

Announced Care Inspection Report 12 March 2019



Livability North Down and Ards

Type of Service: Domiciliary Care Agency
Address: 37 Movilla Street, Newtownards, BT23 7JQ
Tel No: 02891826862
Inspector: Joanne Faulkner

www.rqia.org.uk

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

Livability North Down and Ards is a domiciliary care agency supported living type located in Newtownards. 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 independently as possible and maximising quality of life.

3.0 Service details

Organisation/Registered Provider: Livability Responsible Individual: Stuart Dryden	Registered Manager: Jill Houston
Person in charge at the time of inspection: Jill Houston	Date manager registered: 30 January 2019

4.0 Inspection summary

An announced inspection took place on 12 March 2019 from 10.00 to 16.00.

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:

- Effective engagement and communication with service users;
- Staff induction and training;
- Quality monitoring processes;
- Provision of care in a person centred manner.

Two areas for improvement were identified during the inspection in relation to staff supervision and appraisal.

Comments made by staff 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 and staff for their feedback, support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Jill Houston, registered manager, 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 16 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 February 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 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
- Evaluation and feedback

During the inspection the inspector met with the manager, deputy manager, one domiciliary care worker and administrative staff.

The following records were viewed prior to or during the inspection:

- Service users' care plans
- Risk assessments
- Reports of monthly quality monitoring visits
- Service user meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult protection matters
- Staff rota information
- Statement of Purpose
- Service User Guide

An area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

Questionnaires were provided during the inspection for completion by service users and /or relatives; no responses were returned to RQIA.

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received.

At the request of the inspector, 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.

Feedback received by the inspector 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.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 February 2018

The most recent inspection of the agency was an announced 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 16 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 10.6 Stated: First time To be completed by: Immediate from the date of inspection	The registered person shall ensure that records are held securely for the period of time as specified in the regulations and disposed of in accordance with legislation.	Met
	Action taken as confirmed during the inspection: It was noted that records retained by the agency were held securely.	

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 inspector reviewed processes in place within the agency to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The agency's staff recruitment process is managed by the organisation's Human Resources (HR) department; it was noted that information is forwarded to the manager prior to a staff member commencing employment confirming that all required checks have been satisfactorily completed. The manager provided assurances that staff are not provided for work until confirmation of pre-employment checks has been received.

The manager and staff could describe the induction programme provided; it was noted that it was in excess of the three day timescale as required within the domiciliary care agencies regulations. It was noted that newly appointed staff are required to complete initial induction and to shadow other staff employed by the agency. The inspector noted that staff are required to complete a range of training during their induction and are provided with information in a number of key areas such as confidentiality, complaints, record keeping, professional boundaries and key working with service users. It was noted from records viewed that the induction was based on the Northern Ireland Social Care Council (NISCC) standards.

The manager stated that relief staff are accessed from another registered domiciliary care agency; the inspector viewed staff profiles in place for those staff who had been provided and noted they included details of staff training, experience and registration with NISCC.

The inspector viewed the agency's staff rota information which was noted to reflect staffing arrangements as described by manager and staff. Discussions with the manager and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users. It was noted that service users also receive a copy of their timetable monthly detailing what staff will be provided.

The agency's supervision and appraisal policies outline the timescales and procedures to be followed. It was identified that staff are required to participate in six weekly supervision and an annual appraisal; a record of supervision and appraisal are maintained. Records viewed for four staff indicated that they had not received supervision and appraisal in accordance with the agency's policies. The manager could provide details of the reason for delays in completing supervision and describe the measures put in place to ensure that staff receive supervision and appraisal in accordance with the agency's policies. Two areas for improvement have been identified.

The agency has a system for recording staff training; the matrix viewed on the date of inspection did not include accurate details of dates training was completed following the inspection on 15 March 2019 the agency provided RQIA with an updated matrix. The matrix viewed and records viewed during the inspection indicated that the majority of staff had completed relevant mandatory training. It was identified that any outstanding training updates required to be completed by staff had been booked.

The manager and staff could describe the process for identifying training needs and for ensuring that training updates are completed. Staff are required to complete required mandatory training in a number of areas and a range of training specific to the individual needs of service users.

