

Unannounced Care Inspection Report 2 February 2017



Shanlieve Supported Living

Type of Service: Domiciliary Care Agency
Address: 1-3 Randal Heights, Newry Street, Kilkeel BT34 4XU
Tel No: 02841764890
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Shanlieve Supported Living took place on 2 February 2017 from 10.00 to 15.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place effective recruitment systems and aims to ensure that there is at all times an appropriate number of suitably skilled and experienced staff to meet the assessed needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and on occasions collaborative working with Health and Social Care Trust (HSCT) representatives. There are systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for quality improvement were identified during this inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the needs of service users through the development and ongoing review of individualised care plans. The agency has implemented systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and the provision of individualised care and support. From observations made and discussion with staff and service users it was noted that agency staff value and respect the views of service users. Service users indicated that their views and choices were respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service was evident on inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff have an understanding of their roles and responsibilities within the management structure. The manager is not based at the agency's office; however there is a system in place to support staff and ensure that they can obtain the required support and guidance to fulfil their job roles. There is evidence that the registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff

and promotes effective service delivery. No areas for quality improvement were identified during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with the person in charge 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 4 June 2015.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Francis Rice	Registered manager: Tracey Welch (Acting)
Person in charge of the service at the time of inspection: Senior Support Worker	Date manager registered: Tracey Welch - application received - "registration pending".

3.0 Methods/processes

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

- Discussion with the person in charge
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events

- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Service users' care records
- Assessments of needs and risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Training and Development Policy
- Recruitment Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Disciplinary Policy
- Whistleblowing Policy
- Data Protection Policy
- Complaints Procedure
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with two service users, the person in charge and three staff members.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; five staff questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Shanlieve Supported Living is a supported living type domiciliary care agency, located close to the town centre of Kilkeel. The service is provided by the Southern Health and Social Care Trust (SHSCT) and offers domiciliary care and housing support adults with a learning disability in a number of properties situated in close proximity to the agency's office. The agency provides care and support to enable service users to live in their own home; the care and support is provided by staff employed by the SHSCT.

The agency operates a key worker system with service users; they are provided with support to maintain their tenancy, to develop independent living skills and to be involved in the local community. Specific services can include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and social activities, dependent upon service users' needs, interests and wishes.

The inspector would like to thank the service users and staff for their support and co-operation during the inspection.

4.1 Review of requirements and recommendations from the last care inspection dated 4 June 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 14 (b)</p> <p>Stated: Second time</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect.</p> <p>This requirement relates to the registered person ensuring that a process is developed to reduce the amount of funds retained in the service users shared budget account.</p> <p>The registered person must ensure that service users receive a refund of their share of excess monies held in their budget account.</p> <p>Action taken as confirmed during the inspection: The inspector identified from records viewed and discussions with staff that service users are supported to manage individual bank accounts. It was noted that service users pay an agreed amount into a joint account for utilities and that excess monies had been used for redecoration of the service users' home. In addition service users had received a refund of excess monies</p>	<p>Met</p>
<p>Requirement 2</p> <p>Ref: Regulation 14 (c)</p> <p>Stated: Second time</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(c) so as to promote independence of service users.</p> <p>This requirement relates to the registered person ensuring that provision is made for service users' monies and valuables to be secured in their own homes.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The inspector noted that the agency has made arrangements for service users' monies and valuables to be secured in their own homes. It was identified that one service user had declined this arrangement and that their monies are retained securely within the agency's registered office.</p>	
<p>Requirement 3 Ref: Regulation 23 (1)(5) Stated: Second time</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the views of service users' relatives/representatives are obtained and recorded on the agency's monthly quality monitoring form.</p> <p>Action taken as confirmed during the inspection: The inspector viewed a number of the agency's quality monitoring records and noted that they included the views and comments of service users' relatives/representatives where appropriate.</p>	<p>Met</p>
<p>Requirement 4 Ref: Regulation 21.- (1)(a) Schedule 4 Stated: First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency maintains an alphabetical index of domiciliary care workers supplied or available for supply by the agency.</p> <p>Action taken as confirmed during the inspection: The inspector viewed an alphabetical index of domiciliary care workers supplied or available for supply by the agency.</p>	<p>Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 21.- (1)(a) Schedule 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota details the full names of staff provided and that a key for abbreviations used is included.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the agency's staff rota information and noted that it details the full names of staff provided and in addition includes a list of abbreviations used.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p>	<p>It is recommended that staff receive supervision in accordance with the agency's procedures and that a record is maintained.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector identified from records viewed that staff had received supervision in accordance with the agency's procedures and that a record is maintained.</p>	<p>Met</p>

