

Unannounced Care Inspection Report 2 March 2020



East Coast Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 65-67 High Street, Bangor, BT20 5BE
Tel No: 028 9147 5390
Inspector: Fionnuala Breslin

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

1.0 What we look for



2.0 Profile of service

East Coast Supported Living Service is a domiciliary care agency (supported living type) which provides a range of personal care services to 14 people living in their own homes. The people supported have a range of needs and require support to live as independently as possible in a range of accommodation types.

3.0 Service details

Organisation/Registered Provider: Positive Futures Responsible Individual Ms Agnes Philomena Lunny	Registered Manager: Mrs Julie Elizabeth Dickenson
Person in charge at the time of inspection: Mrs Julie Elizabeth Dickenson	Date manager registered: 23 November 2017

4.0 Inspection summary

An unannounced inspection took place on 2 March 2020 from 11.00 hours to 13.45 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection aimed 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 Access NI and staff' registrations with the Northern Ireland Social Care Council (NISCC).

At the request of the people who received care and support from Positive Futures services, the organisation has requested that RQIA refer to these individuals as 'the people supported'.

Those consulted with indicated that the people supported were very happy with the care and support provided

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and the experience of the people supported.

4.1 Inspection outcome

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julie Elizabeth Dickenson, 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.

	Regulations	Standards
Total number of areas for improvement	0	0

4.2 Action/enforcement taken following the most recent care inspection dated 19 June 2018

No further actions were required to be taken following the most recent inspection on 19 June 2018

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection there was a focus on contacting the people supported by the agency and their relatives in order to find out their views on the service. The inspector also spoke with three staff members, one HSCT representative, and three of the people supported by the agency.

We ensured that the appropriate staff checks were in place before staff visited the people they supported. Recruitment records specifically relating to Access NI and NISCC registration were reviewed in relation to four members of support staff.

Questionnaires and “Have we missed you?” cards were provided to give the people supported by the agency and those who visit them the opportunity to contact us after the inspection with their views. There was one response from a relative and the feedback provided is included within the report.

A poster was provided for staff detailing how they could complete an electronic questionnaire feedback to RQIA. There was no response.

The inspector would like to thank the manager and staff; and the people supported by the agency and their relatives, for their support and co-operation throughout the inspection process.

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection on 19 June 2018.

6.1 Inspection findings

Discussion with the manager and a review of records confirmed that there was a system in place to ensure that relevant pre-employment checks with Access NI had been undertaken prior to employment. There was a system in place to ensure that staff members were registered with NISCC and this was monitored on a regular basis. A spot-check was completed by the manager with the inspector and the five staff members checked were confirmed as registered.

Those consulted with commented positively in relation to the care and support provided. There was one concern raised by a service user which, with their permission, was discussed with the manager and action following this was agreed upon. Comments are detailed below:

People supported Comments:

- "Yes I feel safe."
- "I am involved in my review and I make choices about my care."
- "Sometimes I don't get all my hours and can't do what I want to."
- "If I had a concern I would go to Julie (the manager)."
- "The staff are very caring."
- "Staff are very caring especially my support worker."
- "Yes it is well run."
- "I make the decisions about the things that happen to me."
- "The support I receive is very good."
- "I get 12 hours a week and I always get my hours, they are always there when you need them."
- "The staff support me to go out and do the things I want to do."
- "I have been able to do a lot more stuff now than before I had their support."
- "If I need help I contact either Julie or (keyworker) by phone."

HSCT Representative Comment:

- "I have one person supported by the service who has complex needs and I find the manager and the operational manager are very good, the operational manager has also been proactive and very engaged. The whole process had gone very well and overall seems positive."

Staff Comments:

- "Yes I have attended adult safeguarding training which is updated yearly. Some training is done by e-learning and some training is face to face, such as first aid, medication administration, moving and handling."
- "Yearly reviews are carried out for the people we support and include all members who are involved, including the person supported by us and relevant trust professional."
- "We have team meetings every three weeks and (meetings) on individual people supported by us which would involve core team members discussing what has worked well and not working well which is really helpful."
- "I get supervision every 12 weeks and there is an open door policy so I can get feedback when I need it from the manager."
- "We get specialist training when this is necessary, on top of the mandatory training such as Midazolam administration training and Makaton. More recently we had tolerance and resistance training with the Behaviour Support Team Leader. This has been helpful to support us with behaviours which can be challenging."
- "The training we receive is very good and helps us in our role."
- "It has been difficult but I'm really proud of the team and their effort."

The returned questionnaire from a relative indicated that that they were 'very satisfied' that the care was safe, effective and compassionate; and that the service was well led. Written comments included:

- "Staff couldn't do anything more for (relative's name) they are excellent."

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI and staff registrations with NISCC. There were also areas of good practice in relation to person centred support plans, regular review of this support, and a proactive team approach. This was evidenced by positive comments made by the people supported by the service, relatives and staff.

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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