

Announced Follow-Up Care Inspection Report 24 January 2019



North Down & Ards Supported Living Service

Type of Service: Domiciliary Care Agency

**Address: 11-13 Ballyholme Road, Bayview Centre, Clifton Road, Bangor,
BT20 5JH**

Tel No: 02891 511190

**Inspectors: Marie McCann and Amanda Jackson (Acting Senior
Inspector)**

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a supported living type domiciliary care agency which provides services to adults with learning disabilities who live at a number of properties in the Bangor and Newtownards area. Staff provide support to service users to enable them to live as independently as possible and are encouraged to be part of the community they live in. All service users are tenants of the properties in which they live and the properties are owned by housing associations, private landlords, the Northern Ireland Housing Executive and the South Eastern Health and Social Care Trust (SEHSCT). The agency is operated by the SEHSCT.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)	Registered Manager: Ms Heather Leanne Cruise
Responsible Individual(s): Mr Hugh Henry McCaughey	
Person in charge at the time of inspection: Deputy Manager	Date manager registered: 19 November 2012

4.0 Inspection summary

An announced inspection took place on 24 January 2019 from 10:45 to 15:30.

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

The inspection was undertaken following whistleblowing information received by RQIA from an anonymous source. The concerns related to care and support practices of an individual staff member and the subsequent actions taken by the agency to address these concerns which had the potential to negatively impact on a number of service users health, safety and wellbeing.

It is not within the role of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, this is the responsibility of the registered providers and the commissioner trust(s). However, if RQIA is notified through whistleblowing in respect of a potential breach of regulations and/or minimum standards, RQIA will review the matter and take appropriate action as required; this may include an inspection of the agency.

The following areas were discussed during the inspection:

- the nature and scope of the concerns outlined by the whistle blower
- feedback in regard to previous/ongoing safeguarding/disciplinary actions relating to the identified staff member
- feedback in relation to ensuring the ongoing health and welfare of all service users including any relevant protection plans

No new areas for improvement were identified during this inspection. Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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	3

Findings of the inspection were discussed with the Regulated Services Manager, deputy manager and designated adult safeguarding officer (DAPO) 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 28 September 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 September 2018.

5.0 How we inspect

Prior to inspection the inspectors analysed the following records:

- inspection report and quality improvement plan from the last care inspection on 28 September 2018
- whistleblowing letter received by RQIA on the 22 January 2019

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

- discussion with the regulated services manager, deputy manager and the DAPO for the service
- evaluation and feedback

The findings of the inspection were provided to the regulated services manager, deputy manager and DAPO at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 September 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 9.4 Stated: Second time	Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures. (In respect of supervision and appraisal policy, complaints policy, confidentiality policy or not dated as with the disciplinary policy).	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 10.4 Stated: First time	The registered person shall ensure the information held on record is accurate, up-to-date and necessary. This relates to, but is not limited to ensuring that rota information held in the office is accurate and up to date.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Standard 15.10 and 15.6 Stated: First time	The registered person shall ensure records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken and how information from complaints is used to improve the quality of services.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 28 September 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

The inspectors met with the regulated services manager, deputy manager and DAPO and discussed the whistleblowing information which RQIA had received from an anonymous source on 22 January 2019 and which RQIA subsequently shared with the registered provider's adult safeguarding team the following day.

It was confirmed on the day of inspection that concerns relating to the identified staff member's practice concerning an individual service user during March 2018 was the focus of an ongoing investigation by the SEHSCT.

These concerns were initially considered under the SEHSCT's adult safeguarding procedures and subsequently screened out of the adult safeguarding process, with a decision taken to address highlighted concerns via a disciplinary investigation, in consultation with the organisation's Human Resources (HR) department.

An explanation was provided to the inspectors of what measures had been implemented to ensure the ongoing welfare of the identified service user. The inspectors were further provided with details of the rationale for actions taken to date as part of their investigation process and an outline was provided of further actions yet to be taken by SEHSCT as part of an ongoing disciplinary procedure.

The inspectors were informed that during the ongoing disciplinary process, the agency was informed of a further concern regarding the practice of the identified staff member in September 2018. The agency consulted with the organisation's HR department for guidance and advice regarding action to be taken.

A more recent concern had been raised in December 2018 and the inspectors were advised that the agency were awaiting further guidance from the HR department.

The concerns raised in the whistleblowing letter which related to a number of other service users were discussed with the regulated services manager, DAPO and deputy manager and assurances were sought and provided that action would be taken to investigate these matters as appropriate. It was agreed that this will include the examination of historical care records and staff rota information by the agency. The inspectors advised that a focus of this investigation should also include consultation and engagement with service users' and their next of kin as appropriate.

It was agreed on the day of inspection that the agency would liaise with the HR department, regarding appropriate action to be taken to ensure the safety and wellbeing of service users in light of the whistleblowing letter. Following the inspection, RQIA received assurances that further protection measures were now in effect in relation to the identified staff member.

It was agreed that an adult safeguarding strategy meeting will be convened. Following the inspection, the regulated services manager was informed that RQIA will be in attendance at this meeting.

Areas for improvement

No areas for improvement were identified during the inspection, other than areas for improvement carried forward from previous care inspection.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Regulated Service Manager, deputy manager and DAPO, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 9.4 Stated: Second time To be completed by: 21 December 2018	<p>Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures. (In respect of supervision and appraisal policy, complaints policy, confidentiality policy or not dated as with the disciplinary policy).</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Senior Management Team will ensure that all Policies and Procedures will be reviewed, updated and signed as required.</p>
Area for improvement 2 Ref: Standard 10.4 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure the information held on record is accurate, up-to-date and necessary.</p> <p>This relates to, but is not limited to ensuring that rota information held in the office is accurate and up to date.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Following inspection, a number of meetings with Senior staff and training sessions were held regarding the accuracy of duty rosters.</p> <p>Full senior staff team attended E-roster training held on 25th October 2018 and further training sessions are arranged as North Down & Ards are moving toward implementing electronic rostering throughout the whole service.</p> <p>Electronic rostering will ensure accuracy of daily / weekly and monthly duty rosters and it will also identify “person in charge” in all housing options in North Down & Ards supported Living.</p> <p>Electronic Roster will also monitor staff training, appraisals, NISCC registration, annual leave, skill mix of staff and adequate staff numbers based on assessed clients’ needs and demand and ensure appropriate coverage of staff in all areas.</p> <p>Electronic roster will also be used as only system for staff wages.</p>
Area for improvement 3	<p>The registered person shall ensure records are kept of all complaints and these include details of all communications with</p>

<p>Ref: Standard 15.10 and 15.6</p>	<p>complainants, the results of any investigations and the action taken and how information from complaints is used to improve the quality of services.</p>
<p>Stated: First time</p>	<p>Ref: 6.7</p>
<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: The South Eastern Trust Centralised Complaints Department deals with all Complaints received both informal and formal. A request can be made to access complaints received within the NDA Supported Living Service</p> <p>However, it has been agreed that each house will maintain a record of all complaints both informal and formal. This file can be kept manually or electronically and will be available for inspection.</p>

Please ensure this document is completed in full and returned via Web Portal



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews