

Announced Care Inspection Report 23 February 2017



Rigby Close Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 8 Rigby Close, Belfast BT15 5JF
Tel No: 028 95043200
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Rigby Close Supported Living Service took place on 23 February 2017 from 09.40 to 16.30 hours.

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

Is care safe?

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that managers are approachable and accessible for consultation at all times. The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of service users, the HSC Trust and relatives. The inspector found evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

Is care effective?

During the inspection the agency was found to be delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users and key stakeholders. The quality monitoring arrangements include consultations with service users, their representatives and relevant HSC Trust professionals, and provide a thorough system of audit and service improvement. The inspector received feedback from service users and staff, which indicated that service provision had resulted in positive outcomes for service users' lives.

Is care compassionate?

During the inspection the agency was found to be delivering a high standard of person centred, compassionate care. The inspector observed interactions between staff and service users and received feedback from service users which indicated that the human rights, choice and respect of service users are upheld through service delivery. There was evidence which indicated that the views and wishes of service users are consistently sought by staff on a day to day basis, in addition to formal processes such as monthly quality monitoring and the annual service user survey. The agency maintains systems to seek the views of service users and there was evidence of regular involvement of representatives as appropriate. The inspector noted that the provision of a high standard of compassionate care has enabled service users to enhance the quality of their lives.

Is the service well led?

During the inspection evidence confirmed delivery of a well led service. Management and governance systems are in place and implemented by the agency to ensure that the needs of

service users are met and quality improvement systems are maintained. Support staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has knowledge of the needs of service users at all times. The inspector noted evidence of effective team working to the benefit of service users. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, have contributed to positive outcomes achieved with service users.

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 Andrea Lee, acting manager, and Anne Campbell 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.

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 5 May 2015.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Martin Joseph Dillon	Registered manager: Andrea Lee (Acting)
Person in charge of the service at the time of inspection: Andrea Lee (Acting)	Date manager registered: (Not applicable)

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection process the inspector spoke with the acting manager, Andrea Lee; three senior community support workers and four service users. During the inspection the inspector observed the interactions of staff with service users.

Service users' comments

- 'I really love living in this house with my two friends.'
- 'I was glad to get home after recent visit to hospital. This is my home and I love it.'

Staff comments

- 'We get great job satisfaction from building relationships and trust with our service users.'
- 'It is rewarding to see how service users involved in community and healthy activities have improved their wellbeing.'

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; four were returned. At the request of the inspector, questionnaires were distributed for completion by service users/representatives; five were returned. Feedback received from questionnaires is included throughout this report.

The following records were examined during the inspection:

- Statement of Purpose
- Service User Guide
- Three care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Service user evaluation survey records
- Staff meeting minutes
- Records relating to staff training, including induction training
- Records relating to staff supervision and appraisals
- Complaints log
- Compliments records
- Incident records
- Records relating to safeguarding of adults
- Staff communication records
- Staff Recruitment Policy
- One staff recruitment record
- A range of policies relating to the management of staff

4.0 The inspection

Rigby Close Supported Living Service is a domiciliary care agency operated by the Belfast HSC Trust in association with Habinteg and Oaklee Housing Association, and private landlords. Currently 19 service users are supported by 24 staff. Service users live in single or shared tenancy accommodation in Rigby Close and the local vicinity.

The aim of the project is to provide care and support to individuals with a learning disability, to promote independence within the community.

4.1 Review of requirements and recommendations from the last care inspection dated 5 May 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 16 (4)</p> <p>Stated: First time</p>	<p>(4) The registered person shall ensure that each employee receives appropriate supervision.</p> <p>The registered person must ensure that each employee receives appropriate supervision, and that the agency can show this has taken place.</p> <p>The registered must ensure that RQIA receives a written report on progress made with this requirement by 30 August 2015.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed evidence that a system was implemented to ensure all staff received regular supervision meetings.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 13.2,</p> <p>Stated: First time</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>The registered person should ensure that all staff have supervision in accordance with the agency's policies and procedures, and that these meetings are recorded in accordance with the procedures.</p> <p>Action taken as confirmed during the inspection: Records evidenced that a scheduling tool was implemented to ensure all staff received regular supervision meetings in line with their procedure timescales. The inspector viewed a sample of staff records that verified these supervision meetings were completed three monthly as per their procedure.</p>	Met

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector.

