

Inspection Report

15 March 2023



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

| | |
|--|---|
| Organisation/Registered Provider: Livability | Registered Manager: Mrs Debora Turkington |
| Responsible Individual: Mr Stuart Dryden | Date registered: 3 April 2023 |
| Person in charge at the time of inspection: Mrs Debora Turkington | |
| Brief description of the accommodation/how the service operates: 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 15 March 2023 between 11.00 a.m. and 2.50 p.m. The inspection was conducted by a care inspector.

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), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

An area for improvement identified related to the monthly quality monitoring reports.

Good practice was identified in relation to service user involvement and staff recruitment, induction and training.

Livability North Down and Ards uses the term 'people 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 for staff.

4.0 What did people tell us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?

➤ How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “I like knowing who is coming out and having the same staff. Named worker took me to Scotland last week to see Hearts play. I’m looking forward to going back again.”
- “The big boss got me a bird called Bernie. The staff are good to me, they stayed with me in hospital.”
- “Staff take me out.”
- “I like the staff and spending time with everyone else.”
- “I am happy enough. I love some of the staff very much. It takes me time to get used to the new ones.”

Following the inspection, we spoke to a number of staff and service users. Some service users’ relatives’ responded to the electronic survey.

Comments received included:

Service users’ comments:

- “Staff are friendly.”
- “I like living here.”

Service users’ relatives’ comments:

- “It seems to be that staff personnel change frequently. It would help communication if updates could be provided when this happens.”
- “I would like staff to help my brother ring me from time to time.”

Staff comments:

- “It’s one of the best organisations I have worked for.”
- “There have been positive changes since the new manager started. If it wasn’t for her, I would have left.”
- “Any issues I can easily raise them with the manager and know I will be listened to.”
- “I am aware of restrictive practices and how to modify food for the service users.”
- “My training is up to date. It keeps me focused and I always learn new things.”
- “The manager is very supportive and I get monthly supervision.”

No questionnaires were returned from service users.

A number of staff and visiting professionals responded to the electronic survey. The majority of the respondents indicated that they were ‘very satisfied’ or ‘satisfied’ that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “It’s clear to me there is great care and compassion for our service users.”
- “I enjoy working with Livability. I have worked for other organisations and have not been as happy. I love that it’s more of a family than just a work place, the service users are all

supported 100% to set and achieve goals. We have days out together as much as possible and enjoy making memories. The other staff are excellent to work alongside, will support each other and encourage each other. We are encouraged by the manager to come forward with new ideas, to aim higher and if we need it, support is given. The service users are encouraged to come together as much so possible and attend lots of clubs together too, which is lovely to see.”

- “Leadership and communication are very good.”
- “Very well run service. I have not worked in care before this job and it has been made so easy for me to learn and progress within the company. All the staff members know their role and are well managed. They also have great rapport with the service users and are 100% committed to providing the best service and life changing support they can.”
- “Management are great. They try to promote positivity and will support staff with working shifts around commitments. The service users have good contact with management which is great and they are encouraged to make their own choices and to speak out if they are not happy.”
- “Livability have been fantastic, supportive and all around brilliant to work for.”

A very small number of staff indicated that they were dissatisfied that the care being delivered to the service users was safe, effective and that the service was well led, however no comments were provided to explain these responses.

5.0 The inspection

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

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

The last care inspection of the agency was undertaken on 8 December 2020 by a care inspector. No areas for improvement were identified.

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. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future. 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 medicine to be administered with a syringe. The manager 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 MCA.

Staff had completed appropriate 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.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, 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 housing relating issued, outdoor furniture, the menu and how to make a complaint/report concerns.

It was important that service users with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). 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 an appropriate 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, five day induction programme 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 advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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

There were monthly monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was noted however that the reports were not being provided to the manager by the monitoring officer and they had to be requested during the inspection. They were subsequently received and reviewed. This delay resulted in the manager not being aware of the identified improvements in a timely way. The manager advised that the Quality Team located in England would visit the agency and provide reports with an action plan for improvement however these visits are not undertaken on a monthly basis.

It was further noted that the monitoring officer is not completing a report of the full agency. They are visiting one of the houses and completing a report for that specific setting, therefore not providing a full analysis of the service delivery of the entire agency. The actions plans identified differ between reports and they are not being robustly reviewed. An area for improvement has been identified.

The Annual Quality Report was reviewed and was satisfactory.

RQIA is aware of one Serious Adverse Incident (SAI) that is being investigated by the SHSCT. Whilst RQIA is satisfied that measures have been put in place to reduce the risk of recurrence, RQIA awaits the SAI report which will be available when the investigation is concluded. This 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.

Where staff are unable to gain access to a service users home, 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

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 1 | 0 |

The area for improvement and details of the QIP were discussed with Mrs Debora Turkington, 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 Regulations (Northern Ireland) 2007 | |
| Area for improvement 1 Ref: Regulation 23(1)(2)(a)(b)(i)(ii)(c)(3)(4) Stated: First time To be completed by: 31/05/2023 | <p>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.</p> <p>These reports are to be submitted to RQIA by the fifth day of every month until further notice.</p> <p>Ref: 5.2.6</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>We are holding managers meetings. We have reviewed the monitoring form and standardised our approach/ expectations of how these are to be completed. Livability's Quality Team will review these monthly to ensure sufficiency and that actions are added and updated. Future reports will cover the whole service and will be forwarded to the RQIA named inspector each month</p> |

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