

# Inspection Report

17 June 2021



## North Down & Ards Supported Living Service

**Type of Service: Domiciliary Care Agency**  
**Address: Ward House, 16 Cronston Court, Rathgill Estate**  
**Bangor**  
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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> South Eastern Health and Social Care Trust (SEHSCT)	<b>Registered Manager:</b> Ms Heather Leanne Cruise
<b>Responsible Individual:</b> Mr Seamus McGoran	<b>Date registered:</b> 19 November 2012
<b>Person in charge at the time of inspection:</b> Ms Heather Leanne Cruise	
<b>Brief description of the accommodation/how the service operates:</b>  This is a supported living type domiciliary care agency which provides care and support to adults with learning disabilities who live at a number of properties in the North Down area. Staff support service users to live as independently as possible and encourage them to be part of the community they live in. All service users are tenants of the properties in which they live. The agency is operated by the SEHSCT.	

## 2.0 Inspection summary

An unannounced inspection was undertaken by a care inspector on 17 June 2021, between 09:50 and 14:00.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users. There was evidence of robust governance and management oversight systems in place. Good practice was found in relation to the system for disseminating Covid-19 related information to staff.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSC Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

#### 4.0 What people told us about the service

No questionnaires were returned prior to the issuing of the report. There were no responses to the electronic survey.

We spoke with five service users, the relative of one service user and two staff during the inspection; comments received are detailed below. We observed staff supporting service users in a relaxed manner to prepare a snack and to prepare for the day ahead. A number of service users were observed to be resting and watching television.

##### Service users' comments:

- "I am very happy."
- "The staff are great."
- "I am moving house and I cannot wait. I am getting new stuff for my house."
- "Happy, all ok."
- "I am getting a cup of tea."
- "Staff are good, I like it here."
- "I am going out with my sister."

##### Relatives' comments:

- "I was not happy a few years ago but there have been big changes."
- "They are very good to \*\*\*\*\* (service user)."
- "\*\*\*\*\* (service user) has choice and likes the staff."

One matter raised by a relative with regard to the accommodation was discussed with the manager for further follow up.

##### Staff comments:

- "I am very happy, this is a nice place."
- "I have issues; I can raise issues and the manager is very responsive."
- "It has been hard during Covid; but we all pulled together."

- “We support the service users to be more independent.”
- “We have a good team who have all pulled together during the pandemic.”
- “I have no concerns, the manager is approachable.”
- “\*\*\*\* the Band 5 has been very supportive to me.”
- “The service users are well looked after.”
- “All the staff are very supportive to each other.”

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 4 August 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (d)(7) <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing	The registered person shall review the system in place to monitor the registration status of care staff with Northern Ireland Social Care Council (NISCC) or other regulatory body as appropriate and ensure accurate monitoring records are retained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We confirmed from records viewed and discussions with the manager that the agency has a system in place for recording staff NISCC registrations and there is a process in place for checking the information.	

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that referrals made to HSC Trust adult safeguarding teams since the last inspection had been managed appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users and relatives who spoke to us indicated that they had no concerns regarding their safety; they stated that they could speak to staff if they had any concerns in relation to safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

It was identified that the agency are not directly responsible for managing service users' monies and that they are managed through the HSC Trust's Patient Property Account. We discussed with the manager the need to ensure that the HSC Trust notify RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### **5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?**

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that a number of service users had regular contact with family and friends.

### 5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Information provided following the inspection evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's human resources department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

### 5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, NISCC registration and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within their home environment. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was noted that a number of service users have been assessed by the Speech and Language Therapist (SALT) in relation to Dysphagia needs and specific recommendations made. Staff were implementing the recommendations to ensure the care received was safe and effective for each individual service user.

It was identified that staff have completed awareness training with regards to Dysphagia and SALT swallow assessments and recommendations. The discussions with staff and review of service user care records indicated that they had a good understanding of the needs of individual service users with regards to swallowing difficulties and any modifications to their food and fluid intake.

## 6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Heather Leanne Cruise, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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