

# Unannounced Care Inspection Report 17 April 2018



## Armagh Supported Living Service

**Type of Service: Domiciliary Care Agency**  
**Address: 5 - 9 Hawthorn Drive, Armagh, BT60 1HA**  
**Tel No: 02837511848**  
**Inspector: Kieran Murray**  
**User Consultation Officer (UCO): Clair McConnell**

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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

This is a domiciliary care agency supported living type which provides personal care and housing support to up to 29 (six void tenancy's on the day of the inspection) service users who have experienced mental health difficulties. The service users are supported by 21 staff.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Southern Health and Social Care Trust<br><br><b>Responsible Individual:</b><br>Mr Shane Devlin (Acting) | <b>Registered Manager:</b><br>Ms Louise Mary Dalrymple |
| <b>Person in charge at the time of inspection:</b><br>Senior Support Worker   | <b>Date manager registered:</b><br>06 October 2016     |

### 4.0 Inspection summary

An unannounced inspection took place on 17 April 2018 from 09.30 to 16.30 hours.

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:

- care reviews
- training and development
- incident management
- collaborative working
- professional body regulations

#### Areas requiring improvement were identified:

- availability of induction records
- availability of drivers licence and car business insurance

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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 1         |

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Hilary McCamley, Supportive Living 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 21 June 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 June 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 inspection report
- record of notifiable incidents
- record of complaints
- correspondence with RQIA

During the inspection the inspector met with two staff, the supportive living manager and a telephone call to one service users' representative following the inspection.

As part of the inspection the User Consultation Officer (UCO) spoke with nine service users and one member of staff to obtain their views of the service being provided by the Southern Trust's Armagh Supported Living Service. The UCO also spoke informally with a number of staff that were on duty and observed their interactions with the service users.

The UCO visited some of the communal areas and bedrooms, with the permissions of the service users, across the three sites.

The following records were examined during the inspection:

- three service users' care and support plans
- care review records
- HSC Trust assessments of needs and risk assessments
- recording/evaluation of care records
- monthly monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervision
- records relating to knowledge skills framework (KSF)
- complaints records
- incident records
- records relating to safeguarding of adults
- staff rota information
- staff communication records
- recruitment policy
- a range of policies relating to the management of staff

- supervision policy
- induction policy
- safeguarding adults in need of protection policy, 2016
- whistleblowing policy
- data protection policy
- Statement of Purpose
- Service User Guide

At the request of the inspector, the manager was asked to display a poster prominently within the agency’s registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were returned.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 21 June 2017**

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

**6.2 Review of areas for improvement from the last care inspection dated 21 June 2017**

| 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 |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 16 (5) (a)<br><br><b>Stated:</b> First time     | The registered person shall<br><br>Ref: (5) Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that-<br>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days;<br><br>Records should be retained and available for | <b>Partially met</b>     |

|   |   |                                 |
|---|---|---------------------------------|
|   | inspection at all times   |                                 |
|   | <b>Action taken as confirmed during the inspection:</b><br>The inspector examined induction records and was only able to review one induction record of three recently appointed staff.   |                                 |
| <b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards 2011</b> |   | <b>Validation of compliance</b> |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 11.2<br><br><b>Stated:</b> First time       | The registered person shall<br><br>Before making an offer of employment:<br><br>11.2 where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; | <b>Partially met</b>            |
|   | <b>Action taken as confirmed during the inspection:</b><br>The inspector reviewed staff files and was only able to evidence one emailed response to the registered manager.               |                                 |

### 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 staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and that these are satisfactory.

On the day of the inspection the inspector could not evidence that all staff had forwarded details of their valid driving licences and insurance cover for business use to the registered manager. The area for improvement has been restated for a second time.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations; it was noted that staff should attend the Trusts Corporate Induction programme ideally within three months of commencement of employment. Staff stated that they are required to shadow other staff members during their induction and probation period. On the day of the inspection the inspector reviewed three recently appointed staff records and found some of the records to be unavailable. The area for improvement has been restated for a second time. The inspector

spoke to two staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the manager.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The manager and staff advised the inspector that the agency uses a small number of bank staff who currently work for a similar agency within the Trust. These staff have had an induction programme by their own agency within the Trust.

**Staff comments:**

- “The rota is very fair.”
- “Training prepared me for my job.”

**Relative comments:**

- “If any problems with XXX, I would be kept up to date.”

Examination of records did not indicate that a system to ensure that staff supervision and Knowledge Skills Framework (KSF) are planned in accordance with policy had been maintained. The registered manager forwarded to RQIA an updated list of completed and planned supervision and Knowledge Skills Framework (KSF) sessions within a specified time scale following the inspection. The inspector reviewed these records and found them to be satisfactory.

Staff who spoke to the inspector on the day of the inspection provided feedback that they had supervision and Knowledge Skills Framework (KSF) in line with policy and procedure.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards and the Trusts mandatory training requirements. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Dual Diagnosis, Mental Health Condition Awareness and Capacity and Consent training.

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) that was in accordance with the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The staff who spoke to the inspector were able to name the Adult Safeguarding Champion for the Trust.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that there had been one safeguarding referral made to the Trust since the last inspection. The referral was made appropriately and management plans were made in conjunction with the HSC Trust as evidenced by the inspector.

The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

Staff informed the inspector that they provided the 'Buddy System' and checked-in on other agencies due to their isolated position in the community. This usually took place during out of hours, night duty, bank holidays and Saturday/Sundays.

On the day of the inspection there were no restrictive practices in place.

The inspector noted that evidence of review of service users' needs took place annually or as required.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been a number of notifiable events to RQIA since the previous inspection. The inspector evidenced that these notifiable events were completed appropriately by the agency and in accordance with the agency's procedure and policy.

The inspector noted that the agency had received no complaints since the last inspection 21 June 2017.

The UCO was advised by service users and staff that there is a small staffing team which rotates across the three sites; confirmation was received that they have developed a good rapport. Through discussions with the service users and staff, as well as the UCO's observations, it was evident staff were knowledgeable about the individual service users and the support they require, for example administration of medication, attending medical appointments and cooking.

Confirmation was received from the service users that they felt able to speak with staff if they had any complaints or concerns about the service. The UCO received feedback from two members of staff that they were aware of the procedure to raise concerns with management.

Examples of some of the comments made by the service users interviewed are listed below:

- "They staff are very, very supportive."
- "It's reassuring to have the staff to support me. They're like a crutch."
- "They have helped to build up my independence. I hope to get my own place soon."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, adult safeguarding, risk management and the provision of a 'Buddy System'.

### **Areas for improvement**

- availability of induction records



- availability of drivers licence and car business insurance records

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 1         |

### 6.5 Is care effective?

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

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2018) and Service User Guide (2018).

The inspector reviewed three service users’ care and support plans. The inspector was informed that care and support plans are reviewed on an annual basis or sooner if required. These records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined annual reviews in place and the records were satisfactory. The agency maintains daily contact records for each service user. Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and service users’ indicated that service users have a genuine influence on the content of their care plans. The inspector examined weekly planners in each service users’ records.

#### Relative’s comments:

- “I am very happy the way XXX has progressed since he moved into Hawthorn Drive.”
- “Living at Hawthorn Drive has made a big difference to XXX and the rest of the family’s life.”

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users’, staff, relatives as appropriate and community keyworkers, and progress on improvement matters.

The inspector noted the following comments made by relatives during quality monitoring visits:

#### Relative comments:

‘I am extremely happy with the support and help XXX is getting.’

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The staff described effective verbal and written communication systems with the staff team, including the use of a diary and verbal handovers. Staff who spoke to the inspector indicated that there are request sheets in the agency office to request days off, annual leave and courses.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that team meetings took place on a regular basis; the staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions. Service users were also given the opportunity to chair the tenant meeting. The inspector noted that service users were updated on Personal Independent Payments (PIPS), house safety, Christmas parties and how to make a complaint.

The inspector noted and examined the following survey carried out by Armagh Supported Living Service staff, Tenant Questionnaire 2017/2018 with positive results. The HSC Trust Corporate Plan 2017/2018-2020/2021 and the 5 Star Strategic Plan was available for staff in the agency office.

Advocacy services were recorded in the tenant meeting minutes for service users to contact if necessary and dates of their proposed visits to the agency. The name and contact details of the advocate was available in the agency office.

