discussed and agreed as part of a multi-disciplinary review involving a range of HSCT representatives, the service users and their relatives. It was noted from records viewed that detailed information relating to the restrictions were recorded in the service user's individual care records.

From discussions with SEHSCT representatives and staff it was identified that they were currently reviewing the care and support provided to the service users and of any restrictive practices in place. In addition it was identified from discussions with staff and HSCT representatives that they are currently reviewing and updating risk assessments and care plans in relation to Deprivation of Liberty (DOL) safeguards.

Care records viewed during the inspection were noted to be comprehensive and contained a detailed account of the needs of the service users. The records included a range of professional assessments, risk assessments, care plans, management plans, behavioural support plans and details of any restrictive practices currently in place. The inspectors discussed with the person in charge the need to ensure that all assessments and care plans in place are signed by those involved in the decision making process, this supports the agency in evidencing the involvement and agreement of those involved with the decisions made in relation to the care and support that is to be provided.

It was noted that the home of one of the service users was sparsely furnished and lacked any personalization; the review of records and discussions with the staff and service users relatives identified that the current arrangements had been agreed as part of a multi-disciplinary best interest meeting. Staff and the relative could clearly describe the rationale for the arrangements in place relating to the environment for ensuring the safety and wellbeing of the service user and in addition for meeting the needs of the service user appropriately. The person in charge stated that there are ongoing discussions involving HSCT representatives, the service user and their relative to review the current arrangements and to agree changes that could be made to enhance the service users living environment. It was noted that the Intensive Support Team from the SEHSCT were currently visiting the agency on a regular basis to work with and support the agency's staff in developing and implementing strategies to ensure that the service users' needs are met appropriately, and in the least restrictive and safe manner.

During the inspection the inspectors met with one of the service users in their home; observations made and engagement with the service user indicated that they were relaxed and comfortable in their home at the time of the inspection. The service user indicated that they were happy with their current living arrangements and that they liked the staff who were supporting them. On the date of inspection it was observed that staff had supported the service user to engage in social activities within the community; the service user could indicate that they had enjoyed this activity. It was noted that the agency had risk assessments in place for all activities that the service user is supported to engage in.

One other service user living in the house in Lisburn declined to meet with the inspectors.

### **Comments received from relatives:**

- "I have no concerns; this is the most settled \*\*\*\*\* has been in a long time; he is very happy."
- "\*\*\*\*\* has choice; staff take him swimming."
- "Staff are fantastic, they are very good at contacting me; staff update me regularly. I cannot praise them highly enough."
- "Staff go above and beyond; this is the first place he has settled."
- "When \*\*\*\*\* kicks off staff manage it well."
- "There is nothing I am concerned about; staff call me each night."
- "Staff do a good job with \*\*\*\*\*; staff make an effort."
- "I am aware of any restrictions, \*\*\*\*\* cannot tolerate things being left around his home."
- "\*\*\*\*\* is out every day if he wants."

- “I think \*\*\*\*\* is contented there.”
- “I visit and also speak to \*\*\*\*\* every night.”
- “I attend the meetings to discuss the care and any restrictions and I am kept up to date.”
- “Staff contact me straight away if any problems.”

### Areas of good practice

Areas of good practice were identified in relation to the agency’s risk assessment process and care records.

### Areas for improvement

One area for improvement was identified during the inspection in relation to the agency’s staff rota information.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elaine McCrea, Assistant Director, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspectors.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 10.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the information held on record is accurate, up-to-date and necessary.</p> <p>This is related, but not limited to the staff roster information.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Staff rota/roster now includes details of all staff who work in the scheme including the Assistant Director, Manager, Assistant Manager, full time, part-time, relief and agency staff members and all working hours of every staff member are included. When changes are made to staffing the rota these are updated on a daily basis by the staff member in charge of the shift.</p>

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





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