

Announced Care Inspection Report 15 February 2018



Learning Disability Supported Housing

Type of Service: Domiciliary Care Agency

**Address: The Flat, Finaghy Road South, 13 - 25 Finaghy Road South,
Belfast BT10 0BX**

Tel No: 02895042375

Inspector: Caroline Rix

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 43 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 HSC Trust/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 15 February 2018 from 09.30 to 16.00 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 agency staff and other key stakeholders.

Service users spoken with by the inspector provided feedback regarding the service provided by Learning Disability Supported Housing service in regards to safe, effective, compassionate and well led care. Some examples of good practice were highlighted and complimented and have been detailed within the body of this report. The staff spoken with during inspection provided valuable feedback in terms of their work within the agency.

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.

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 registered manager Maureen Hunter and the operations 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 27 February 2017

No further actions were required to be taken following the most recent inspection on 27 February 2017.

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 2016/2017
- All communication with the agency

The inspector spoke with three service users who receive support from Learning Disability Supported Housing service staff and had the opportunity to observe interactions between the service users and staff.

During the inspection the inspector spoke with the manager and with two staff members to obtain their views of the service provided and observed staff supporting service users.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. At the time of issuing this report no staff surveys were received by RQIA.

The inspector also asked the manager to distribute questionnaires to service users/relatives. No service user/relative questionnaires were returned to RQIA at the time of issuing this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, training, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting
- Statement of purpose
- Service user guide
- Service user records regarding care and support planning
- Service user' records regarding ongoing review, and quality monitoring
- Recording and evaluation daily records
- Three staffs' supervision and appraisal records
- Staff training records
- Team meeting records
- NISCC registration and renewal of registration processes
- Monthly monitoring reports for December 2017 and January 2018
- Annual quality report dated August 2017
- Communication records with HSCT professionals
- Complaints records

- A range of notification and incident records
- A range of compliments records

The findings of the inspection were provided to the manager and the operations manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 February 2017

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 27 February 2017

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 has in place a comprehensive recruitment policy; this was updated December 2017 by Belfast HSC Trust policy review department. The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The inspector noted that in staff files reviewed, the registered person or registered manager had not completed a statement confirming that each staff member was physically and mentally fit for the purposes of the work he is to perform. These records are required for all staff recruited since the agency was first registered 27 August 2009. This area was discussed with the operations manager following the inspection day. Prior to issuing this report, the inspector was provided with a satisfactory assurance that the manager has completed a statement confirming staff are physically and mentally fit for the purposes of the work he is to perform. These records are retained within the agency office staff files and will be reviewed during the next inspection.

The inspector found that staffing arrangements maximise the provision of familiar staff to service users.

The induction programme for support workers was viewed, which includes a detailed induction programme and support mechanisms in place.

The manager confirmed that no new staff had commenced employment in the service during the last four years. Therefore induction records were not reviewed by the inspector.

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 needs of service users. The organisation has a system of requiring staff to complete competency assessments subsequent to key training events, 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 provides staff with a supervision contract and maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

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.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' protocol provided clear 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 details of the agency's Adult Safeguarding champion with key responsibilities are detailed in their protocol.

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 protocol. The agency's whistleblowing policy and procedure was found to be satisfactory, and had been reviewed by the organisation's policy committee 11 January 2018. Staff demonstrated a clear understanding of the whistleblowing procedure.

During the inspection 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.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: 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. The care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed the service users' needs and how they wished these to be met.

Service users are supported to participate in regular reviews involving their HSC Trust keyworker and that care and support plans are reviewed at agreed intervals or as required.

Feedback received by the inspector from service users and staff indicated that service users have a genuine influence on the content of their care and support plans. 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 through observations that the staff have good knowledge of the service users' needs and preferences; and how they are working with the service users to minimise any challenging behaviours.

During the inspection the inspector was able to observe a number of service users communicate effectively with staff and were fully involved in day to day decisions and routines. The staff were using language and behaving in a manner which encouraged each service user to make their own choices.

The inspector viewed evidence of effective communication with service users and their representatives, including a complaints process, quality monitoring reports, and monthly support plan reviews between keyworker and service users.

Service users and staff provided feedback to the inspector which indicated that the provision of care and support by the agency had resulted in positive outcomes for service users. The service users described the positive value of the service user's involvement in a range of activities and interests which are facilitated by staff support. Service user commented: "I am very happy living in my home with xxx. I have all the support I need."

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. The service users have been supported by staff from Learning Disability Supported Housing service for a number of years and it was noted that the shared areas in the homes visited had been personalised by the service users to their individual tastes. Service users are given choice regarding activities and meals, and the staff were knowledgeable as to the type of activities they like to do and the support required. For example, service users were supported and encouraged to consider healthy meals of their choice, and the social activities they engaged in were very person-centred.

The inspector was able to speak to service users who expressed their satisfaction with the service during conversations or by nodding appropriately when prompted with questions. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. One service user explained; "I had a great time at the Valentine night disco. This bag has my suit to return to the hire shop. Staff are great and helped me get ready". The inspector was shown photographs by the service user of the party described, everyone looked smartly dressed and were smiling.

The agency has provided service users with information relating to human rights, advocacy and adult safeguarding in pictorial formats. Service users were encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support. The manager explained that service users have six monthly tenants meetings where they discuss individual house plans.

Compliments from service users, representatives and other professionals reviewed during inspection provided the following example in support of compassionate care:

- "I get help in the shower as I like to be clean and fresh." (Service users comment at review meeting)
- "I am always kept up to date with events; xxx home is clean, tidy and welcoming. I am very happy with care and support provided." (Relative feedback during a service user review meeting)
- "I can see a positive change in my relative. Xxx is very happy and seems relaxed since moved into new home. Highest praise for the service." (Relative feedback obtained during monthly monitoring contact).
- "Maureen and her team work in partnership with the community multidisciplinary team, do an excellent job of keeping us informed of changes to service user's circumstances or presentation. They act quickly to report any concerns and we have many examples where we have joint worked cases to keep people safe." (Email from Team leader community service).

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 agency's premises are suitable for the operation of the agency as described in the Statement of Purpose. 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, supported by three deputy managers and a team of support workers.

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.

Monthly monitoring reports were viewed for December 2017 and January 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by a 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. One example of feedback received from another professional was viewed by the inspector and included the following comment; "The standard of care is always very high and Maureen leads her team very successfully. Many of my staff comment on the support and dedication demonstrated by the supported housing team and person centered approaches the staff employ."

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted four complaints were received during the reporting period of 1 April 2016 to inspection date 15 February 2018.

The inspector reviewed each of the complaints records which supported appropriate management, review and resolution of the complaints. The staff training records viewed confirmed all staff had received update training on handling complaints.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There was one incident notified to RQIA which had been received in line with the required timescale. The inspector was satisfied that all appropriate measures are in place, in conjunction with other relevant professionals, to ensure the safety of their service users living in the community.

The inspector examined the annual quality review report of service user/representatives/staff satisfaction completed for 2017. This report reflected a high level of satisfaction regarding the care and support provided and the manner in which staff treat service users along with an action plan. This report was confirmed as appropriately detailed and had been shared with service users who wished to receive one along with copies provided to relatives/staff and the HSC Trust in October 2017.

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service users' records were retained securely and in an organised manner.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)