

Unannounced Care Inspection Report 8 January 2018



Supported Living Services

Type of service: Domiciliary Care Agency
Address: 1-3 Bowens Close, Banbridge Road, Lurgan BT66 7WD
Tel no: 02838345317
Inspector: Joanne Faulkner

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

Supported Living Services is a domiciliary care agency supported living type, 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 of the service users.

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

The accommodation is located close to Lurgan town centre which facilitates easy access to the town for shopping, leisure and recreation. Service users have individual bedrooms and a number of shared areas within their bungalow.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust/Francis Rice	Registered Manager: Olive Hughes
Person in charge at the time of inspection: Olive Hughes	Date manager registered: 26/04/2017

4.0 Inspection summary

An unannounced inspection took place on 8 January 2018 from 10.30 to 16.30.

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 with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff appraisal, communication with service users and other relevant stakeholders and the agency's quality monitoring processes.

Four areas for improvement were identified in relation to staff supervision, staff training and record keeping.

Comments made by service users are included 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	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Olive Hughes, 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 3 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Recommendation 1 Ref: Standard 10.4 Stated: First time	The registered provider should ensure that the timings of shifts are clearly recorded on the agency's staff rota information.	Met
	Action taken as confirmed during the inspection: The inspector noted that the agency's staff rota clearly recorded the timings of shifts.	
Recommendation 2 Ref: Standard 10.5 Stated: First time	The registered provider should ensure that all recordings created by staff in agency records are completed in ink.	Met
	Action taken as confirmed during the inspection: It was identified from documentation viewed that staff recordings are in completed in ink.	

5.0 How we inspect

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

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

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

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

During the inspection the inspector met with the registered manager, three service users and two staff members.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports

- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

The inspector viewed a range of the agency's policies and procedures.

At the request of the inspector, the registered manager was asked to display a poster within the agency's registered premises. The poster invited staff to provide feedback to RQIA regarding the quality of service provision via an electronic means; no responses were received. Questionnaires were provided for service users; no returns were received prior to the issuing of this report.

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

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

The inspector would like to thank the registered manager, staff and service users for their support and co-operation during the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 November 2016

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 3 November 2016

Areas for improvement identified at the last care inspection were reviewed by the inspector and assessed as met.

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.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

The agency's recruitment policy outlines the process for ensuring that staff pre-employment checks are completed prior to commencement of employment. The recruitment process is managed by the organisation's HR department. The registered manager could describe the process for receiving confirmation that pre-employment checks have been satisfactorily completed and that staff are ready to commence employment. Records viewed and discussions with the registered manager indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's induction programme is noted to be at least three days duration. It was noted that staff are required to complete corporate induction during the initial induction period, a range of mandatory training and to shadow other staff employed by the agency; the registered manager stated that corporate induction is now completed electronically.

The agency retains a record of the induction provided to staff; the inspector viewed the induction records for four staff employed by the agency. Discussions with the registered manager and staff and observations made during the inspection indicated that staff had the required knowledge and skills to fulfil the requirements of their job.

It was identified that relief staff are not accessed from another domiciliary care agency; the registered manager stated that relief cover is provided by the agency's regular staff or HSCT bank staff.

Discussions with the registered manager and staff indicated that the agency endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager.

The agency's operational procedures outline the timescales and procedures for staff supervision and appraisal. It was identified that support workers should receive twice yearly supervision and annual appraisal. The registered manager stated that records of supervision and appraisal are retained; records viewed by the inspector indicated that a number of staff had not received supervision in accordance with the agency's policies and procedures. The inspector noted that staff supervision and appraisal records were not stored in an organised manner. Two areas for improvement was identified.

The inspector viewed the agency's staff training matrix which records the training completed by staff; it was noted that the record did not include the training completed by a number of staff.

The inspector discussed with the registered manager the need to ensure that the staff training records accurately reflect the training completed by staff. Records viewed indicated that most staff had complete training appropriate to their roles; staff are required to complete corporate induction, a range of mandatory training and in addition training specific to the needs of individual service users. Two areas for improvement were identified.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The agency's policy and procedures have been updated to reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; they outline the responsibilities of the Adult Safeguarding Champion (ASC) and the procedure for staff in relation to reporting concerns. It was noted that staff have been provided with information in staff meetings.

The agency retains a record of referrals made to the Health and Social Care Trust (HSCT) adult protection team and other relevant stakeholders relating to alleged or actual incidences of abuse. The registered manager stated that the agency has made no referrals in relation to adult protection. Discussions with staff indicated that they have a clear understanding of the agency's policies and procedures. The agency has a proforma to record the details of the outcome of any referral made.

Staff are required to complete safeguarding vulnerable adults training during their induction programme and an update two yearly; records viewed indicated that staff had received training in accordance with the agency's policy. Staff demonstrated that they had a good understanding of adult safeguarding matters and the process for reporting concerns.

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 operational policy outlines the process for assessing and reviewing risk.

The agency receives a range of relevant assessments and information relating to individual service users prior to them receiving care. There are risk assessments in place relating for individual service users. Following the inspection the inspector was provided with details of a review of a risk assessment relating to one service user who currently has a piece of assistive technology equipment to alert them in the event of a fire. The registered manager stated that this practice is currently being reviewed due to recent changes in the staffing arrangements at night.

Staff described how they support service users to be involved in the development and review of their care plans; they record daily the care and support provided to service users. Service users are supported to participate in an annual review involving their HSCT keyworker and care plans are reviewed and updated annually or as required. The inspector discussed with the registered manager the need to ensure that a record of the areas discussed at the annual review is retained.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose. The agency's offices are located in the same building as the home of a number of service users' accommodation and are accessed via shared entrances.

Comments received during inspection.

Service user comments

- 'I love living here.'

- ‘The staff look after me very well; the staff are good to us.’
- ‘I feel very safe.’

Staff comments

- ‘I feel the service users are safe living here.’
- ‘My induction was very good; I got induction training in the first two weeks.’
- ‘I get supervision.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s staff appraisal, and adult protection.

Areas for improvement

Four areas for improvement were identified during the inspection in relation to staff supervision, training and record keeping.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 Is care effective?

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

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

The agency’s data protection outlines the process for the creation, storage, retention and disposal of records. The majority of documentation viewed during the inspection was noted to be maintained in accordance with legislation, standards and the organisational policy. Staff training and supervision records viewed were noted to be retained in an unorganised manner. The inspector discussed with the registered manager the need to ensure that supervision and training records and matrixes are kept up to date and accurately reflect training or supervision completed by staff; assurances were provided that this matter would be addressed. One area for improvement was made as detailed in section 6.4 of this report.

Service users could describe how staff support them to be involved in the development of their care plans and in decision about their day to day life; service users are provided with a copy of their care plan.

The inspector reviewed the agency’s arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users. There is a system in place for monitoring the quality of the service provided on a monthly basis; it was noted that the process involves an audit being completed by the HSCT’s quality monitoring officer. Records viewed indicated that the process seeks to obtain feedback from service users, relatives and relevant stakeholders in relation to the quality of the service provided.

Records of monthly quality monitoring visits viewed during and following the inspection were noted to include details of the review of the agency's systems and an action plan. The documentation includes details of the review of complaints, compliments, staffing arrangements, accidents, incidents and referrals relating to adult protection.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Discussions with the registered manager, staff and service users and observation of staff and service user interactions indicated that staff communicate appropriately with service users and provide care and support in a respectful manner.

Staff indicated that they had a good understanding of the individual needs of service users; they could describe the methods used to support service users to remain as independent as possible.

The agency aims to facilitate monthly staff meetings; records viewed indicated that a range of standard items are discussed at each meeting, they include staff training, policies and procedures, staffing arrangements and service user issues. Weekly service user meetings are facilitated and service users stated that they are supported to attend; records of issues discussed were noted to include the views and comments of service users.

Discussions with staff indicated that the agency endeavours to develop and maintain effective working relationships with the other HSCT representatives and relevant stakeholders.

Comments received during inspection.

Staff comments

- 'Service users are involved in decisions about their care.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and communication with service users 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.

The inspector reviewed the agency's ability to treat service users with dignity, respect and compassion and to engage service users effectively in decisions affecting the care and support they receive.

