Inspection Report

4 November 2021

Jean Todd Close SLS

Type of service: DCA Supported Living
Address: 29f Randalstown Road, Antrim, BT41 4LH
Telephone number: 028 9446 4384

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

1.0 Service information

Organisation/Registered Provider: Inspire Disability Services **Responsible Individual:** Mr Cormac Coyle	**Registered Manager:** Mr John Fisher **Date registered:** 17 July 2017
Person in charge at the time of inspection: Mr. John Fisher	
Brief description of the accommodation/how the service operates: Jean Todd Close is a supported living type domiciliary care agency which provides domiciliary care and housing support for adults with learning disabilities. The agency's registered premises are situated adjacent to the service users' accommodation and are accessed from a separate entrance. Staff are available to support service users 24 hours per day and they each have an identified 'key worker'. At the time of the inspection there were 29 individuals in receipt of a service.	

2.0 Inspection summary

An unannounced inspection was undertaken on 4 November 2021 between 10.10 a.m. and 13.00 p.m. by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, dysphagia, 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 user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff and others.

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.
We noted some of the compliments received from relatives during this inspection:

- "We want to thank the staff that supported my relative during lockdown. The staff did a great job in a very difficult situation."
- "****** participates and it good to see******* the keyworker keeps me updated."

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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the quality improvement plan (QIP) notifications, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- talking to the service users 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.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with one service user the manager and two staff.

We received a number of questionnaires from service users/relatives; responders were satisfied with the quality of care provided.

Comments received:

- "The staff are good they always help me with house work."

No electronic feedback from staff was received prior to the issue of this report.

Comments received during inspection process-

Service users' comments:

- "My keyworker is very approachable and helpful."
- "I have no complaints."
- "I'm treated well and with respect."
- "I feel safe and secure here."
- "I live in a shared house and we support each other."
- "All the staff are friendly."
- "My time here is made better by the staff and the support I get."

Staff comments:

- "Good staff training."
- "My induction was comprehensive and prepared me for the role."
- "I shadowed other experienced staff during my induction."
- "The managers have an open door policy to all."
- "I feel safe and secure with the PPE and the Covid guidance in place."
- "Very effective team work."
- "We provide person centred care and support promoting independence and choice daily."
- "There are good opportunities for staff here."

5.0 The inspection

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

The last inspection to Jean Todd Close SLS was undertaken on 26 April 2019 by a care inspector.

Areas for improvement from the last inspection on 26 April 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 15.(2) (b) (c) **Stated:** First time To be completed: From the inspection date.	The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall: Specify the service user's needs in respect of which prescribed services are to be provided; Specify how those needs are to be met by the provision of prescribed services. This area for improvement relates to risk assessments and restrictive practice assessments that must be included within the care plan. Ref:6.3	**Met**
	Action taken as confirmed during the inspection: Positive Risk Taking and Management form has been up dated following RQIA visit on 26.04.19. In line with the regulation. This was reviewed and meets the regulations.	

Area for improvement 2 **Ref:** Regulation 23 **Stated**: First time To be completed: From the inspection date.	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This area for improvement relates to the monitoring and review of risk assessments rand any restrictive practices. Ref :6.3	**Met**
	Action taken as confirmed during the inspection: The service monitoring officer (Assistant Director of service) has included within his monthly service monitoring report as section that states (100% of reviews completed on all restricted practices in Jean Todd Close through best interest and multi-disciplinary working. The service is currently working with the resettlement team regarding in reach to Muckamore Hospital and are familiarising themselves with his comprehensive assessment. GM who is expected to move in mid-June 2019) The quality monitoring template is also currently being reviewed to include restrictive practice and risk assessment. This was reviewed and meets the regulations.	
Area for improvement 3 **Ref:** Regulation 23.3 **Stated**: First time **To be completed from**: The inspection date.	The report referred to shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Quality Improvement Authority. Ref: 6.3	**Met**
	Action taken as confirmed during the inspection: The service monitoring officer (Assistant Director of service) will provide a copy of the quality monitoring report to RQIA until further notice. A number of reports were reviewed and meet the regulations.	

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). The Adult Safeguarding Position report for the agency has been formulated this was reviewed and was satisfactory.

Discussions with the Manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

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

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 has a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records viewed and discussions with the Manager indicated that no adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how 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.

Staff had undertaken DoLS training appropriate to their job roles.

Examination of service users care records confirmed that DoLS practices were embedded into practice with the appropriate recent documentation available for review for a number of service users. We established that the processes had been discussed the HSCT representatives.

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

Where a service user is experiencing a restrictive practice, examination of these care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate HSCT representative.

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

5.2.2 Question with regards Dysphagia.

The discussions with the Manager, 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 the domiciliary care agency. There was evidence that agency staff had made a referral to the multi-disciplinary team for specific SALT recommendations to ensure the care received in the service user's home was safe and effective.

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 service users. 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 to keep their registrations up to date.

The agency currently use a number of outside agency staff, records reviewed were up to date and satisfactory.

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 engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. 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 actioned.

We noted some of the comments received during monthly quality monitoring:

Service users:

- "Staff are all good and look after me."
- "The staff are great and I am well supported."
- "Staff are ok and I like my flat."
- "I'm happy and like talking to the "Boss".

Staff:

- "Service users are good to work with."
- "I'm happy staff and management are supportive to each other."
- "Training is good and I get regular supervision."

- "The team work well together and we cater for a wide range of individual needs."

Relatives:

- "All is well managed."
- "I'm happy with the care provided."
- "I'm happy with the care and I'm kept involved."
- "Good care provided."

HSC Staff:

- "The level of communication is good."
- "The staff team work well with their professional peers."
- "I am always kept informed about incidents."
- "Staff work in a very person centred way and I have observed this on many occasions."

There is a process for recording complaints in accordance with the agency's policy and procedure. It was noted 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.

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

It was established during discussions with the Manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analysis's (SEAs) or Early Alert's (EAs).

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

No areas for improvement have been identified.

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

The Regulation and Quality Improvement Authority

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