

Announced Care Inspection Report 3 November 2016



Supported Living Services

Type of service: Domiciliary Care Agency

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**Inspectors: Joanne Faulkner
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www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Supported Living Services took place on 3 November 2016 from 10.00 to 16.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place robust recruitment systems and ensures there is at all times an appropriate number of suitably skilled and experienced staff to meet the assessed needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and on occasions collaborative working with Health and Social Care Trust (HSCT) representatives. There are systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. One area for quality improvement was identified during this inspection in relation to staff rota information.

Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the development and ongoing review of individualised care plans. The agency has implemented systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication with service users and stakeholders. One area for quality improvement was identified during this inspection in relation to record keeping.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspectors found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and the provision of individualised care and support. From observations made and discussion with staff and service users it was noted that agency staff value and respect the views of service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff have an understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. No areas for quality improvement were identified during this inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Olive Hughes, Acting 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 8 March 2016.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Francis Rice	Registered manager: Olive Hughes (Acting)
Person in charge of the service at the time of inspection: Olive Hughes	Date manager registered: Olive Hughes – application not yet submitted

3.0 Methods/processes

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

- Discussion with the Acting manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Service users' care records
- Assessments of needs and risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Training and Development Policy
- Recruitment Policy
- Supervision Policy
- Staff Handbook
- Safeguarding Vulnerable Adults Policy
- Disciplinary Policy
- Whistleblowing Policy
- Data Protection Policy
- Complaints Procedure
- Statement of Purpose
- Service User Guide

During the inspection the inspectors met with seven service users, the registered manager, five staff members and a representative of one service user.

Questionnaires were distributed by the inspectors for completion by staff and service users during the inspection; no questionnaires were returned to RQIA.

Feedback received by the inspectors during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Supported Living Services is a supported living type domiciliary care agency, providing care and support to individuals with a learning disability who live in the Lurgan area. The agency's registered office is located in the home of three service users.

Staff employed by the Southern Health and Social Care Trust provide 24 hour care and support to the service users.

The accommodation is located close to Lurgan town centre which facilitated 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.

4.1 Review of requirements and recommendations from the last care inspection dated 8 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14.(b)(d) Stated: Third time	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.	Met
	Action taken as confirmed during the inspection: It was noted that the agency contributes towards utility cost for the offices.	

4.2 Is care safe?

During the inspection the inspectors reviewed the staffing arrangements currently in place within the agency.

The agency's recruitment policy outlines the mechanisms for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; it was identified that recruitment of staff is processed by Business Services Organisation and the outcome of the checks completed is retained by the Human Resources department. The manager could describe the process for ensuring that staff are not eligible for work until all necessary checks have been completed.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with the manager that all staff are required to complete induction and mandatory training. It was identified that staff are provided with a Staff Handbook which includes details of the code of practice issued by the Northern Ireland Social Care Council (NISCC).

The agency maintains a record of the induction programme provided to staff; records viewed by the inspectors detailed the information provided during the induction period. Records viewed provided evidence of a comprehensive induction programme.

The manager stated that relief staff are accessed from the HSCT bank list and are required to complete the induction provided to permanent staff; they stated that staff are not accessed from another domiciliary care agency. It was noted that the agency retains staff profiles for relief staff. Staff who met with the inspectors could identify the impact to service users of frequent staff changes and the benefit of endeavouring to provide continuity.

Discussions with the manager, staff and service users indicated that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The agency's staff rota information reflected staffing levels as described by the manager and staff; however it was noted that the agency's staff rota did not clearly detail the timings of shifts; a recommendation has been made.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. It was noted that the agency maintains a record of staff supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspectors indicated that supervision and appraisal meetings were beneficial to them in their job roles.

The agency has a system in place for recording staff training; the manager could describe their role in identifying gaps and planning training. It was noted that staff are required to complete mandatory training and in addition training specific to the needs of individual service users. Training records viewed indicated that staff had completed appropriate training. Staff stated that training needs are discussed during their individual supervision and appraisal meetings.

Staff stated that they felt they had the required knowledge, skills and experience to carry out their roles. They described the detail of their induction programme which included shadowing other staff members, meeting service users and becoming familiar with their care needs.

The inspectors examined the agency's provision for the welfare, care and protection of service users. It was identified that the agency has in place a policy relating to the safeguarding of vulnerable adults. The manager could describe the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is currently in the process of reviewing their policy and procedures to reflect information contained within the guidance.

The inspectors reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager it was identified that the agency has made four referrals to the HSC Trust safeguarding team in relation to alleged or actual incidences of abuse; records viewed indicated that the agency had acted in accordance with their procedures.

The inspectors noted that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete an update every two years. Training records viewed by one of the inspectors indicated that all staff had received training in relation to safeguarding vulnerable adults. Discussions with staff demonstrated that they had an understanding of safeguarding issues and could describe the process for highlighting and raising concerns; and had knowledge of the agency's whistleblowing policy.

The inspectors reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Staff stated that they are required to involve service users in the completion of risk assessments and care plans. It was identified from records viewed and discussions with staff that risk assessments and care plans are reviewed annually and that service users have an annual review which may include their HSC Trust representative. The inspectors noted that monthly governance arrangements in place include an audit of risk assessments and any practices deemed to be restrictive.

The agency's registered premises are located within the home of a number of service users; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Service user comments

- 'I am happy here.'
- 'Staff are alright.'
- 'I love it here; I am very happy.'
- 'Staff are good, I have no concerns.'

Staff comments

- 'It can be busy working here; usually we have enough staff can be difficult if staff phone in sick.'
- 'Service users are safe.'
- 'We get supervision and appraisal.'
- 'I love working here.'
- 'This set up is better than my previous job.'