The agency retains details of all staff relating to their registration status and expiry dates with the NISCC and the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that the registration status of all staff is monitored monthly and provided assurances that staff are not supplied for work if they are not appropriately registered. Records viewed by the inspector indicated that staff were registered appropriately.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. 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 are required to complete adult protection training during their induction and in addition annual updates thereafter. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding adults. Staff who spoke to the inspector indicated that they had a good understanding of the process for raising concerns.

The manager stated that service users had been provided with information in relation to adult protection and the process for raising concerns.

Records viewed and discussion with the manager indicated that the agency has a robust process for recording and retaining details of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that referrals made by the agency had been managed in accordance with their policy and procedures. The agency keeps clear details of any protection plans in place.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. It was noted that staff have received training in record keeping and care planning.

The manager and staff describe how service users are supported to participate in a review involving their HSCT community keyworker at least annually and that care plans are reviewed as required.

Care records viewed were noted to be retained in an organised and secure manner. The inspector viewed a range of risk assessments in place relating to individual service users.

The agency’s office is located in Newtownards close to the town centre; it is suitable for the operation of the agency as described in the Statement of Purpose. It was noted that the entrance is accessed via a buzzer system and that records were stored securely and that computers were password protected.

Comments received during inspection process.

Staff comments

- ‘Happy working here.’
- ‘Training and induction good.’
- ‘Service users are well looked after.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction and adult safeguarding processes.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to staff supervision and appraisal.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the agency’s arrangements for responding to, assessing and meeting the needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s data protection policy outlines the processes for the creation, storage, retention and disposal of records. Staff received training relating to record keeping. Records viewed during the inspection were noted to be retained securely and presented in a well organised manner; one area for improvement identified during the previous inspection in relation to the secure storage of records was noted to have been addressed.

The manager and staff described the methods used to support service users regardless of their needs or abilities to be effectively engaged in care planning and review processes.

The agency has processes in place for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. The organisation has an internal quality team who complete twice yearly audits in addition to the agency’s system for the completion of monthly quality monitoring visits. A service quality improvement plan is developed following the audits.

A report is developed following the monthly audits; the inspector viewed a number of the reports. Records viewed indicated that the process is robust and effective in supporting the agency to identify areas for improvement. It was noted that an electronic action plan is developed and risk rated. The manager stated that this is continually reviewed by the quality team. The reports were noted to include a number of comments made by staff, service users, their relatives, and on occasions HSCT representatives. They included details of the review of the previous action plan, review of complaints, accidents, incidents and safeguarding referrals; staffing arrangements and care records.

The inspection reviewed the agency's systems to promote effective communication between service users, staff and relevant stakeholders. Discussions with the manager and staff indicated that staff communicate effectively and appropriately with service users.

The manager and staff could describe a range of methods used to develop and maintain effective working relationships were appropriate with community HSCT representatives and service user's relatives.

It was noted from discussions with the manager, staff and records viewed that appropriate support is provided to meet the assessed needs of individual service users. Service users' have an allocated key worker whom they meet with regularly to review their care and support plan.

Staff meetings are facilitated bi-monthly and a record is maintained of matters discussed.

Service user house meetings are facilitated monthly and service users are supported to comment on a range of matters. In addition the agency facilitates service user group meetings regularly.

Comments recorded on the minutes of service user meetings

Service Users' comments

- 'Went to Aunt Sandra's Sweet factory; I made my own candy floss.'
- 'I don't like if staff are late, so staff will ring if they are going to be late.'
- 'I went to Boyzone and I am going to Mrs Brown's Boys.'
- 'I am happy.'
- 'Staff listen to me, talk to me and look out for me.'
- 'I want to say thanks to (the staff).'
- 'Happy with keyworkers. Certain staff calm me down by helping me organise my stuff.'

Relatives' comments

- 'We really trust the staff.'
- 'When ***** needs changed last year.... Staff were unbelievable and I really appreciate it.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and the effective engagement with service users, their relatives and other relevant key 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 inspector reviewed the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to the care and support they receive.

It was identified that staff receive information relating to human rights and confidentiality during their induction programme. Discussions with the manager and staff during the inspection indicated that the promotion of values such as dignity, respect and choice were embedded in the ethos of the agency and in the way staff provide care and support.

