

Unannounced Care Inspection Report 16 &17 August 2018



Jean Todd Close Supported Living Service

Type of Service: Supported Living
Address: 29f Randalstown Road, Antrim, BT41 4LH
Tel No: 02894464384
Inspector: Jim McBride

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

1.0 What we look for



2.0 Profile of service

Jean Todd Close, located close to Antrim town centre, 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.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life.

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 31 individuals in receipt of a service.

3.0 Service details

Organisation/Registered Provider: Inspire Disability Services Responsible Individual: Louise Anne Smith	Registered Manager: John Fisher
Person in charge at the time of inspection: John Fisher	Date manager registered: 17/07/2015

4.0 Inspection summary

An unannounced inspection took place on 16 August 2018 from 09.00 to 14.00 and the 17 August 2018 from 09.00 to 10.45.

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

The inspection assessed progress since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led. Evidence of good practice was found in relation to:

- staff training
- staff recruitment
- service user consultation
- the provision of compassionate care and the agency's governance arrangements

Areas for improvement:

The Statement of Purpose and service User Guide were reviewed and revised by the provider in 2018. However, the documents did not clearly describe the nature and range of the services provided, whilst not addressing all of the matters required by regulation 5 (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Two areas for improvement have been identified.

- The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as "the statement of purpose") which shall consist of a statement as to the matters listed in Regulation 5.(1) Schedule (1) & 5.(2)
- The registered person shall produce a written service user's guide which shall include a summary of the statement of purpose. Regulation 6.(1) (a) & 6.(2)

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	2	0

Details of the Quality Improvement Plan (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.

4.2 Action/enforcement taken following the most recent care inspection dated 18 December 2017

No further actions were required to be taken following the most recent inspection on 18 December 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the manager
- discussion with the assistant director
- examination of records

The following records were viewed during the inspection:

- service users' care records
- monthly quality monitoring reports since January 2018
- staff meeting minutes
- service user meeting records
- staff induction records
- outside agency induction records
- staff training records pertaining to:
 - safeguarding
 - RESPECT
 - medication
 - restrictive practices
 - person centred planning
 - induction
 - challenging behaviour
- records relating to staff supervision
- staff rota information

- safeguarding policy (2017)
- confidentiality policy (2018)
- whistleblowing policy (2018)
- data records policy (2017)
- risk management policy (2017)
- complaints policy (2018)
- statement of purpose (2018)
- service user guide (2018)

During the inspection the inspector met with the manager and the assistant director.

At the conclusion of the inspection a poster was provided to the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report ten staff responses had been returned to RQIA via Survey Monkey.

Staff survey results show that staff were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel that the service is managed well?

Staff comments:

- “Jean Todd close is a very well led service for all our tenant’s and management always listen to our points of view and are very supportive.”
- “Management within the scheme are especially supportive towards the staff team and all staff ensure that service users’ care and support is of a high standard.”
- “Great service, staff team very supportive and service users seem very happy.”
- “Service users are happy and involved within all areas of the service.”
- “Excellent service”.

The inspector also asked the manager to distribute ten questionnaires to tenant’s. Ten service user questionnaires were returned and their feedback has been included within the report.

The inspector requested that the registered manager place a ‘Have we missed you...?’ card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. At the time of writing this report no responses had been returned to RQIA.

The inspector would like to thank the staff for their warm welcome and full co-operation throughout the inspection process.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 December 2017

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

6.2 Review of areas for improvement from the last care inspection dated 18 December 2017

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

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Staff recruitment is co-ordinated and processed by the organisation's Human Resources (HR) department. Documentation viewed and discussions with the manager indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified. The manager could describe the process for obtaining confirmation that staff are available to commence employment.

The agency's training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the manager demonstrated that staff are required to attend corporate induction training and to complete an induction competency workbook. Staff are required to shadow other experienced staff employed by the agency for approximately two weeks during induction. This was confirmed by the staff interviewed. The staff are provided with a staff handbook and have access to the agency's policies and procedures online.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

Discussions with the manager indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users.

The agency's staff rota information viewed by the inspector reflected staffing levels as described by the manager; the rotas denoted the person in charge on each shift. The inspector viewed one set of specific rota information for weeks ending: 16/7/18, 23/7/18 and 30/7/18, the records in place were satisfactory.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has an electronic system in place for managing staff training; the manager could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. Training provided to staff is a combination of classroom based and E Learning. A system is in place to review staff mandatory training and update training as required.

There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. 'RESPECT', challenging behaviour, restrictive practices and epilepsy awareness. It was noted that the training was also completed by staff supplied from another domiciliary care agency. In addition records in place indicated that HSC Trust staff that provide a service have completed all relevant training specific to individual service users' needs.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the staff could describe their key areas of responsibility. The agency's policy and procedures clearly detail the process for staff on reporting concerns.

The manager demonstrated a clear understanding of safeguarding issues; and could clearly describe the procedure to be followed which is in accordance with the agency's policy and procedures.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding. From training records viewed staff are required to complete safeguarding training during their induction programme, an online update annually and a classroom based update two yearly.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessment and safety management plans are required to be completed in conjunction with service users. Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required.

It was noted that a number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly review arrangements include an audit of risk assessments and any practices deemed to be restrictive.

Ten returned questionnaires from service users indicated that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: Staff recruitment, induction, training, supervision, appraisal and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency’s data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. Staff records indicated that staff had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency’s staff personnel and service users’ records were retained securely and in an organised manner.

The manager could describe how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of service user care records; staff record daily the care and support provided and their views and choices of service users are reflected.

