

Unannounced Care Follow Up Inspection Report 26 April 2019



Jean Todd Close Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 29f Randalstown Road, Antrim, BT41 4LH
Tel No: 028 9446 4384
Inspector: Jim McBride
Inspector: Paul Nixon

www.rqia.org.uk

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

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 July 2015 |

4.0 Inspection summary

An unannounced inspection took place on 26 April 2019 from 09.30 to 12.00.

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

Following receipt of information from an anonymous source the inspection was undertaken, and included discussions with the adult safeguarding team from the Northern Health and Social care Trust.

The concerns raised related to:

- Medication
- Risk assessments
- Restrictive practices.

It is not the remit of RQIA to investigate whistleblowing adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the agency.

This inspection also made an assessment on issues previously outlined in section 6.2. The areas for improvement from the last care inspection on the 16 of August 2018 were assessed as met.

The following areas were examined during the inspection:

- Care plans of five service users
- Medication records of two specific service users
- Monthly quality monitoring
- Risk assessments
- Records of restrictive practices.

Areas for improvement:

A number of areas for improvement were highlighted during the inspection relating to:

- Risk assessments, regulation 15.(2) (b) (c)
- Restrictive practices, regulation 15.(2) (b) (c)
- Monthly quality monitoring, regulation 23 & 23.(3).

The areas for improvement were discussed with the registered manager and are included in the quality improvement plan (QIP) within the report.

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 |

Areas for improvement and 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.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 26 April 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 & 17 August 2019.

5.0 How we inspect

Prior to inspection the inspector analysed the following records:

- Previous inspection report and quality improvement plan (QIP) dated 16 & 17 August 2018
- Information received by RQIA
- Notifications
- RQIA duty log.

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

- Discussions with the registered manager
- Examination of a selection of records.

The following records were examined during the inspection:

- Medication records
- Care plans
- Risk assessments
- Restrictive practice records
- Quality monitoring records.

Areas for improvement identified at the last care inspection were reviewed an assessment of compliance was recorded as met.

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 17 August 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 17 August 2018

| Areas for improvement from the last care inspection | | |
|---|---|---------------------------------|
| Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 | | Validation of compliance |
| <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>Met</p> |

| | | |
|---|---|------------|
| | <p>Action taken as confirmed during the inspection: The inspector confirmed that the current statement of purpose in place meets the requirements, and fully describes the nature and range of service outlined in: Regulation 5.(1)Schedule (1) & 5.(2).</p> | |
| <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> | Met |
| | <p>Action taken as confirmed during the inspection: The inspector confirmed that the current service user guide meets the requirements of: Regulation 6.(1)(a) & 6.(2).</p> | |

6.3 Inspection findings

Medication:

During the inspection, the inspector examined the following records belonging to the two service users referred to in information received by RQIA:

- Receipt of medicines record since 28 December 2018, to determine if there was any unusual pattern of receipt of medicines.
- Outgoing medicines record since 1 January 2019, to determine if there was any unusual pattern of medicine returns.
- Personal medication records, to determine the medicines prescribed.
- Medicine administration records since 25 February 2019, to determine the pattern of medicines administered and if this was in accordance with the prescribed instructions.
- The administration of “when required” medication log since 1 March 2019, to determine the pattern of administration of any psychoactive medication and the reason for its administration.
- The daily care notes since 1 March 2019, to determine if the behaviour recorded correlated with the reason for administration of the “when required” psychoactive medication.
- The care plan risk assessment for the management of distressed behaviour.

The observations made were:

- There was no unusual pattern of receipt of medicines or of outgoing medicines.
- Medicines had been administered in accordance with the prescribers' instructions.
- Since 1 March 2019, one service user had on three occasions and the other service user had on two occasions been given medication prescribed to be administered on a "when required" basis for the management of distressed behaviour. In each instance there was a clear reason recorded why the medication had been administered and the dose administered had been in accordance with the prescriber's instructions.
- The two service users each had a care plan risk assessment in place.

The conclusion from these observations is that the medication components of the whistle-blower's complaint were unsubstantiated. There was no evidence that one service user had been overmedicated or that the other service user had to wait a long time to receive medication prescribed to be administered on a "when required" basis for the management of distressed behaviour.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

Risk assessments and restrictive practices:

The inspector reviewed five care and support plans in place within the agency. It was noted that on two occasions risk assessments and restrictive practice details had not been updated and/or reviewed.

An area for improvement was identified and has been included within the quality improvement plan.

The conclusion from discussions and records in place is that, there was no evidence that risk assessments were not in place relating to behaviours that challenge, however two risk assessments and areas relating to restrictive practices require be reviewed and updated.

Areas for improvement

One area for improvement was identified during the inspection.

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 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.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 0 |

Monthly quality Monitoring:

The inspector noted a number of monthly quality monitoring reports from January 2019. These reports although comprehensive omitted to include the review of individual risk assessments and any restrictive practices in place for individual service users..

An area for improvement was identified and has been included within the quality improvement plan.

The conclusion from discussions and records in place is that, there was no evidence that monthly quality monitoring reports were not in place; however the report format must be reviewed to ensure that any areas of restrictive practices are reviewed and recorded.

Areas for improvement

One area for improvement was identified during the inspection.

The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided, and shall forward the report to RQIA until further notice.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 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 Mr John Fisher registered 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 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 15.(2) (b) (c)</p> <p>Stated: First time</p> <p>To be completed: From the inspection date.</p> | <p>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:</p> <p>Specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>Specify how those needs are to be met by the provision of prescribed services.</p> <p>This area for improvement relates to risk assessments and restrictive practice assessments that must be included within the care plan.</p> <p>Ref:6.3</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>Positive Risk Taking and Management form has been up dated following RQIA visit on 26.04.19. in line with the regulation.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 23</p> <p>Stated: First time</p> <p>To be completed: From the inspection date.</p> | <p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>This area for improvement relates to the monitoring and review of risk assessments and any restrictive practices.</p> <p>Ref :6.3</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>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).</p> <p>The quality monitoring template is also currently being reviewed to include restrictive practice and risk assessment.</p> |

| | |
|---|--|
| <p>Area for improvement 3</p> <p>Ref: Regulation 23.3</p> <p>Stated: First time</p> <p>To be completed from: The inspection date.</p> | <p>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.</p> <p>Ref: 6.3</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The service monitoring officer (Assistant Director of service) will provide a copy of the quality monitoring report to RQIA until further notice.</p> |



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews