

Announced Care Inspection Report 14 January 2019



Learning Disability Supported Housing

Type of Service: Domiciliary Care Agency
Address: 13-25 Finaghy Road South, Belfast, BT10 0BX
Tel No: 02895042375
Inspector: Caroline Rix

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

Learning Disability Supported Housing is a supported living type domiciliary care agency operated by the Belfast Health and Social Care Trust. The service provides care and supported housing services to 38 service users with mild to moderate learning disability. Service users live within their own home environments in Belfast, which are owned by various housing associations and landlords. Services provided include support with shopping, laundry, social and recreational activities, budgeting, maintaining service users' tenancy, support to attend medical appointments and support with personal care, as necessary.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust Responsible Individual: Martin Joseph Dillon	Registered Manager: Maureen Hunter
Person in charge at the time of inspection: Maureen Hunter	Date manager registered: 27/08/2009

4.0 Inspection summary

An announced inspection took place on 14 January 2019 from 09.40 to 15.45 hours.

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 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 care records, reviews, communication between service users and staff and other key stakeholders.

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 service users and staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager Maureen Hunter, and the area manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 15 February 2018

No further actions were required to be taken following the most recent inspection on 15 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Record of notifiable events for 2018/19
- All communications with the agency by RQIA.

The inspector spoke with the manager and two support workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Their feedback is contained within the body of this report.

As part of the inspection the inspector spoke with four service users in their homes and one relative by telephone and their feedback is contained within the body of this report. The inspector also had the opportunity to observe the service users' interactions with staff.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was asked to provide each service user/relative with an RQIA survey/stamped addressed envelope asking for their views on the services they receive, six responses were returned to the inspector and feedback is contained within the body of this report.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No staff responses were received by the inspector.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Two staff recruitment records
- Two staff supervision records
- Two staff appraisal records
- Two staff training records
- Staff training plan
- Staff meeting minutes
- Staff NISCC registration and renewal process for registration
- Statement of purpose

- Service user guide
- One service users' records regarding support plans, reviews and quality monitoring
- Tenants meeting minutes
- Three monthly monitoring reports.
- Annual quality review report for 2018
- Communication records with other professionals
- Notification and incident records
- Complaints log and records
- Compliments log and records

The findings of the inspection were provided to the manager Maureen Hunter and the area manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 February 2018

The most recent inspection of the agency was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 February 2018

There were no areas for improvement made as a result of the last care inspection.

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.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation has a central human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Records viewed and discussions with the manager indicated that all pre-employment information has been satisfactorily completed and verified in line with regulations and standards.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with The Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staffs are due to renew registration with NISCC.

The inspector noted the staff team is currently stable and arrangements enable the agency to provide familiar staff to service users who require staff continuity.

Through discussions with staff, as well as the inspector's observations, it was evident that the staff was very knowledgeable regarding each service user and the support required. The support workers also confirmed that they have completed safeguarding and whistleblowing training; and felt able to raise any concerns with management.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staff attend a range of training necessary to meet the individual needs of service users. The organisation has a system of requiring staff to complete annual update training in key subject areas. The organisation has a learning and development team to assist managers to ensure that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the manager and senior staff. Staff confirmed senior staffs are approachable at any time for support and guidance.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Protection' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The agency has identified their Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's procedure. No safeguarding reports had been received since the last inspection.

The inspector noted that the safeguarding procedures are also available in an easy read version and provided to each service user.

The agency's whistleblowing policy and procedure was found to be satisfactory and staff demonstrated a clear understanding of their role and responsibilities in relation to raising concerns or reporting poor practice/whistleblowing.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

Service user comments during inspection:

- “I am very happy here. The staff are all very good to me.”
- “I have made new friends here, we have some laughs.”
- “I know I am safe here. I don't want anything changed and like things as they are.”

The returned questionnaires from service users/relatives indicated that they were ‘very satisfied’ and a safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

Staffs comments during inspection:

- “The training is very good, we can go on-line at times that suit ourselves to learn about a wide variety of subjects as well as the mandatory areas.”
- “We have built trust with our service users, some over many years. They can tell us if they have any worries or problems.”
- “I am very aware of the need for protection of our service users who are vulnerable in lots of ways in the community-I would recognize and immediately report anything I thought wasn't right.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training, adult safeguarding and management of risks.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. One care and support plan was reviewed by the inspector which had a strong person centred focus, was up to date, and clearly detailed the service users' needs and how they wished these to be met. The file contained records of the care and support provided and evidenced the views and choices of the service user.

Service users are supported to participate in regular reviews involving their HSC Trust keyworker. The manager described how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care and support plans which are reviewed at agreed intervals or as required.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users. It was clear from discussions and observations that the staffs on duty have an excellent knowledge of the service users' needs.