Discussions with the manager indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of service managers and assistant directors and an action plan is developed if required.

The person completing the monitoring visit has ensured that each quality monthly monitoring report includes an effective level of detail of the findings during the visit. The inspector noted some of the comments from service users, staff and relatives:

Service user comments:

- “I’m happy with the staff and support.”
- “I like Jean Todd’s Close.”
- “I’m happy in my new home.”

Staff comments:

- “I love the team and working here.”
- “Good care is being provided.”
- “My training is transferable to my work setting.”

Relatives’ comments:

- “I’m happy with ***** resettlement.”
- “I am aware who to contact if I have any issues.”
- “***** is very happy here.”

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is effective. The records include details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training.

The manager could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with the manager and observations made during the inspection indicated that the agency has systems to promote effective communication between service users, staff and other key stakeholders.

Tenant and staff meetings are facilitated within the agency; staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided.

The inspector noted some of the areas discussed during tenant and staff meetings:

Tenants meetings:

- security
- respect
- outings/activities
- healthy eating
- tenancy agreements
- GDPR

Staff meetings:

- GDPR
- service user updates
- NISCC
- RQIA
- efficiency

- training
- activities

Ten returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with the manager and observations made by the inspector indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. The manager could describe examples of how staff support service users to take positive risks to enable them to live a more fulfilling life. Staff have been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

Processes to effectively engaging and responding to the comments and views of service users and where appropriate their representatives are maintained through the agency's complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user meetings.

Positive feedback was received from the annual customer satisfaction survey completed by the agency. The inspector highlighted the areas that service users had the opportunity to comment on:

- Staff support me to ensure my house looks well inside and out and everything is in working order.
- I am happy with my house and the support and care I receive.
- I feel safe in my own home and where I live.
- I can understand the information given to me. It is easy to read or in another format.

- Staff ask me about what is important to me and what I like.
- Staff talk to me about changes within Inspire or within my own service.
- Staff treat me fairly and with respect.
- Staff talk to me when something is bothering me and staff support me to make a complaint when I need to.
- Staff support me to attend activities in my local area.
- Staff support me to do the things I want to do on my own.

Ten returned questionnaires from service users indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The agency’s complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with the manager indicated that staff have a clear understanding of the actions to be taken in the event of a complaint being received.

It was identified from records viewed that the agency has received no complaints since the previous inspection. There are management and governance systems in place within the agency to promote and drive quality improvement.

Discussions with the manager indicated that the agency’s governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA.

During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal.

The manager could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Discussions with the manager highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- equal care and support
- individualised person centred care
- individual risk assessment
- disability awareness

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The Statement of Purpose and service User Guide for the service were reviewed and revised by the provider in 2018. However, the documents do not clearly describe the nature and range of the services provided and do not address all of the matters required by regulation 5 (1) schedule (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Two areas for improvement have been identified.

On the day of the inspection it was noted that there were a number of restrictive practices in place and restrictive practices implemented were deemed to be of the least restrictive nature considered necessary in conjunction with the HSC Trust; these practices are reviewed and evaluated regularly.

The manager stated that all staff are required to be registered with the NISCC or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the HR department. Records viewed by the inspector indicate that staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Ten returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements and incidents.

Areas for improvement

The Statement of Purpose and Service User Guide are required to be updated to ensure they are in accordance with Regulation 5. (1) and Regulation 6. (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the manager, 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/or 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 Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 5.(1)Schedule (1) & 5.(2)</p> <p>Stated: First time</p> <p>To be completed by: From the inspection date</p>	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>The registered person shall supply a copy of the statement of purpose to the Regulation and Improvement Authority and shall make a copy of it available on request for inspection at the agency premises by every service user and the service user’s representative.</p> <p>Ref: 6.7</p> <p>This area for improvement relates to the current statement of purpose that is required to describe the full nature and range of services provided.</p> <p>Response by registered person detailing the actions taken:</p> <p>The Statement of Purpose has been updated to reflect details as listed in Regulation 5.(1) Schedule (1) & 5.(2) - A statement of the aims and objectives of the agency.</p> <ol style="list-style-type: none"> 1. A statement of the aims and objectives of the agency. 2. The nature and range of the services which the agency provides. 3. The name and address of the registered provider and of any registered manager. 4. The relevant qualifications and experience of the registered provider and any registered manager. 5. The range of qualifications of the domiciliary care workers supplied by the agency and the types of settings in which they are supplied to work. 6. The complaints procedure established in accordance with regulation 22. 7. Status, constitution and organisational structure, which identify the lines of accountability and specify the roles and responsibilities for areas of activity. 8. A description of the agency’s underlying ethos and philosophy of care. <p>A copy of the statement of purpose is attached for the Regulation and Improvement Authority and a copy is available on service at the agency premises and has been given to every service user and is available to be seen by the service user’s representative.</p>
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<p>Area for improvement 2</p> <p>Ref: Regulation 6.(1)(a) & 6.(2)</p> <p>Stated: First time</p> <p>To be completed by: From the inspection date.</p>	<p>The registered person shall produce a written service user’s guide which shall include a summary of the statement of purpose.</p> <p>The registered person shall supply a copy of the service user’s guide to the Regulation and Improvement Authority and every service user and, upon request, to the service user’s representative.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Service user's guide has been updated to reflect details as listed in Regulation 6.(1)(a) & 6.(2) - The registered person shall produce a written service user’s guide which shall include— (a)a summary of the statement of purpose.</p> <p>The registered person has attached a copy of the service user’s guide for Regulation and Improvement Authority and a copy has been given to every service user and is available, upon request, to the service user’s representative.</p>

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



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