4.2 Is care safe?

During the inspection the inspector reviewed the staffing arrangements currently in place within the agency.

The agency's recruitment policy outlines the mechanisms for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; it was identified that recruitment of staff is processed by Business Services Organisation on behalf of the Health and Social Care Trust (HSCT). The person in charge could describe the procedure for ensuring that staff are not provided for work until all necessary checks have been completed; they stated that outcome of the checks completed is retained by the Human Resources department.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with staff that they are required to complete corporate induction and mandatory training. Staff could describe the details of their induction programme which the inspector noted included shadowing other staff members, meeting service users and becoming familiar with their care needs.

The agency maintains a record of the induction programme provided to staff; records viewed by the inspector detailed the information provided during the induction period. Staff who met with the inspector stated that they felt they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

It was identified that relief staff are accessed from the HSCT bank list and are required to complete the induction programme provided to permanent staff; the person in charge stated that staff are not accessed from another domiciliary care agency. The inspector viewed staff profiles retained in relation to relief staff. Staff could describe the impact to service users of frequent staff changes and the benefits of endeavouring to provide continuity of staff provided.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The agency's staff rota information reflected staffing levels as described by the person in charge; they stated that the agency is "well staffed".

The agency's supervision and appraisal policies outline the timescales and processes to be followed. It was noted from information provided both during and following the inspection that the agency maintains a record of staff supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector indicated that supervision and appraisal meetings were beneficial.

The agency has a system in place for recording staff training; staff could describe their role in identifying gaps and accessing required training. It was noted that staff are required to complete mandatory training and in addition training specific to the needs of individual service users. Training records viewed indicated that staff had completed appropriate training.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. It was identified that the agency has in place a policy relating to the safeguarding of vulnerable adults. The person in charge could describe the agency's response to the DHSSPS regional guidance: 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is currently in the process of reviewing their policy and procedures to reflect information contained within the guidance.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults; it was identified that the agency has made a number of referrals to the HSC Trust safeguarding team in relation to alleged or actual incidences of abuse. Records viewed and discussion with the person in charge indicated that the agency had acted in accordance with their policy and procedures. The inspector noted that the agency retains a record of the outcome of referrals made.

It was noted that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction programme and in addition are required to complete two yearly updates. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults. Discussions with staff demonstrated that they had an understanding of safeguarding issues and could clearly describe the process for highlighting and raising concerns; staff had knowledge of the agency's whistleblowing policy.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Staff stated that service users are encouraged and supported to be involved in the development of risk

assessments and care plans. It was identified from records viewed and discussions with staff that care and support plans are reviewed monthly and that service users have an annual review involving their HSCT community representative. The inspector noted that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive.

The agency's registered premises are located within the home of a number of service users; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Five staff questionnaires were returned to the inspector; responses received indicated that staff were very satisfied that the care provided is safe.

Service user comments

- 'I like it here.'
- 'Staff help me.'

Staff comments

- 'Training is good; but there is so much of it to fit in.'
- 'I have completed my QCF level 3.'
- 'Services users have a good life living here.'

Areas for improvement

No areas for improvement were identified during this inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. 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 procedures for the creation, storage, retention and disposal of records. It was identified from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The inspector viewed a number of individual service user care plans; service users indicated that they are involved in the development of their care plans. It was noted that staff record daily the care and support provided and that care and support plans are reviewed monthly.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users on a monthly basis. The inspector identified that monthly quality monitoring visits are completed by the HSCT monitoring officer and an action plan developed. Records viewed included the comments of service users, and where appropriate their representatives. The records include detail of the review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting issues or complaints and stated that they can speak to staff at any time.

