

# Unannounced Care Inspection Report 25 November 2019



## Armagh Supported Living Service

**Type of Service: Domiciliary Care Agency**  
**Address: 5 - 9 Hawthorn Drive, Armagh, BT60 1HA**  
**Tel No: 02837511848**  
**Inspectors: Kieran Murray and Fionnuala Breslin**

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**

Armagh Supported Living Service is a domiciliary care agency supported living type which provides services to 24 service users living in their own homes within the Southern Health and Social Care Trust (SHSCT) area, who require care and support with mental health and learning disabilities. The service users are supported by 24 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust	<b>Registered Manager:</b> Ms Rebecca Lee – acting manager
<b>Responsible Individual(s):</b> Mr Shane Devlin	
<b>Person in charge at the time of inspection:</b> Acting Manager	<b>Date manager registered:</b> Not Applicable

### 4.0 Inspection summary

An unannounced inspection took place on 25 November 2019 from 09.30 to 16.45.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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
- staff supervision and knowledge skills framework (KSF)
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC) and the Nursing Midwifery Council (NMC)

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

No areas requiring improvement were identified during the inspection.

An area for improvement relating to staff inductions identified at the previous inspection was assessed as partially met and is stated for a second time along with the completion of an annual quality review of service 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
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Rebecca Lee, Acting Manager and Mr Richard Gardner, Supported Living Manager Mental Health, 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 17 April 2018

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 April 2018.

#### 5.0 How we inspect

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

- inspection report and QIP
- record of notifiable incidents
- all correspondence with RQIA since the previous inspection

During the inspection the inspectors met with four service users, the manager, the supported living manager mental health and three staff and a visiting community professional.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to in the body of the report.

At the request of the inspectors, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; four responses were received and analysis of feedback is included within the report.

There were a number of areas rated as 'very unsatisfied' on the feedback received from staff. As there was no contact details recorded for staff, the inspector spoke to the registered manager on the 11 December 2019 and discussed the feedback received. The inspector has been assured by the manager that the comments made would be discussed with staff in the forum of a team meeting and a record retained for review at the next inspection.

The inspectors requested that the manager place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Ten questionnaires were also provided for distribution to the service users and their representatives; three responses were returned; analysis and comments are included within the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

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

The inspectors would like to thank the manager, the supported living manager mental health, service users, staff and community professionals for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 17 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (5) (a)</p> <p><b>Stated:</b> Second time</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>Met</p>

	Ref: 6.4	
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that induction records were completed and up to date.	
<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>  <b>Ref:</b> Standard 11.2  <b>Stated:</b> Second time	The registered person shall  Before making an offer of employment:  where appropriate, a valid driving licence and insurance cover for business use of car is confirmed;  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspectors reviewed staff files and evidenced that driving licences and insurance cover for business was confirmed by the manager.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices.

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. Staff who spoke to the inspectors stated that they are required to shadow other staff members during their induction and probation period. The inspectors evidenced periods of shadowing for new staff on rotas. The inspectors 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.

Staffing levels were consistently maintained and there were no concerns raised with the inspectors by staff, service users in relation to their needs not being met. The manager and staff advised that the agency uses a small number of relief staff who are currently employed by the SHSCT.

The inspectors reviewed the agency's training plans which indicated that a small number of staff were not compliant with the Regulations and Minimum Standards in relation to adult safeguarding training. Following the inspection and within an agreed timescale the manager provided RQIA with information that these shortfalls had been met. The inspectors reviewed the information and found it be satisfactory.

The inspectors noted that all staff had received training on equality and diversity and human rights.

The inspectors evidenced that a number of staff in the agency had completed Deprivation of Liberty Safeguards (DOL'S) on-line training. The manager discussed the plans in place to ensure all staff complete training in relation to Deprivation of Liberty Safeguards (DOL'S) by 2 December 2019. This can be reviewed at the next inspection.

#### **Staff comments:**

- "The induction was very good."
- "I had one week up here and another week in another part of the trust."

Examination of records indicated that a system to ensure that staff supervision and KSF's are planned and completed in accordance with their policy has been maintained.

Discussions with the manager and a review of the agency's safeguarding policy established that the agency have embedded the regional adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 into practice. The inspectors 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 inspectors were aware that the agency had an Adult Safeguarding Champion (ASC) and their role. 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 inspectors noted that the agency had made a number of safeguarding referrals to the SHSCT since the last inspection on 17 April 2018 and the referrals had been managed appropriately.

A discussion took place with the manager in relation to the ASC completing an adult safeguarding position report by 31 March 2020. This can be reviewed at the next inspection.

On examination of records relating to incidents reportable and non-reportable to RQIA, the inspector evidenced that these had been managed in accordance with policy and procedure.

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.

The inspectors noted leaflets on 'HSC Values for All' in the agency office.

### Service user comments:

- "I get a good service here."
- "I get on well with the staff."

On the day of the inspection it was noted that a number of restrictive practices were in place and restrictive practices implemented were of the least restrictive nature considered necessary in conjunction with the service user, relative, SHSCT and the agency staff and these practices were reviewed regularly and evaluated.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with General Data Protection Regulations (GDPR) and data protection guidelines.

