



The **Regulation** and  
**Quality Improvement**  
Authority

Inspector: Joanne Faulkner  
Inspection ID: IN023177

**Supported Living Services**  
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## **Announced Care Inspection of Supported Living Services**

**8 March 2016**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced care inspection took place on 8 March 2016 from 14.30 to 17.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

The details of the QIP within this report were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Southern HSC Trust/Paula Mary Clarke	<b>Registered Manager:</b> Olive Hughes (Acting)
<b>Person in Charge of the Agency at the Time of Inspection:</b> Senior support worker	<b>Date Manager Registered:</b> 1 July 2015 (Acting)
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> Nine	

Supported Living Services is a supported living type domiciliary care agency, providing care and support to nine individuals with a learning disability who live in the Lurgan area. The service users rent their accommodation from Ulidia Housing Association and the agency's registered office is located in the home of three service users at Bowen's Close.

Staff employed by the Southern Health and Social Care Trust provide care and housing support and are available on a 24 hour basis.

The bungalows are located in a quiet residential area of the town with easy access to the town for shopping, leisure and recreation. Service users have individual bedrooms and a number of shared areas within their bungalow; this includes a kitchen/dining room, sitting room and bathrooms.

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

### 4. Methods/Process

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

- Discussion with the person in charge
- Examination of records
- Consultation with service users/staff
- Evaluation and feedback

During the inspection the inspector met with two service users and two care staff.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Two care and support plans
- Monthly quality monitoring reports
- Complaints register
- Safeguarding Vulnerable Adults records
- Whistleblowing policy (March 2015)
- Agency's staff rota information

A staff questionnaire was completed by one staff member following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are fully satisfied that the induction programme prepared them for their role.
- Staff are fully satisfied that care is delivered in a person centred manner.
- Staff are fully satisfied that concerns raised are taken seriously and are aware of the agency's whistleblowing policy.
- Staff are fully satisfied that at all times there is an appropriate number of suitably skilled and experienced persons to meet the service users' needs.

Service users' questionnaires were completed by three service users following the inspection; they indicated that:

- Service users are very satisfied with the care and support they receive.

- Service users are satisfied that they are consulted in relation to the quality of the service.
- Service users feel safe and are satisfied that staff respond to their needs.
- Service users are satisfied that staff have the skills to care for them.

One individual indicated that they felt that more staff was required; this was discussed during the inspection and assurances provided that at all times there is an appropriate number of suitably skilled and experienced persons to meet the service users' needs.

The inspector would like to thank the person in charge, service users and staff for their support and co-operation during the inspection.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 6 January 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14.(b)(d)	Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-  (b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes;  This requirement relates to the registered person ensuring that the agency's finance procedure is reviewed to ensure a process is in place to enable service users to access their monies when requested.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the agency's finance policy. It outlines the process to enable service users to access their monies held for them by the HSCT; staff stated that the process is improved and indicated that service users can access their monies in a more timely manner than had previously been the case.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 14.(b)(d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person must ensure the service users' guide and the agency's policies and procedures confirm the agency's contribution towards the utility costs for the office accommodation located within the service users' homes. Service users must be reimbursed monies owed in respect of the proportion of the utility bills used by the agency.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector was informed that there are ongoing discussions in relation to utility costs for the office accommodation located in the service users' homes.</p>	<p><b>Not Met</b></p>
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## **5.3 Areas Examined**

### **5.3.1 Monthly Quality Monitoring**

The inspector viewed copies of the agency's monthly quality monitoring report and noted that monitoring visits are completed by the organisation's monitoring officer. It was identified from records viewed that the views of agency staff, service users and where appropriate their representatives, had been recorded. The documentation records any incidents, complaints or safeguarding concerns and includes an action plan.

### **5.3.2 Complaints**

The agency's complaints policy outlines the procedure for handling complaints. It was verified from records viewed and discussion with the person in charge that the agency has received no complaints for the period 1 January 2014 to 31 March 2015.

### **5.3.4 Safeguarding of Vulnerable Adults**

It was identified from records viewed and discussions with the person in charge that the agency has made one referral to the HSCT keyworker in relation to a potential safeguarding incident; it was noted that the referral had been screened out by the HSCT safeguarding team. Records viewed indicated that the agency had adhered to the relevant policy and procedures.

### **5.3.5 Staffing Arrangements**

Discussions with the person in charge and staff provided assurances that there is at all times an appropriate number of suitably skilled and experienced persons available to provide care and support to service users. Service users who spoke to the inspector indicated that there were enough staff to meet their individual needs and stated that staff were knowledgeable about the care and support they required.

It was noted that new staff have recently commenced employment within the agency; one staff member who spoke to the inspector could describe the details of their induction and the support provided by the agency staff during their initial induction programme.

Staff rotas viewed reflected staffing levels as described by the person in charge; staff described the need to increase staffing numbers to meet the individual needs of service users. It was identified that the staff rota information detailed the full name of staff provided; the timing of the shift and in addition included an abbreviation list.

The agency has a procedure for the induction of short notice/emergency staff; the person in charge stated that staff are accessed from the organisations bank staff group. The person in charge could describe the process in place to ensure that staff provided at short notice have the knowledge, skills and training to carry out the requirement of the job role.

Staff were aware of the agency's whistleblowing policy and their responsibility in highlighting concerns.

**Service User Comments:**

- “I like living here.”
- “This is better than the place I lived before.”
- “I go to drama; I enjoy it.”
- “The staff help us; they take us shopping.”
- “I am happy with everything; I am not worried about anything.”
- “We go on holiday.”

**Staff Comments:**

- “Service users are given choice and their wishes are respected.”
- “Tenants have the opportunity to meet weekly.”
- “Supervision is beneficial.”
- “We have enough staff; three additional staff have recently commenced working for the agency.”
- “We encourage service users to live as independently as possible.”
- “I have only recently started working here; I was amazed; the service users’ lives are so much better.”
- “I have no issues or concerns; I feel supported in my job.”

**Areas for Improvement**

There were no areas for improvement identified within the areas examined.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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**6. Quality Improvement Plan**

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## **6.2 Actions Taken by the Registered Manager/Registered Person**

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.



## Quality Improvement Plan

### Statutory Requirements

**Requirement 1**

**Ref:** Regulation 14.(b)(d)

**Stated:** Third time

**To be Completed by:**  
8 July 2016

Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-

(b) so as to safeguard service users against abuse or neglect;  
(d) so as to ensure the safety and security of service users' property, including their homes;

The registered person must ensure the service users' guide and the agency's policies and procedures confirm the agency's contribution towards the utility costs for the office accommodation located within the service users' homes. Service users must be reimbursed monies owed in respect of the proportion of the utility bills used by the agency.

**Response by Registered Person(s) Detailing the Actions Taken:**  
This is currently being brought forward by the SHSCT in relation to all Supported Living Services

<b>Registered Manager Completing QIP</b>	Olive Hughes	<b>Date Completed</b>	20/4/2016
<b>Registered Person Approving QIP</b>	Miceal Crilly	<b>Date Approved</b>	20/04/16
<b>RQIA Inspector Assessing Response</b>	Joanne faulkner	<b>Date Approved</b>	20/4/16

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.