The service users have received support from Learning Disability Supported Housing service for a period of time, some over many years, and it was clear from observed interactions that the staffs have a good understanding of the service users' differing modes of communication; both in terms of their verbal and non-verbal communication needs such as hand gestures and sign language. Records viewed confirmed that staff have been supporting the service users to increase their independence; for example, service users are supported to attend church each Sunday, to maintain attendance at music groups and encouraged to make healthy eating choices.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Tenants meetings minutes were reviewed during inspection and areas for discussion included:

- Social events planning
- maintenance matters
- staffing updates
- reminder on how to keep safe.

These meetings provide ongoing opportunities to discuss key service user matters and to review matters arising regularly.

Service user comments during inspection:

- "I enjoy living here. I have my own room, with my choice of wallpaper and lots of room to keep my things."
- "I have a keyworker who I talk to if I have any worries, and she helps me sort them out."

The relative who spoke with the inspector commented:

- "My xxx has had a very positive move to live in a house on their own; it is not shared with anyone else, which has helped xxx become so much happier and less stressed. Xxx has come on fantastically well, and now needs less support which is great. We as a family have peace of mind knowing xxx is settled, living and working in the community with our support and help from the staff-it is great for him and us. The support has been fantastic from Maureen (manager), her team and the social worker."

The returned questionnaires service users/relatives indicated that they were 'very satisfied' and an effective service meant:

- You get the right care, at the right time in the right place

- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

Staff comments during inspection:

- “This is a great job, I have been here for almost 20 years. I love the service users who are like an extension of my own family. I am kept up to date with new developments and I have a great team to work with.”
- “I have built up trust and relationships with our service users and families, some over many years. The service users get to live full lives.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

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 inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Service users are given choice regarding activities and support with activities such as meal planning and food preparation, and the staff were knowledgeable as to the type of activities they like to do and the support required. For example, a service user was supported and encouraged to follow eating plan developed with the district nurse. The inspector observed a service user being supported to be ready for mini bus collecting them to attend day centre.

The inspector viewed evidence of effective communication with service users and their representatives, including quality monitoring visits and contacts, and regular support plan reviews between keyworker, service users and relatives.

Compliments from service user’s/ representatives and other professionals reviewed during inspection provided the following example in support of compassionate care:

- 'Thank you to the staff for taking such good care of xxx. It is reassuring that you and your staff acted so promptly when xxx was unwell.' (Email from relative of a service user).
- 'We are very happy with the staff supporting xxx. We are very pleased with the standard of care provided. We find the support staff to be excellent.' (Email feedback from relatives of a service user).
- 'I live in England, and rely on the staff keeping in contact with me, which they do and update me on all aspects of xxx's care and support. Xxx is always happy and says staffs are good to her. I am very happy with the service xxx receives. (Verbal feedback from relative of a service user).
- 'The service is well managed and staff work over and above service users care and support plans. They are flexible to meet unexpected changes with service users. The care is excellent.' (Verbal feedback from a service user's social worker).

Service user comments during inspection:

- "I love living here, I feel better here now and I have made new friends. The girls are very good to me; we have known each other for a long time."
- "We are happy here, I get all the help and support I need, I like living in this house."
- "I have a new job which I am enjoying at the charity shop. I am writing my life story on my computer and have done 'the early years' bit so far."
- "I had a great birthday party- a big one, with lots of people here and music; it was just what I wanted."

The returned questionnaires from service users/representatives indicated that they felt 'satisfied' or 'very satisfied' that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

One comment from a service user noted on their survey stated:

'I get lots of care, even with my mental health.'

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing service users and their representatives.

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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The day to day operation of the agency is overseen by a manager, with three deputy managers and a team of support staff and an administrator.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

The agency maintains variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the feedback received by the agency following their annual satisfaction survey in January 2018 was very positive, with a small number of suggestions for improvement taken on board, such as on-going reminders for some service users on how to contact staff in an emergency. A summary report had been shared with service users, representatives, staff and the HSC Trusts.

Monthly monitoring reports were viewed for October to December 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by an area manager or operations manager who have a good working knowledge of the service.

Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints. The inspector noted two complaints had been received since the last inspection. Records of each complaint viewed confirmed each matter had been appropriately managed and resolved.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There have been no incidents that required notification to RQIA since the last inspection.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst

recognising and responding to the diverse needs of service users. This was acknowledged during the observations of service user and staff interactions during the inspection.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. Staff were able to discuss the ways in which their development and training enables them to engage with a diverse range of service users.

Discussions with the staff highlighted 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 included:

- effective communication
- service user involvement
- safeguarding
- advocacy
- human rights
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

Staff commented during inspection:

- "I find staff in the office all approachable and they provide me with help/advice any time, or come to the house immediately if needed."
- "Great variety with my job, every day is different, we have such rewards seeing service users live full and busy lives."

The returned questionnaires from service users/representatives indicated that they felt 'satisfied' or 'very satisfied' that the service was well led and meant:

- You know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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