Of three questionnaires returned by service users/relatives, all three indicated that they were 'very satisfied' that care was safe. Of four responses received from staff three indicated that they were 'very satisfied' that care was safe and one indicated that they were 'very unsatisfied' that care was safe.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, supervision and KSF's, adult safeguarding referrals, restrictive practice and risk management.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

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

The full nature and range of service provision is detailed in the Statement of Purpose (2019) and Service User Guide (2019). Following the inspection and within an agreed timescale the Supported Living Manager Mental Health forwarded the updated Statement of Purpose and Service User Guide which included the name of the acting manager, responsible person and addresses of independent advocates and the Ombudsman for Northern Ireland. The inspectors reviewed both documents and found them to be satisfactory.



The review of three care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans, monthly reviews with agency staff and three monthly and yearly care reviews with the relevant SHSCT representative, service users and relatives as appropriate.

It was positive to note that supports plans were linked to areas in the human rights act.

Feedback received by the inspectors from service users' and staff indicated that service users have a genuine influence on the content of their care plans.

#### **Service user comments:**

- "If I need to go out the staff help me."
- "I am treated with respect and dignity."

#### **Staff comments:**

- "There is flexibility in the team."
- "It is a lovely team."

The agency maintains daily contact records for each service user which were completed in line with policy and procedures.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users, relatives and other key stakeholders.

Review of team meeting records indicated that meetings took place on a quarterly basis; the staff informed the inspectors that they could contribute items to the agenda for these meetings. The inspectors noted topics discussed included safeguarding, NISCC and NMC registrations and RQIA inspections. Staff indicated that the staff team are supportive to each other and that communication is good.

The inspectors reviewed tenant meeting records which indicated that they took place on a monthly basis and that tenants views were being heard and addressed.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and SHSCT representatives.

Of three questionnaires returned by service users/relatives, all three indicated that they were 'very satisfied' care was effective. Of four responses received from staff one indicated that they were 'very satisfied' that care was effective, two indicated that they were 'satisfied' that care was effective and one indicated that they were 'very unsatisfied' that care was effective.

#### **Areas of good practice**

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

## Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 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 sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on customer care, diversity and equal opportunities.

Discussions with the service users, manager and staff provided evidence that the agency supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Service users who wished to speak to the inspectors were provided with privacy as appropriate.

Service users invited the inspectors to visit them in their homes pointing out furniture, fittings and decor chosen by them.

The inspectors noted other service users returning from community based services and activities.

It was evident that the agency staff and SHSCT 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 as well as in the agency, with appropriate staff support.

The inspectors observed staff using appropriate language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs.

#### Service user comments:

- "The staff are very courteous."
- "The staff are very attentive."

Service users consulted with during the inspection gave examples readily of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be very warm and caring.

Of three questionnaires returned by service users/relatives, all three indicated that they were 'very satisfied' that care was compassionate. Of four responses received from staff three indicated that they were 'very satisfied' that care was compassionate and one indicated that they were 'very unsatisfied' that care was compassionate.

### 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 in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 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 reviewed the management and governance systems in place within the agency to meet the needs of the service users. The agency is managed on a day to day basis by the manager with the support of senior support workers and a team of support assistants. It was identified that the agency has effective systems of management and governance in place. Since the previous inspection RQIA has been informed of a temporary change of management from 6 November 2019 due to the absence of the registered manager. RQIA will keep this under review.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The manager confirmed that information regarding registration and renewal dates was maintained by the agency. A review of records confirmed that all staff were currently registered as required. The manager described the system in place for monitoring registration status of staff with the relevant regulatory bodies and confirmed that all staff are aware that they are not permitted to work if their NISCC/NMC registration had lapsed.

There had been one complaint received since the last inspection 17 April 2018. The inspector noted that the complaint was dealt with appropriately in accordance with policy and procedure and the complainant was fully satisfied with the outcome.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector noted the following comments on monthly quality monitoring reports from relatives and community professionals.

**Relative comments:**

‘My XXXX has settled in very well in Lisanally.’ I am happy with the care he receives.’

**Community professional comments:**

‘We are working well together at the minute.’

**Staff comments:**

- “There is openness and transparency in the agency.”

The inspectors were advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency’s policies and procedures:

- care and support records
- service user finances
- accidents and incidents
- complaints
- NISCC/NMC registrations
- training and supervision

The inspector reviewed the agency’s annual service user questionnaire and found it be positive and negative with an action plan. The annual quality report was not completed on the day of the inspection. An area for improvement has been identified.

There was a system in place to ensure that the agency’s policies and procedures were reviewed at least every three years.

Records of service user meetings and reports of quality monitoring visits indicated the agency’s commitment to regularly engaging with service users and where appropriate relevant stakeholders.

On the date of inspection the certificate of registration was on display and reflective of the service provided. The inspectors advised the manager that the certificate will have to be returned to RQIA due to temporary change in manager.

The inspectors discussed the recent changes the Northern Ireland Ambulance Service (NIAS) had made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspectors discussed the agency arrangements for managing this and the manager was advised to identify any potential challenges and to liaise with the relevant trusts, as appropriate.

Of three questionnaires returned by service users/relatives, all three indicated that they were 'very satisfied' that the service was well led. Of four responses received from staff two indicated that they were 'very satisfied' that the service was well led, one indicated that they were 'satisfied' that the service was well led and one indicated that they were 'very unsatisfied' that the service was well led.

### Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

### Areas for improvement

An area for improvement was identified in relation to the completion of an annual quality report.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 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 Rebecca Lee, Acting Manager and Mr Richard Gardner, Supported Living Manager Mental Health 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 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in the process.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The facility manager has liaised with the Inspector, who has confirmed that the annual quality report (detailed in the QIP) will be reviewed at the next Inspection. I can confirm , that the Trust have completed the annual quality report.</p>



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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)