

## **Announced Care Inspection Report 24 May 2016**



## **WHSCT Learning Disability Supported Living Services**

**Domiciliary Care Service  
Lakeview, Gransha Park  
12 Clooney Road, Londonderry, BT14 6WT  
Tel No: 02871262921  
Inspector: Rhonda Simms**

## 1.0 Summary

An unannounced inspection of WHSCT Learning Disability Supported Living Services took place on 24 May 2016 from 10.15 to 18.15.

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

### **Is care safe?**

During the inspection the inspector found evidence to indicate that the agency was delivering safe care. The agency maintains a stable provision of appropriately trained and supervised staff who understand the needs of service users. The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. It was noted that agency staff understand how to identify and respond to safeguarding concerns. There was evidence of positive outcomes for service users through a process of assessment and review of needs, wishes, and risks.

One area for quality improvement was identified and a recommendation has been made in respect of staff induction.

### **Is care effective?**

During the inspection the inspector found evidence to indicate that the agency was delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users are involved in the development of care and support plans which are reviewed regularly with agency staff and at least annually with HSC Trust professionals. The quality monitoring arrangements include consultations with service users/their representatives, and record progress with service improvements. The agency maintains effective communication with service users, relatives and key stakeholders including the HSC Trust. The inspector received feedback from service users which indicated that service provision had resulted in positive outcomes for their lives.

### **Is care compassionate?**

During the inspection the inspector found evidence to indicate that the agency was delivering compassionate care. The inspector observed interactions between staff and service users and received feedback from service users and a relative which indicated that the dignity and respect of service users are upheld through service delivery. The agency maintains systems to ascertain service users' wishes and feelings, and to involve them in decision making.

### **Is the service well led?**

During the inspection the agency was found to be competently delivering a well led service. Clear management and governance systems are maintained to meet the needs of service users and drive quality improvement. Staff are aware of their roles, responsibilities and accountability within the organisational structure. The registered person has operated the service in accordance with the regulatory framework and worked effectively with RQIA.

There are effective working relationships with key stakeholders including service users, relatives and the HSC Trust.

One area for quality improvement was identified in respect of staff accessibility to policies and procedures.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Marie Mullan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

<b>Registered organisation / registered provider:</b> Western Health and Social Care Trust Elaine Way	<b>Registered manager:</b> Marie Mullan
<b>Person in charge of the agency at the time of inspection:</b> Marie Mullan	<b>Date manager registered:</b> 18 November 2015

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection the inspector spoke with the registered manager, three team leaders, three support staff, three service users, and two relatives. The inspector had the opportunity to observe an additional two support staff interacting with service users.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; two were returned. At the request of the inspector, questionnaires were distributed for completion by service users; three were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- A range of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints and compliments records
- Incident records
- Records relating to safeguarding of adults at risk of harm
- Induction records
- Staff rota information
- Staff intranet
- Recruitment policy 2015
- A range of policies relating to the management of staff
- Supervision policy 2015
- Induction programme
- Safeguarding Vulnerable Adults policy 2014, and Guidelines for Supported Living Services
- Risk management policy 2014 and procedures relating to restrictive practices 2014
- Incident policy 2014
- Whistleblowing Policy 2015
- Policy relating to management of data 2015

- Complaints policy 2015
- Statement of Purpose 2016
- Service User Guide 2016.

#### 4.0 The inspection

WH SCT Learning Disability Supported Housing is a domiciliary care agency which provides supported living types to 17 service users living in dispersed housing across the Londonderry and Limavady areas. WH SCT Learning Disability Supported Housing formerly comprised of two services known individually as 24 Inchview (Supported Living), and Stableyard Apartments.

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 29 May 2016.

There were no requirements or recommendations made as a result of the last care inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection of Stableyard Apartments dated 19/06/2015.

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation Regulation 23 (2) (a)(b)  <b>Stated:</b> Second time	2) At the request of the Regulation and Quality Improvement Authority; the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency- (a) Arranges the provision of good quality services for service users; (b) Takes the views of service users and their representatives into account in deciding- (i) What services to offer them, and (ii) The manner in which such services are to be provided.  The registered person must ensure that the ongoing evaluation of restrictive practice is included in the monthly monitoring reports on a consistent monthly basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The inspector examined reports of monthly quality monitoring which showed an ongoing evaluation of restrictive practice.	

## 4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks. The inspector examined confirmation of appropriate pre-employment checks sent by the Human Resources department to the registered manager.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the assessed needs of service users at all times. The agency is able to use a pool of bank staff employed within the agency's services to cover all shifts, thus maximising continuity of service provision for service users.

Feedback from staff and the registered manager suggested that staffing arrangements across the agency's services continue to be under review, and that further planned refinement of the staff rotas could result in improvements in service delivery.

It was noted that the agency has an induction policy and induction programme of at least three days which applies to newly employed agency staff. The inspector received feedback from staff which indicated that the induction prepared them sufficiently for their roles and responsibilities. A staff member described the induction provided and support available in positive terms.

