

Inspection Report 24 January 2022



East Coast Supported Living Service

Type of service: Domiciliary Care Agency
Address: 65-67 High Street, Bangor, BT20 5BE
Telephone number: 028 9147 5390

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Positive Futures Responsible Individual: Ms Agnes Philomena Lunny	Registered Manager: Ms Anne Magee Date registered: 8 April 2020
Person in charge at the time of inspection: Ms Anne Magee	
Brief description of the accommodation/how the service operates: 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.	

2.0 Inspection summary

An announced remote inspection was undertaken via teleconference on 24 January 2022 between 10.00 a.m. and 12.00 p.m. by the care inspector.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information.

This inspection reviewed the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

No areas for improvement were identified during this inspection.

Good practice was identified in relation to the level of support provided to persons supported to lead active and fulfilling lives. Further good practice was found in relation to the dissemination of Covid-19 related information to staff and people supported. There were good governance and management oversight systems in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were 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 persons supported, their relatives, Health and Social Care Trust(HSCT) representatives and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

4.0 What people told us about the service.

We communicated with two persons supported, two relatives, a HSCT representative and two staff who spoke positively about the care and services provided at East Coast Supported Living Service.

Persons supported reflected the following comments via teleconference and telephone with staff supporting them:

- "Staff are good to me."
- "I love getting out to swimming and the church club."
- "I am happy and safe."

Relatives made the following comments:

- "Some of the staff tell me they love looking after ****."
- "We are very happy and we take a full part in the care."
- "It was very strict during Covid but we are very pleased with the way it worked out."

HSCT representative made the following comments:

- "I have no concerns about the service which I have visited."
- "Staff member **** is fantastic about coming back to me."
- "I am happy with communications they are timely and appropriate."

Staff made the following comments:

- "As a senior I need to be present within the houses, my priority is the safety and well-being of individuals."
- "I get good support from management."
- "Staffing levels have been a concern but this should improve with new recruitment."

At the time of writing this report no staff questionnaires had been returned to RQIA.

5.0 The inspection

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

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 4 March 2020; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

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 persons supported was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The annual Adult Safeguarding Position report for the agency had been formulated.

Staff were required to complete regular adult safeguarding training. Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences 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 had a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. The manager discussed adult safeguarding referrals made since the last inspection. Matters in relation to staff misconduct were also described and the inspector was satisfied that appropriate measures had been taken by the agency.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences 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.

Persons supported who communicated with us stated they had no concerns regarding their safety; they described how they could communicate with staff if they had any concerns about safety or the care being provided. The agency had provided persons supported with information about keeping themselves safe and the details of the process for reporting any concerns.

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.

Staff had completed DoLS training appropriate to their job roles. The manager/person in charge discussed plans in place to address DoLS practices in conjunction with the HSCT.

Staff demonstrated that they had an understanding that persons supported who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a system in place for notifying RQIA if the agency was managing individual's monies in accordance with the guidance.

There were arrangements in place to ensure that persons supported who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

Where a person supported was experiencing a deprivation of liberty, the manager confirmed care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSCT representative.

5.2.2 Is there a system in place for identifying Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). The manager confirmed that some persons supported have SALT recommendations and that the agency had worked on a pilot project with HSCT speech and language staff.

The review of the records confirmed that appropriate training was included for all staff who work with those persons supported with SALT recommendations. The importance of swallowing awareness training for all staff within the agency and the recent guidelines was discussed. The manager agreed to review this matter with the training provider and expressed satisfaction with the standard of the training undertaken already by some staff. This matter will be reviewed at the next inspection.

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, before staff members commence employment and engage with persons supported. Records viewed 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; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

5.2.4 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

The reports were very comprehensive and included details of the review of persons' supported records; accident/incidents; safeguarding matters; complaints; and staffing arrangements including recruitment and training. 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 areas had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. All complaints are reviewed by the manager. It was noted from discussions that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process. It was positive to note that the agency has been very transparent in respect of complaints raised and the manager provided examples of actions taken to resolve complaints to the satisfaction of the complainant.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

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).

6.0 Conclusion

Based on the inspection findings and discussions held, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led.

7.0 Quality Improvement Plan/Areas for Improvement

	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 Ms Anne Magee Registered Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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