The manager and staff could describe how service users are supported to complete tasks within their homes such as laundry, cleaning, preparing food and to attend a range of activities of their choice within the local community.

Service user care records viewed during the inspection contained information relating to the needs, choices and preferences of individual service users and risk assessments for any practices deemed to be restrictive.

The manager and staff could describe the methods used for ensuring that the care and support is provided in an individualised manner; they discussed a range of methods used for effectively support service users in making informed choices.

It was noted that a range of key information is produced by the agency in an alternative format to support service users in having a clear understanding of the information being provided; the inspector viewed a number of these documents during the inspection. The manager stated that this has assisted staff to support service users to be effectively engaged in decisions about the care and support they receive.

The inspector discussed arrangements relating to the equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of individual service users in a safe, effective and compassionate manner.

Discussions with the manager and staff provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user engagement and choice

- Adult Protection processes
- Provision of care in an individualised manner.

Processes for effectively engaging with and responding to the comments of service users and their representatives are maintained through the agency’s complaints/compliments process, quality monitoring process, one to one keyworker meetings, monthly house meetings and review meetings.

Records viewed and discussions with the manager indicated that the agency has systems in place to record comments made by service users and where appropriate their representatives. Records of service user meetings and reports of quality monitoring visits indicated engagement with service users and where appropriate relevant stakeholders.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and communication 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

6.7 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.

The inspector reviewed the agency’s management and governance systems in place to meet the needs of service users. The agency is managed on a day to day basis by the manager supported by a team of support workers. The agency has an on call system for staff to access support and guidance at all times including out of ours.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained electronically and additionally in a paper format stored in the agency office. The manager and staff could describe the process for accessing policies.

There are systems in place within the agency for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Systems include the provision of required policies, monitoring of staffing arrangements, complaints, accidents, adult safeguarding referrals and incidents notifiable to RQIA.

Discussions with the manager and staff, and records viewed indicated that the agency's governance arrangements promote the identification and management of risk. There was evidence of ongoing engagement with relevant stakeholders in relation to a range of matters.

The agency's complaints policy outlines the procedure for effectively managing complaints. Staff are provided with information in relation to management of complaints during their induction. Service users are provided with details of how to raise concerns. It was noted that the policy was required to be update to include the current RQIA contact details; the manager provided assurances that this would be actioned immediately.

The agency has a process for recording electronically any complaints received and actions taken. Records viewed and discussions with the manager indicated that the agency had managed complaints received since the previous inspection in accordance with their policy and procedures. The manager stated that complaints are audited on a monthly basis as part of the agency's quality monitoring process. Staff who spoke to the inspector had an understanding of the process for managing complaints.

Records viewed and discussions with the manager indicated that the agency has in place management and governance systems to monitor and encourage improvements in the quality of the service. The processes include systems for monitoring staffing arrangements, incidents, accidents and complaints and obtaining views of service users and relevant stakeholders and twice yearly audits by the organisation's quality team. During the inspection the inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal.

The agency maintains electronic records of all accidents and incidents including those reportable to RQIA; records viewed were noted to include details of the incident and the actions taken. It was noted that details of all incidents are forwarded to the agency's senior management team for review. In addition incidents are reviewed as part of the agency's monthly quality monitoring process.

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose. Staff are provided with a job description outlining their job roles and their responsibilities are discussed during induction. There was evidence of effective and ongoing collaborative working with relevant stakeholders such as Care Managers and Social Workers. Staff who spoke to the inspector stated that the managers were supportive and approachable.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided. The agency's Statement of Purpose and Service User Guide had been reviewed and updated.

Comments received during inspection process.

Staff comments

- 'The manager and seniors are approachable.'
- 'I know how to report issues or concerns.'

Areas of good practice

There were examples of good practice identified in relation to the agency's governance arrangements including the quality monitoring process and the management of complaints.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jill Houston, registered manager, 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 inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Manager has allocated time for supervisions on staff rotas to ensure that all staff receive a supervision in line with Livability policy. The manager has developed a clear record of when supervisions are due throughout the year.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The manager has allocated time for appraisals on staff rotas to ensure that all staff receive an appraisal in line with Livability policy. The manager has developed a clear record of when appraisals are due throughout the year.</p>

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



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