

Inspection Report

28 September 2023



Armagh Supported Living Service

Type of Service: Domiciliary Care Agency/SLS
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT)	Registered Manager: Mrs Rebecca Lee
Responsible Individual: Dr Maria O’Kane	Date registered: 23 May 2022
Person in charge at the time of inspection: Rebecca Lee	
Brief description of the accommodation/how the service operates: Armagh Supported Living Service is a domiciliary care agency, supported living type, which provides services for to up to 22 service users living in their own homes within the SHSCT area, and who require care and support with mental health and learning disabilities.	

2.0 Inspection summary

An unannounced inspection took place on 28 September 2023 between 9.45 a.m. and 1.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency’s governance and management arrangements, reviewing areas such as: staff recruitment, professional registrations, staff induction / training and adult safeguarding. The inspection also considered: reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, dysphagia management, and compliance with Covid-19 guidance.

Good practice was identified in relation to governance and management arrangements in place.

Armagh Supported Living Service uses the term ‘tenants’ to describe the people to whom they provide care and support. For the purposes of the inspection report, the term ‘service user’ is used, in keeping with the relevant Regulations.

3.0 How we inspect

RQIA’s inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure

compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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 seek 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 individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "Staff are good to me."
- "Staff couldn't do enough for you."
- "I'm well looked after."

Service users' relatives'/representatives' comments:

- "[My sister] loves it here."
- "[My brother] is happy in where he's living."
- "He likes it."

Staff comments:

- "Manager very supportive."
- "Very supportive manager, plenty of supervision."
- "Very happy here."
- "Great place to work. Very happy staff and tenants'."

HSC Trust representatives' comments:

- “Overall I’ve found the service good and of great benefit to the clients who would struggle to live independently.”
- “I have found the care and support provided there very good despite sometimes challenging circumstances and the staff go over and above on many occasions.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 23 January 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns.

The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse and the process for reporting concerns.

The manager confirmed that there had been no concerns raised to her under the Whistleblowing policy.

The agency has a system for recording and managing referrals made to the HSC Trust in relation to adult safeguarding. A review of records and discussion with the manager confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the Regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role.

Care reviews had been undertaken in keeping with the agency's policies and procedures and those of the HSC Trust. There was also evidence of regular contact with service users and their representatives.

All staff had been provided with training in relation to medicines management. The manager advised that no service users currently required their medication to be administered with a syringe. She was aware that should this be required; a competency assessment should be undertaken before staff undertake this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke to the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the mental Capacity Act (MCA).

Training records indicated that staff had completed DoLS training appropriate to their job roles.

The manager reported that none of the service users were currently subject to DoLS. The agency had a DoLS information folder available for staff to reference if required.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with best practice guidance.

5.2.2 What are the arrangements for promoting service user involvement?

Discussion with service users and review of care records confirmed that service users had an input into devising their own plan of care. Service users received a monthly easy read newsletter which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Service users reported that an individual weekly plan was completed every Sunday with a support worker.

Care and support plans had been kept under regular review and services users and/or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes had occurred.

The agency held service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care for current and future activities.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that all staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct contact with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and/or the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager and assistant manager.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency maintains a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with the Regulations. A review of these reports established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

The manager confirmed that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

There is a system in place in regard to how staff can access service users' accommodation in the event of an emergency.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Rebecca Lee, Registered Manager, and Fiona Campbell, Area Manager, as part of the inspection process and can be found in the main body of the report.



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