The agency facilitates weekly tenants' meetings; service users indicated that they are encouraged to attend and provided with the opportunity to express their views and opinions. It was identified that comments made by service users are recorded in the minutes of tenants' meetings maintained by the agency.

The person in charge could describe ways in which the agency seeks to maintain effective working relationships with the other HSCT representatives and other stakeholders. Staff could describe the benefits of recent involvement of an independent advocate to support service users.

A number of staff discussed with the inspector the arrangements in place in relation to staff accessing food whilst accompanying service users in the community, and how recent changes in the arrangements could potentially have an impact on the live experiences of service users. The inspector suggested that staff discuss the current arrangements and their concerns with the manager and individual service user HSCT community keyworkers.

Five staff questionnaires were returned to the inspector; responses received indicated that staff were very satisfied that the care provided is effective.

Service users' comments

- 'I am really happy here.'
- 'Staff are good; they listen and talk to me.'
- 'I go to the gym.'

Staff comments

- 'We get good support from each other.'
- 'Service users are involved in care planning.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care, support and life choices.

Discussions with service users and staff, and observations made during the inspection, indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe a range of examples of

supporting service users to take positive risks to enable them to live a more fulfilling life and to promote their independence.

Observations of staff interaction with service users during the inspection indicated that care is provided in an individualised manner. The inspector observed service users being encouraged to make decisions about the individual care and support they received; the inspection noted that service users are supported individually to go shopping, manage their monies and to go out for meals or other recreational activities.

Care plans viewed were noted to be completed in a person centred format; service users indicated that they are supported to be involved in making decisions regarding their care and support. Records of tenant meetings reflected the involvement of service users and were noted to record comments made by service user. The inspector identified that the agency provides a range of documentation in an easy read format.

The inspector noted that the views of service users and/or their representatives were recorded throughout a range of the agency's documentation. Processes to engage and respond to service users and where appropriate their representatives are maintained through the complaints and compliments processes; monthly quality monitoring visits; annual review meetings and tenants' meetings.

Five staff questionnaires were returned to the inspector; responses received indicated that staff were very satisfied that the care provided is compassionate.

Service users' comments

- 'I do what I want.'
- 'I buy what I want; staff support me to go to the bank.'
- 'I can do what I want but I need help.'

Staff comments

- 'I have worked here 16 years; it is very rewarding.'
- 'Service users hare supported to make their own choices and go out regularly with staff support.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a range of policies and procedures which are retained electronically; staff could describe the process for accessing these records. The inspector viewed a number of the agency's policies and noted that they had been reviewed and updated in accordance with timescales outlined within the minimum standards.

Discussions with the person in charge and records viewed indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals; restrictive practice and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for handling complaints; discussions with staff indicated that they have an understanding of the actions required in managing complaints. The agency maintains a record of complaints and compliments received.

The agency has in place management and governance systems to drive quality improvement; this includes arrangements for monitoring incidents and complaints. During the inspection process the inspector viewed evidence of staff induction, training, supervision and appraisal. Staff could describe the importance of identifying areas for improving the quality of the service.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff could describe the details of their job roles and responsibilities; service users were aware of staff roles and knew who to talk to if they had a concern. Staff indicated that the registered manager and deputy manager are approachable and could describe the process for obtaining guidance and support at any time. It was noted that the manager is based in one of the organisations other DCA offices; staff could describe the process in place for obtaining support and guidance from the manager or deputy manager.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are reviewed and updated as required.

Five staff questionnaires were returned to the inspector; responses received indicated that staff were very satisfied that the service is well led. One individual commented on the challenges for staff due to the manager not being based in the agency's registered office; this arrangement was discussed with staff during the inspection and details provided of the process for contacting the manager if required.

Service user comments

- 'If I am worried I speak to my keyworker.'

Staff comments

- 'The team are fantastic; I feel supported in my role.'
- 'XXXXX is my supervisor; I speak to them if I issues.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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