Service users' representative's comments

- 'XXXX is very happy and well supported here.'

Areas for improvement

One area for improvement was identified during this inspection in relation to the agency's staff rota.

Number of requirements	0	Number of recommendations	1
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4.3 Is care effective?

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the procedures for the creation, storage, retention and disposal of records. It was identified from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy. However the inspectors noted that amendments made on a small number of care plans made by a staff member had been recorded in pencil; this was discussed with the manager and

assurances provided that this matter would be discussed with all staff. A recommendation has been made.

One of the inspectors viewed a number of individual service user care plans; service users indicated that they are involved in the development of their care and support plans. It was noted that risk assessments and care plans are reviewed annually and that staff record daily the care and support provided.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users.

It was identified that monthly quality monitoring visits are completed by the HSCT monitoring officer and an action plan developed. Records viewed included the views of service users, their relatives and where appropriate relevant professionals. The records detail the outcome of the review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed.

The agency facilitates weekly tenants' meetings; service users indicated that they are supported to attend and provided with the opportunity to express their views and opinions.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users their representatives and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting issues or complaints and stated that staff are approachable and that they can speak to staff at any time.

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

Service users' comments

- 'Staff are very good.'
- 'I have a keyworker.'
- 'Staff help me with shopping and cleaning.'
- 'I talk to the staff if I am not happy.'
- 'My social worker comes to see me.'

Staff comments

- 'We have happy tenants and a good staff team.'
- 'Less paper work would be great.'
- 'Supervision is worthwhile.'
- 'Service users are involved in care planning.'

Service users' representatives' comments

- 'I always find staff polite and approachable.'
- 'I have no issues or concerns.'

Areas for improvement

One area for improvement was identified during the inspection in relation to record keeping.

Number of requirements	0	Number of recommendations	1
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4.4 Is care compassionate?

During the inspection the inspectors sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care, support and life choices.

Discussions with service users, staff and relatives; and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation. Staff could describe a range of examples of supporting service users to take positive risks to enable them to live a more fulfilling life.

Observations of staff interaction with service users during the inspection indicated that care is provided in an individualised manner. Individual care plans viewed were noted to be completed in a person centred manner; service users stated that they are supported to be involved in making decisions regarding their care. Records of tenant meetings reflected the involvement of service users. The inspectors noted that the agency has provided a wide range of documentation in an easy read format.

The inspectors noted that the views of service users and/or their representatives were recorded throughout a range of agency documentation. Processes to record and respond to service users and relatives are maintained through the complaints and compliments processes; monthly quality monitoring visits; annual review meetings; stakeholder and service users' satisfaction surveys and tenants' meetings. It was identified that the agency has in place a system to assist them in evaluating the quality of the service provided; the manager described a range of audits completed on a regular basis.

Observations made during the inspection indicated that service users were encouraged and supported to make choices regarding their daily routine and activities; service users who spoke to the inspectors confirmed that they could make choices about all aspects of their care and that staff treat them with respect. Records viewed and discussions with staff, service users and their representatives indicated that service users are involved in decision making on a wide range of matters such as care needs, activities and shared facilities.

Service users' comments

- 'I was on a cruise; I loved it.'
- 'I go out with staff.'
- 'I can eat what I want.'
- 'I am in a Male Voice choir; I like to sing 'How great though art'.'
- 'I am here five years and I love it; I go to the tech.'

Staff comments

- 'Service users have choice living here.'
- 'Service users are involved in all decisions.'
- 'We work with service users in a group setting and individually.'
- 'Service users are supported to do what they want.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspectors reviewed management and governance systems in place within the agency to meet the needs of service users. The agency has in place a range of policies and procedures which are retained electronically and additionally in paper format stored within the agency's office. Staff could describe the process for accessing access policies and procedures at any time. The inspectors viewed a number of the agency's policies and noted that they had been reviewed and updated in accordance with timescales details within the minimum standards.

Discussions with the manager and records viewed 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 complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints; records viewed and discussions with staff indicated that they have an understanding of the actions to be taken should a complaint is received. It was noted that service users are provide with a copy of the complaints policy in an easy read format.

The agency has in place management and governance systems to drive quality improvement; this includes arrangements for monitoring incidents and complaints. During the inspection one of the inspectors viewed evidence of staff induction, training, supervision and appraisal. Staff could describe the importance of identifying areas for learning and development and for improving the quality of the service provided with the aim of promoting positive outcomes for service users.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff could describe the details of their individual roles and responsibilities and indicated that they are provided with a job description at the commencement of employment. Service users were aware of staff roles and knew who to talk to if they had a concern.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are required to be updated to reflect the details of the Responsible Person; the manager provided assurances that a review of the statement of purpose would be completed.

Staff indicated that the manager is approachable and could describe the process for obtaining guidance and support at any time.

Service user comments

- 'The managers are good; I talk to them.'

Staff comments

- 'The seniors are approachable.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Olive Hughes, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the domiciliary care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 10.4 Stated: First time To be completed by: 3 February 2017	The registered provider should ensure that the timings of shifts are clearly recorded on the agency's staff rota information.
	Response by registered provider detailing the actions taken: We will ensure that the rota is clearly documented in 24hour clock going forward.
Recommendation 2 Ref: Standard 10.5 Stated: First time To be completed by: 3 February 2017	The registered provider should ensure that all recordings created by staff in agency records are completed in ink.
	Response by registered provider detailing the actions taken: All records will be documented and recorded in black ink as clarified and discussed in team meetins and recorded in house communication book.

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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