Staff informed the inspector that service users attend the Mental Health Forum run by the Trust thus enabling them access to the forums website and facebook page.

The staff interviewed informed the inspector that desktop computers are available in the agency office for staff to use to access policies on the L drive and on-line training.

The UCO was informed by the service users and staff interviewed that they felt that there is adequate staffing to provide the necessary care and support to the service users. If additional support is required, a member of staff from another site assists if possible.

It was evident through discussions and observations that service users and staff have developed a good relationship and staff were familiar with the needs of the service users. The aim of the service is to encourage service users to be as independent as possible and the support is tailored to the needs of each service user. For example the UCO was advised that staff and some service users have been working together to promote healthier eating and reduce smoking.

Confirmation was received that tenant meetings are taking place monthly to discuss any concerns and possible group outings. It was noted that service users felt able to voice their opinions at the meetings.

Examples of some of the comments made by the service users interviewed are listed below:

- “XXX (member of staff) is a nice lady.”
- “Staff are generally very good and attentive.”
- “Get on well with them all (staff).”

Examples of some of the comments made by the staff interviewed are listed below:

- “Love working here. Everyone’s lovely.”
- “Good support.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

The inspector noted from the records the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice e.g. holidays in Spain.

The views of service users are recorded through the minutes of tenants' meeting. Tenant meeting minutes recorded discussions on a range of matters, including decisions made by service users regarding future activities. The inspector also noted that tenant meeting minutes recorded discussions on how to make a complaint.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly monitoring reports which specifically ascertain and include the views of service users' and their representatives.

#### Relative comments:

- "Staff are very helpful."
- "XXX everyday living skills are well catered for."

#### Staff comments:

- "I love my job, every day is different."

As part of the inspection, the UCO visited the three sites and viewed some of the communal areas and bedrooms with permission of the service users. Service users confirmed that they are free to personalise their bedroom if they wish to do so and are included in group decisions regarding communal areas and household purchases.

Tenant meetings take place monthly, giving service users an opportunity to raise any concerns or discuss matters regarding the service. The UCO was informed about the recent decision to get rid of the smoking room and the service users' involvement. Possible group activities are also discussed at the tenant meetings and recent outings have included day trips, meals out and ten pin bowling.

Examples of some of the comments made by the service users interviewed are listed below:

- "They offered to paint the house but I liked the colour it was."
- "I get on well with XXX and XXX (other tenants)."
- "Happy to live here."
- "Love it here. Everything's wonderful."

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

#### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its procedure and policy.

The agency operates a robust training system available for staff and maintains up to date records of training.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection it was noted that no complaints had been received since the last inspection.

There are effective systems of formal supervision and knowledge skills framework (KSF) within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

All of the service users and relatives interviewed by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the service or management of the agency were raised during the interviews.

**Relative comments:**

- “The service is well led.”

**Staff comments:**

- “XXX very on the ball about staff issues, looks after all the staff.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 Ms Hilary McCamley, Supportive Living 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (5) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>31 May 2018</p> | <p>The registered person shall</p> <p>(5) Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that-</p> <p>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days;</p> <p>Records should be retained and available for inspection at all times.</p> <p>Ref: 6.4</p> |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>All new staff shall be issued with the Supported Living Induction package as well as completion of the Trusts induction form. which is then sent to Learning and Development. All copies of induction forms to be held in staff's individual files retained by manager.</p>   |

### Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

|   |   |
|---|---|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>31 May 2018</p> | <p>The registered person shall</p> <p>Before making an offer of employment:</p> <p>where appropriate, a valid driving licence and insurance cover for business use of car is confirmed;</p> <p>Ref: 6.4</p>   |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>Pre-employment checks are undertaken by the BSO prior to an employment offer and then checked by the registered manager at induction.<br/>Employees are asked to confirm by email at the start of each new financial year that they meet this requirement, that they have suitable business class insurance to perform their duties. They will also be made aware that they must notify the manager should this change. Their declaration by email will be printed and placed in their staff files. In addition every time a member of staff makes a mileage claim the employee is confirming they have the relevant documents and insurance to enable them to claim</p> |





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