The inspector noted that an appropriate induction programme has not always been provided to current staff employed by the agency who may be providing services to a service user whose needs they are not familiar with. The inspector found that this situation has occurred since two formerly separate services have been registered as one service, WHSCT Learning Disability Supported Living Services. A recommendation has been stated regarding the provision of an appropriate induction programme to all staff.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users has been attended by staff. Records of training examined by the inspector indicated that training in human rights, deprivation of liberty, autism awareness, and managing behaviour is being provided across the staff team. The registered manager provided feedback that Team Leaders have participated in 'Train the trainer' events, which has enabled the agency to improve the delivery of service specific training to staff.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff stated that they have ready access to team leaders in respect of consultation and informal supervision; team leaders can access the registered manager or a senior manager.

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 vulnerable adults. The inspector noted that safeguarding training provided to staff includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Records showed that staff are provided with safeguarding training at appropriate intervals to ensure best practice. Staff who provided feedback to the inspector had a good understanding of safeguarding issues and agency procedures. Staff were able to describe their roles where safeguarding concerns arose with service users, and understood their responsibilities and the role of the HSC Trust.

Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse. The registered manager discussed the agency's response to suspected incidents of abuse which involved working sensitively with service users. Team leaders provided feedback that safeguarding issues are discussed with service users in tenants' meetings. A service user described their satisfaction with the registered manager's response to a safeguarding concern.

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

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The agency operates a risk management policy; risk assessments are evaluated and reviewed by staff with service users every three months and with the multi-disciplinary team at an annual review or when required. The agency's governance arrangements include audit of any restrictive practices in place through monthly quality monitoring.

#### **Staff comments:**

- 'Service users are very content and cared for in the best possible way. Families are supportive and all service user wishes are met when possible.'

#### **Areas for improvement**

A recommendation has been made in respect of providing an appropriate induction to all staff, including staff in the current employ of the agency who are providing services to service users with whom they are unfamiliar.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### **4.3 Is care effective?**

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 (2016) and Service User Guide (2016).

The inspector reviewed a range of service users' care and support plans. Care plans are developed with service users in conjunction with assessment information provided by HSC Trust professionals. Records indicated regular evaluation and review of care plans, including review with the HSC Trust; this was supported by feedback from agency staff.



**Staff commented:**

- 'We sit with service users to develop care plans, it's their care. Families are very involved with some service users. We are very mindful of communication with them, with the service users' consent.'
- 'Daily reports and handovers allow for changes in needs to be communicated and actioned.'

The agency maintains a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a senior manager who has knowledge of the service. The quality monitoring system provides a good standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, comment on restrictive practices in place, and progress on improvement matters.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and relatives indicated that service users have open lines with communication with staff. Service users and relatives provided feedback that they know who to go in the agency to discuss an issue or complaint and were confident of an appropriate response.

**A relative commented:**

- 'The standard of care is top class, no question. The staff keep in constant touch. I can ring \*\*\*\* (team leader) about any concerns, she would act.'

A service user described how the registered manager had responded appropriately to a recent concern:

- 'You get good care. I got a problem sorted with Marie (registered manager).'

Through discussion with a service user, staff, and examination of documentation, the inspector noted that the agency worked effectively with a service user and the HSC Trust in respect of concerns expressed by the service user regarding their care. The agency engaged with the HSC Trust to obtain assessment of the service user's communication needs and worked with the service user to implement subsequent guidance and improve the service user's ability to make their views known. The service user provided positive feedback to the inspector regarding the successful use of communication methods and the response of the agency, Trust and other agencies to improve the effectiveness of quality of care delivered, in accordance with their specific wishes.

The inspector saw evidence of a range of communication methods employed by the agency to ascertain and record the views of service users and/or their representatives. These included: records of tenant meetings, complaints and compliments records, quality monitoring reports, 'It Matters to Me' evaluation and review records, and a service user evaluation survey.

**Staff commented:**

- 'Team leaders carry out checks and management conduct quality monitoring visits in which they talk to service users staff and families. 'It Matters to Me' (three monthly review with service user) and person centred planning ensures needs are reviewed.'



It was evident during the inspection that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The inspector received feedback which indicated that the agency maintains effective methods of relevant communication and partnership working with key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care compassionate?

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

The inspector found that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were reflected in service provision. Staff provided feedback about the person centred nature of the service and how they endeavour to promote the choice and independence of service users, within allocated resources. In the course of the inspection, the inspector observed staff interacting with service users in a meaningful, sensitive, and respectful manner. It was evident to the inspector that staff understand the needs of service users and enable service users to pursue new interests and goals.

#### Staff commented:

- Our service users are our priority, and therefore their views will always be listened to. Care is delivered in line with their assessed needs and preferences, working in partnership to enable them to achieve their goals.'
- 'I love supported living, it works for service users. I love to see service users doing new things.'
- 'We listen to clients, we get to know them. They do what they want to do, make their own life. I feel I empower the clients.'

