

# Inspection Report

05 March 2024



## Livability North Down and Ards

Type of service: Domiciliary Care Agency  
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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> Livability	<b>Registered Manager:</b> Mrs. Debora Turkington
<b>Responsible Individual:</b> Mr Stuart Dryden	<b>Date registered:</b> 3 April 2023
<b>Person in charge at the time of inspection:</b> Mrs. Debora Turkington	
<b>Brief description of the accommodation/how the service operates:</b>  Livability North Down and Ards is a domiciliary care agency, supported living type service, located in Comber. The agency's aim is to provide care and support to service users in their own homes; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting service users to live as independantly as possible and maximising quality of life. Services are commisioned by the South Eastern Health and Social Care Trust (SEHSCT).	

## 2.0 Inspection summary

An unannounced inspection took place on 5 March 2024 between 9.30 a.m. and 1.30 p.m. The inspection was conducted by a care inspector. The agency was difficult to locate as there is no signage indicating the location of the office. The manager advised that this is in the process of being erected.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement, service user and relative feedback, and care planning. There were good governance and management arrangements in place.

Livability North Down and Ards uses the term 'people who we support' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were 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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty 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 seek 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 individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'. RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

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

Comments received included:

#### **Service users' comments:**

- "The service is brilliant and the staff are great."
- "The staff are great. They support me very well. They take me out of the house for day trips and most days."

- “I get great support from the staff.”

#### Service users’ relatives’ comments:

- “We would be lost without the service. I couldn’t go to work. It is a relief for mine and my wife’s mental health. The support staff are like friends to [my relative]. [My relative] is ‘shushing’ us out of the house when the staff are coming.”
- “Staff are prompt and friendly. The service enables me to get out of the house.”
- “The service is consistent and meaningful. The manager is great. She has helped us a lot. The staff are great.”

#### Staff comments:

- “I love it here. I previously worked here through an agency. The induction was great and staff are very supportive.”
- “This is the most rewarding job. It is lovely seeing people we support doing everyday things that we take for granted. My induction was difficult at first but ended up brilliant.”
- “I am totally confident in the Safeguarding process.”

## 5.0 The inspection

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

The last care inspection of the agency was undertaken on 15 March 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 15 March 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 23(1)(2)(a)(b)(i)(ii)(c)(3)(4)  <b>Stated:</b> First time	The registered person shall ensure that the monthly quality monitoring reports contain a full analysis of the entire agency. The reports should be provided to the manager in a timely way to ensure any actions identified can be embedded into practice and the monitoring officer should review the action plan at the next monitoring visit.  Ref: 5.2.6	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that Monthly Monitoring Reports were available and up to date at the time of inspection.	
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## 5.2 Inspection findings

### 5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency before care delivery commenced and the agency had requested this training from the HSC Trust.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their oral medicine to be administered with a syringe. The manager/person in charge was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance. However, the manager advised that the agency did not currently manage the finances of any service user.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with service users and relatives, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.



It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- trips
- activities
- meals

### **5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. 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 in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme (previously five days) which also included shadowing of a more experienced staff member. Written records

were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was aware of the need to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements. Staff commented that they were aware of the need to re-register and confirmed that the manager gave them advance notice as the process can be lengthy.

#### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the monthly monitoring reports established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports also included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

RQIA is aware of one Serious Adverse Incident (SAI) that continues to be investigated by the Southern Health and Social Care Trust. Whilst RQIA is satisfied that measures have been put in place to reduce the risk of recurrence, RQIA awaits the SAI reports which will be available when the investigations are concluded. These will be reviewed at future inspection to ensure that any recommendations are embedded into practice.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process

There was a system in place to ensure that records were retrieved from discontinued packages of care/support in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service user's house or room, there is a system in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.



## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs. Debora Turkington, Manager, as part of the inspection process and can be found in the main body of the report.



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