Staff stated that they support service users to be involved in making decisions and for respecting their views and choices. It was identified from discussions with the registered manager, service users and staff and from observations of staff and service user interactions during the inspection that staff endeavour to ensure values such as choice, dignity and respect are embedded in the culture of the organisation. Staff indicated that they had a good understanding of the needs of service users.

The agency has systems in place to promote effective engagement with service users and where appropriate their representatives. The systems include the agency's monthly quality monitoring process; compliments and complaints process and service user meetings.

It was identified that the agency has methods for recording comments made by service users and where appropriate their representatives; records of service user care review meetings, monitoring visits and quality monitoring reports viewed by the inspector provided evidence that the agency strives to meaningfully engage with service users and a range of stakeholders in relation to the quality of the service provided.

Service users who spoke to the inspector stated that they could choose to do what they wanted. The inspector observed staff supporting service users to make choices in relation to the care and support they receive.

Comments received during inspection.

Service user comments

- 'I can out when I want to; I go out with my family.'
- 'Staff will do anything for us.'
- 'If I am worried I speak to staff.'

Staff comments

- 'Service users have choice; I mainly work with the males and we try to do things they want.'
- 'The service users are supported to get out and about; they have recently been to the pantomime and Christmas shopping in Belfast.'

Areas of good practice

There were examples of good practice identified in relation to the agency's processes for engaging with service users and relevant stakeholders, effective communication and providing care in an individualised manner.

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.

The agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis by the deputy manager and a number of senior support workers supported by the registered manager. Staff could describe the process for obtaining support and guidance if required this included out of hours arrangements.

The agency policies and procedures noted to be in accordance with those as required within the minimum standards are retained in an electronic and a paper format. Staff can access the agency's policies and procedures. During the inspection the inspector viewed a number of the organisation's policies; it was identified that the Adult Safeguarding and complaints policies are currently in draft form.

The inspector reviewed the agency's systems for auditing and reviewing information with the aim of promoting safety and improving the quality of service provided. Records viewed and discussions with the registered manager and staff indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of complaints, accidents, adult protection referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for effectively managing complaints in conjunction with the HSCT's complaints department; discussions with the registered manager and staff indicated that they had knowledge of the actions required in the event of a complaint being received. It was noted that staff receive information in relation to managing complaints during their induction programme. The agency has provided service users with the complaints process in an easy read format.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that the agency has received no complaints since the previous inspection. Staff who spoke to the inspector could describe the process for managing complaints. Service users knew who to speak to if they had any concerns of complaints.

From records viewed and discussions with the registered manager the inspector noted that the agency has in place systems to monitor quality and promote improvement; these include arrangements for the monthly review of accidents, incidents, safeguarding referrals and complaints by the person completing the quality monitoring visit.

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose. Staff indicated that they had an understanding of their job roles and responsibilities; it was noted that they are provided with a job description at the commencement of employment. Staff could describe the process for raising concerns and had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body; it was noted that details of individual staff member's registration is retained by the agency and monitored by the registered manager. The registered manager provided assurances that the organisation has a process for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not registered.

To date 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 were noted to have been reviewed and updated.

Comments received during inspection.

Staff comments

- 'We have a good team; communication is good and we all work well together.'
- 'I can speak to the manager or deputy if I am worried about anything; they are approachable.'

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Olive Hughes, 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/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 Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The registered manager has put in place a supervision matrix detailing the dates of supervision for all staff throughout the year to ensure the minimum standards of supervision is adhered too.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 10.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that the information held on record is accurate, up-to-date and necessary.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All information held on record has been reviewed and is accurate and up to date</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A review of all staff training is being audited. Any outstanding mandatory training to be completed as a matter of urgency. A training database will be developed going forward to ensure the registered and assistant manager have management oversight of all training so this can be monitored during staff supervision and appraisals.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by the staff. The record includes:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the training event; • the date(s) of the training; • the name and the qualification of the trainer or the training agency; and • content of the training programme. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The training file has been audited. A matrix is in place which includes names and signatures, dates of training, name of trainer and</p>

	qualification of trainer and content of training programme. As above a training database will be put in place.
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****Please ensure this document is completed in full and returned via Web Portal****



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