

Inspection Report

17 November 2022



Jean Todd Close SLS

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Inspire Disability Services	Registered Manager: Mr John Fisher
Responsible Individual: Ms Kerry Anthony	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 provides domiciliary care and support to service users with learning disabilities. The service users' care is commissioned by the Northern Health and Social Care Trust (NHSCT) and the Belfast Health and Social Care Trust (BHSCT). A small number of service users pay privately for their care.	

2.0 Inspection summary

An unannounced inspection took place on 17 November 2022 between 9.15 a.m. and 3 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Areas for improvement were identified relating to the care plans needing to include specific levels of supervision for individuals who have swallowing difficulties and in relation to staff registrations with the Northern Ireland Social Care Council (NISCC).

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was excellent. We have noted some of the comments received:

- “I like everything about Todd’s Close.”
- “I would prefer to live with more females.”
- “I am happy where I am at.”
- “I am happy enough with the way things are.”
- “I am happy with everything.”

During the inspection we met with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Service users spoken with were observed to be relaxed and comfortable in their interactions with staff.

Staff comments:

- “I have no concerns.”
- “It’s all very good here.”

Service users’ relatives’ comments:

- “I have no concerns, there are some issues but they are being dealt with.”

No responses were received to the electronic survey.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 4 November 2021 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report had been completed.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

Discussion with the manager and review of records confirmed that any referrals made to the Adult Protection Gateway Service had been managed appropriately.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised equipment but they were aware of how to source relevant training should it be required in the future.

It was good to note that the agency had undertaken an external review of service users' needs to ensure they were operating within their Statement of Purpose. This related particularly to service users whose level of need had increased. Care reviews were in the process of being arranged with the commissioning Trusts in this regard.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicines to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertake this task.

Staff had completed appropriate DoLS training appropriate to their job roles. Guidance on DoLS was displayed. Advice was given in relation to developing a resource folder for staff to reference.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

The manager was aware of the need to notify RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing care records, it was evident that service users had an input into devising their own plan of care. The care plans reflected a very person-centred approach to care delivery. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Service users' meetings were held on a regular basis which enabled the service users to discuss the provisions of their care and support. Items discussed included:

- Healthy Eating
- Budgeting
- Professional boundaries

- Hygiene
- Covid-19
- Religious services
- Safety

It was good to note service users' involvement in the planning of social outings and activities, such as Christmas plans/parties and Halloween events. There was evidence that service users had attended a recent event in Stormont Castle grounds.

Service users' consent was sought in relation to whether or not they wanted:

- information about them shared with other professionals
- Their photograph to be used in various organisational documents
- Staff to hold a master key to their living accommodation.

A range of information was available in easy-read format. This included information relating to:

- Financial support plans
- Transport Agreement
- Covid-19.

It is important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. The service users had coped very well during the pandemic. The agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users if required.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia/swallow awareness. There was also an identified person working on-site who was trained in how to respond to any choking incidents.

Review of records identified that all staff had signed the SALT care plans. Review of the SALT Care plans identified the need for the specific level of supervision to be detailed. For example, in a care record, where general supervision was required, this had not been noted on the SALT Care Plan. In another record, the care plan indicated that the supervision should be provided where staff supervision is available. We considered this level of direction to be vague and not in keeping with regional descriptors relating to levels of supervision. An area for improvement has been identified in this regard.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). However, review of records identified that the system in place was not sufficiently robust to ensure that staff were registered within the agreed timeframe. An area for improvement has been identified.

The manager advised that there were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing 90 hours of Post Registration Training & Learning. Review of training identified that all mandatory elements of training were up to date.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The manager advised that the monitoring template had recently been updated and this should be used for all monitoring visits from December 2022. Advice was also given in relation to the need for the report to include more detail in relation to the review of incidents.

The Annual Quality Report was reviewed. It was noted that the report did not include stakeholder input. However, this was discussed with the manager who advised that surveys had been undertaken with relevant stakeholders and that the results will be included in the next annual quality report. This will be reviewed at future inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance and found to be satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Any complaints received were reviewed as part of the agency's quality monitoring process. Guidance was shared with the manager in relation to how to deal with indirect complaints should this occur.

The Statement of Purpose required updating with RQIA's contact details and those of the Patient Client Council and the Northern Ireland Public Ombudsman's Office. The manager was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. It was agreed that the revised Statement of Purpose would be submitted to RQIA within an agreed timescale.

There was a system in place which enable staff to access service users' accommodation in the event of an emergency.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	2	0

The area for improvement and details of the QIP were discussed with Mr John Fisher, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 15(2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered persons shall ensure that the SALT risk assessments and care plans include the specific levels of supervision required.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The registered manager will undertake an audit of each person's care plans and risk assessments to ensure that any SALT guidance has been accurately reflected with the specific level of supervision stated. Where SALT guidance is identified as being dated, updated guidance will be requested no later than the 22/12/22. Any updates to guidance provided by SALT or updates to care plans and risk assessments will be reviewed with the team to ensure familiarity.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered persons shall further develop the system for monitoring NISCC registrations, to ensure that staff have applied for registration with NISCC within the agreed timescale.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The registered manager has checked registrations for staff currently employed at the service and can confirm all have a current professional registration. A sample check of the registers has been introduced at monthly quality monitoring. The registered provider has reviewed its process for monitoring NISCC registrations. Registered managers will be provided with guidance, no later than the 01/01/23, on how to issue reports from the organisations HR records software on current professional registrations for the service. Registered Managers will review this report monthly to identify any staff approaching registration or renewal deadlines. Staff will be supported to register, followed by the registered manager satisfying themselves that registration has been granted through a verification of the online register. Registered Managers will ensure that those without a registration after registration timescales will not work within the service until registration can be verified through the online registers. The HR records software will continue to issue registration, renewal and fee payment reminder emails to the individual and registered</p>

	managers.
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