The agency has in place a recruitment policy; the organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The inspector reviewed one example relating to a newly appointed support worker, where written confirmation had been provided by the human resources officer that the required pre-employment information and documentation was in place for that individual, in line with the regulations.

Feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users, including the provision of one to one time at home or in the community. The inspector noted that vacant shifts could not always be covered by the current staff team. The manager confirmed that there has been a need for the use of employment agency staff over the last year. However, the use of employment agency staff has been limited to a small core of three staff to meet increased service users' needs. The inspector found evidence that the agency recognises the importance of staffing arrangements that maximise the provision of familiar staff to service users.

It was noted that the agency has an induction procedure in place. The induction programme for support workers was viewed, which includes a detailed induction programme and support mechanisms in place for both permanently appointed staff and employment agency staff. The manager discussed the agency's procedure for use of staff supplied by an employment agency with the inspector which was satisfactory.

Staff confirmed they have access to the organisations policies, procedures, and guidance. 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 inspector received feedback from the manager and staff, which indicated that the agency is committed to the ongoing development of staff through the provision of quality training. The manager advised the inspector that staff have attended training specific to the needs of individual service users, such as challenging behaviour management and epilepsy awareness training. Staff provided very positive feedback regarding the quality and relevance of this training.

Staff commented:

- 'The training received is very good and focused on our service users' particular needs. We recently completed training as a staff group within the unit, that was tailored to our own service users' specific needs; this was very helpful.'
- 'We can ask for additional training if felt it would help us to support the service users and to carry out my role effectively.'

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with the agency's policy has been maintained. Staff feedback and the examination of records relating to supervision and appraisals confirmed that

staff receive these in line with their policy and procedure. Staff described how they can access informal supervision or consultation with a senior member of staff at any time if required.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the updated regional guidance.

The inspector examined documentation relating to safeguarding referrals made to the HSC Trust safeguarding team and discussed the agency's implementation of appropriate support plans. Staff provided feedback regarding partnership working with the HSC Trust multidisciplinary teams, including amendment of support plans and review of the process. Staff commented that they had felt listened to by the HSC Trust professionals.

Assessments of need and risk assessments examined by the inspector reflect the views of service users. Assessments of need and risk assessments are reflected in their care and support plan documentation. There was evidence of positive risk taking in collaboration with the service user, the agency and the HSC Trust.

Agency staff provided feedback which indicated that they had a clear understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. It was evident from discussion with staff and review of records in respect of service users, that the agency is open to person centred positive risk taking and is able to work collaboratively with professionals to maximise independence of service users and manage potential risk.

Records viewed found that care and support is regularly evaluated and reviewed. The agency has a process of reviewing care and support plans monthly with service users, with at least a yearly review including a community worker from the HSC Trust. The views of service users and/or their representatives were recorded in review records. The inspector viewed a range of care and support plans which were written in a person centred manner, clearly included the service users' views throughout, and showed evidence of updating.

Of questionnaires returned by staff, all indicated they were 'very satisfied' or 'satisfied' that care was safe.

The questionnaires returned by service users/relatives indicated that they were 'very satisfied' or 'satisfied' that care and support was safe.

During the inspection the inspector was able to observe staff communicate effectively with service users whilst they were going about daily activities.

The inspector was able to speak to four service users who expressed their satisfaction with the service received. These service users confirmed that they were very happy with the level of support received from the support staff. Service users described support received as very positive in enabling them to live independently.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide.

The inspector reviewed three service users' care and support plans. The inspector was informed by staff that person centred care plans are developed with service users and in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. Examination of these care and support plans indicated that information from relevant assessments are incorporated accurately into care and support plans. Feedback received by the inspector from staff indicated that service users have a genuine influence on the content of their care and support plans.

Care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed service users' needs and how they wished these to be met.

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 agency has maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care and support delivered to service users. Monthly quality monitoring is undertaken by a designated HSC Trust manager who has a good working knowledge of the service. Quality monitoring reports included consultation with a range of service users, relatives, and staff and as appropriate HSC Trust professionals; and progress on improvement matters.