Service users provided feedback regarding how they have been supported by agency staff to achieve individual goals and increase their independence and quality of life. A service user showed the inspector their home, which included indications of their personal interests, and provided positive feedback regarding their relationships with staff. Service users showed the inspector photographs of them participating in a wide range of activities and interests, including holidays and day trips, supported by agency staff.

A service user provided comprehensive feedback to the inspector, including evidence of communication methods and meetings with the agency and HSC Trust, which indicated that their views had been heard and responded to in a meaningful way. The inspector noted that partnership working with the service user had led to positive outcomes in their quality of life.

The inspector observed and received feedback from service users and relatives which indicated that the agency seeks the views of service users and representatives through the course of daily service provision, in addition to formally through tenant meetings, review meetings, and a service user survey. A relative provided positive feedback regarding care:

- ‘The care is absolutely fantastic, \*\*\*\* loves it. The staff understand \*\*\*\*, they listen.’

Formal processes to record and respond to the views of service users and relatives are maintained through the complaints and compliments process, quality monitoring system, service user evaluation survey, and tenants’ meetings. The inspector noted that a number of service users provided positive feedback in a recent service user evaluation survey. The registered manager discussed how the results of the survey will be shared with service users and acted upon. Relatives provided positive feedback to the inspector regarding the agency’s ability to listen and respond to their feedback regarding service delivery.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users.

The agency’s governance systems include a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system and paper copies which are easily accessible to some staff. It was noted that staff based primarily in one geographical area of the service have access to electronic and paper copies of policies and procedures through visiting the registered office, which is the office of the registered manager and located three miles from their work base. The inspector considers these factors to adversely impact the ability of a majority of staff to access policies and procedures independently, and within a timely manner. A recommendation has been made regarding staff access to policies and procedures.

The agency’s governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA was examined. The inspector saw evidence of learning from incidents, including review of information to prevent a recurrence of incidents.

The agency maintains and implements policy relating to complaints and compliments. The inspector noted that no complaints were received during the reporting period of 1 April 2015 to 31 March 2016.

The management structure of the agency is clearly defined and was well understood by staff and service users. Staff who provided feedback to the inspector were informed of their responsibilities and understood their roles. Staff referred to good communication maintained through daily handovers and other methods of communication. There was evidence of regular and effective staff supervision and appraisal.

Staff have access to consultation with senior staff, both in and outside of usual business hours. It was noted that support workers described good working relationships with and ease of accessibility to their team leaders.

Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that managers would listen to and address their concerns and suggestions. Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. As noted above, some staff do not have ready access to the whistleblowing and other policies, this has been included in the Quality Improvement Plan.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary (2016). Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders.

### Areas for improvement

A recommendation has been made regarding independent accessibility to policies and procedures for all staff.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Marie Mullan, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



Quality Improvement Plan	
Recommendations	
<b>Recommendation 1</b> <b>Ref:</b> Standard 12.1 <b>Stated:</b> First time <b>To be completed by:</b> 24 August 2016	<p>Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.</p> <p>The registered person should ensure that staff providing services to service users whose needs are unfamiliar to them, should have an appropriate induction. This refers particularly, but not exclusively, to staff who are employed by agency, and providing care to service users for the first time.</p> <p><b>Response by registered person detailing the actions taken:</b>  This is a useful recommendation and senior management will ensure staff have been introduced to all service users living in a range of dispersed settings between Limavady and L'derry before any deployment.</p> <p>While all staff meet the NISCC Induction Standards we will ensure, alongside service user introductions to all service users that staff have read the individuals up to date care and risk plans, 'All About Me' before direct engagement to any new service users unknown to them to ensure they have an appropriate understanding of the service user/s needs, wishes and expectations.</p>
<b>Recommendation 2</b> <b>Ref:</b> Minimum Standard 8.3 <b>Stated:</b> First time <b>To be completed by:</b> 24 August 2016	<p>The registered manager ensures that all staff are familiar with, and work in line with the agency's policies and procedures (Appendix 1), and any revision thereof.</p> <p>The registered person should ensure that all staff can easily and independently access policies and procedures, to ensure continued familiarity and ability to work in line with the same.</p> <p><b>Response by registered person detailing the actions taken:</b>  The Agency does not feel this recommendation is in the best interests of the service users living in the adjacent property.</p> <p>Staff have access to Trust policies and procedures via the registered office which is available for all staff members, albeit approximately 4 miles from the previous office location, via the manager or team leaders who are available across early and late shifts. The previous office has been deemed unsuitable for ongoing use as a defacto office following feedback from service users that constant staff traffic to the office had been unsettling to their lives and overall wellbeing. The Trust now utilises the old office for storage.</p> <p>We will however seek options for staff to access policies through the potential introduction of local ICT solutions in the medium term.</p>

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**



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