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

During the inspection the inspector observed staff interactions with service users and noted that the service users appeared to enjoy positive relationships with staff; chatting and laughter from the lounge and kitchen area was observed during the day. In addition to formal methods, discussion with service users and staff indicated that effective communication happens on a routine basis as staff interact with service users and make themselves available for discussion. Staff described how they have learnt to communicate effectively with service users who have particular communication needs, for example by the use of sign language and visual aids.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. Staff described effective verbal and written communication systems within the agency at handovers. It was noted that staff meeting minutes recorded the discussion of information regarding service users and a range of relevant issues including guidance provided by HSC Trust professionals. Staff provided feedback to the inspector that they can contribute to the staff meeting agenda and feel that their views are heard.

Of questionnaires returned by staff, all indicated they were 'very satisfied' or 'satisfied' that care was effective.

The questionnaires returned by service users/relatives indicated that they were 'very satisfied or 'satisfied' that care and support was effective.

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?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users 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.

Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users. The inspector observed that the language and behaviour of staff promoted the independence and choice of the service users throughout their interactions. For example, a service user was preparing to do grocery shopping for himself and his fellow tenants and was supported in this activity by staff.

Feedback from staff indicated that they have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that staff have made particular efforts to facilitate service users to achieve goals and do activities of their choice. It was evident from discussion with service users and staff that the agency promotes the independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support. Throughout conversations with service users the inspector found that they are involved in making plans for future activities such as holidays, leisure activities, and attending events.

The inspector noted that service users' care plans were person centred, specific to the individual, which reflected service users' wishes or needs. The likes and dislikes of each service user were noted in detail in their file, alongside information about preferred means of communication and delivery of care and support.

During the inspection the inspector noted examples of how service user choices were being upheld by staff. For example, service users' preferences of whether or not to meet the inspector were fully respected.

The inspector reviewed examples of information provided to service users, such as how to make a complaint, human rights information, and how to stay safe. The documents were displayed in an easy to read pictorial format in various locations within one of the houses' communal area and within individual service user files.

Questionnaires returned by staff, all indicated they were 'very satisfied' or 'satisfied' that care was compassionate. The questionnaires returned by service users/relatives indicated that they were 'very satisfied' or 'satisfied' that care was compassionate.

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 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 day to day operation of the agency is overseen by an acting manager, supported by a deputy manager, 12 senior care and support workers and a team of community support workers.

The management structure of the agency is clearly defined and was well understood by staff. The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which includes appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and matters notifiable to RQIA; and service improvement strategies implemented by the senior management team.

The agency operates a robust training system and the organisation has a training department, who develop the training plan and timetable for all grades of staff and are available for consultation with staff on training and safeguarding issues.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. 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 and implements a policy relating to complaints and compliments. The inspector reviewed the complaints log for the reporting period of 1 April 2015 to inspection date 23 February 2017. The inspector found no complaints had been received during the past year; therefore, no records were reviewed.

All of the service users interviewed confirmed that they are aware of whom they could contact if they had any concerns regarding the service.

The inspector reviewed the log of compliments received during the past year which included:

- 'Compliments to xxx senior support worker for her work supporting xxx service user to move into a new flat.' (Phone call from the service user's social worker).
- 'Well done to staff member; internal auditor was particularly impressed with the contents of a service user's file and suggested it be used as an example of good record keeping.' (Email from operations manager to staff team).

The inspector examined the annual quality review report for 2015, which contained a wide variety of information including reference to views of service users. This report had been shared with service users in June 2016. The manager confirmed that service user satisfaction surveys had been completed during June 2016, and a small sample of completed surveys was viewed. However, a summary of these surveys' findings was not available for review on the day

of inspection. The inspector discussed this matter with the manager and operations manager, who provided satisfactory assurances that feedback, had been shared with service users verbally.

The inspector noted that the agency had received positive feedback through the quality monitoring reports from HSC Trust professionals regarding the ability of the agency staff to work in partnership to meet the needs of service users. It was evident to the inspector that effective partnership working with other professionals has resulted in positive outcomes for service users.

Questionnaires returned by staff indicated they were ‘very satisfied’ or ‘satisfied’ that the service was well led and two included the following comments:

- ‘Sometimes we are short staffed.’
- ‘Due to staff shortages some shifts run with low numbers of staff.’

As previously noted within safe care section of this report, the manager confirmed that there has been a need for the use of employment agency staff over the last year to cover for permanent staff absences.

The questionnaires returned by service users/relatives indicated that they were ‘very satisfied’ or ‘satisfied’ that the service is well led.

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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