

# Inspection Report

31 January 2022



## WHSCT Learning Disability SLS

Type of service: DCA/SLS

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> WHSCT <b>Responsible Individual:</b> Mr Neil Guckian ( Registration pending)	<b>Registered Manager:</b> Miss C Simpson  <b>Date registered:</b> Acting Manager
<b>Person in charge at the time of inspection:</b> Acting Manager	
<b>Brief description of the accommodation/how the service operates:</b> WHSCT Learning Disability Supported Living Service is a domiciliary care agency which provides supported living to 17 service users living in dispersed housing across the Londonderry and Limavady areas. The service currently comprises of separate accommodation locations with service users living at each locality within individual or shared accommodation.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 31 January 2022 between 09.30 a.m. and 11.30 a.m. by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphasia and Covid-19 guidance.

One area for improvement has been identified that relates to Regulation 23 quality monitoring.

It was good to note a number of compliments received by the agency and we have highlighted a selection:

- “Thank you for all the help with everything.”
- “I enjoy it as I can talk to you.”
- “Thanks to the staff who care for \*\*\*\*\*.”
- “All thanks from house \*\*\*&\*\*\*.”

The inspector would like to thank the manager, staff and relatives for their support and feedback during the inspection.

## 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.

The inspection focused on:

- Contacting the service users, their relatives and staff to find out their views on the service.
- Reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

#### 4.0 What people told us about the service?

No service users were available for comment however we spoke with two relatives, the manager and one staff member during the inspection. We provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision.

The returned questionnaires show good satisfaction levels. We noted some of the comments reviewed:

Comments:

- "I'm on top form and I'm happy."

In addition we provided an electronic survey feedback form for staff feedback shows that staff were satisfied or very satisfied with the service.

#### Comments from staff in their returned questionnaires:

- "The Service as a whole has been experiencing pressures during the ongoing global pandemic -particularly around staffing shortages and the need for consistent core staff within areas. This has been communicated at various stages and the current Service Manager has been extremely proactive in attempting to resolve this issue by chasing up with Human Resources outstanding contracts, attempting to secure funding and securing shifts via Agency in order to facilitate the service need. Despite the continued pressures across the health service, we as a Team have continued to work in partnership with each other to ensure that the needs of service users remained paramount. This has been reflected in the many compliments received from both service users and families."
- "Supported living offers an amazing home where the care is exceptional. During the pandemic staff have went over and above."
- "I feel that the tenants are completely supported to be active members of their community. They are encouraged and supported to develop meaningful relationships with peers by accessing social groups within their local community."
- "I feel online training is not as effective training before covid."
- "I am very happy that the support for the service users in my care is at very high standard & the team work is a great high we all support each other in every way."
- "Fantastic place to work and very compassionate towards all residents."
- "Team work helps keep everyone up to date on all clients and staff"

**Comments received during the inspection process:****Relative's comments:**

- "I could not speak highly enough about the service and the staff."
- "The staff are excellent and the care is superb."
- "I can see the improvement in \*\*\*\*\* every day."
- "I have no complaints."
- "Great staff communication."
- "The staff are so good and so caring."
- "Good person centred care."
- "Communication is excellent."
- "I have no concerns and would feel that I could speak to staff if required."
- "The staff have been very supportive during Covid."
- "They provide and exemplary service."

**Staff comments:**

- "My induction was comprehensive and I had the opportunity to shadow other staff."
- "I have all my training completed to date."
- "Supervision is one to one and an opportunity to discuss any concerns in a safe space."
- "I feel safe and secure with Covid guidance and the PPE in place."
- "Good staff communication."
- "We promote choice and dignity."
- "The manager has an open door policy."
- "Peoples own homes are important to us as we work in them."

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

The last inspection to WHSCT Learning Disability was undertaken on 22 February 2021 by a care inspector; no areas for improvement were identified.

**5.2 Inspection findings****5.2.1 Are there systems in place for identifying and addressing risks?**

The agency's provision for the welfare, care and protection of service users was reviewed. The agency's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The agency has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff were aware of the ASC and the procedure to follow if they have any concerns. It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the WHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referral had been made since the last inspection.

The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that a number of incidents had been reported since the last inspection. Records in place were satisfactory.

Staff have undertaken DoLS training appropriate to their job roles. Staff demonstrated that they have an 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. No current DoLS arrangements are in place for any service users.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. It was noted that staff were complying with PPE guidance during the inspection. The manager had in place a comprehensive Covid-19 risk assessment.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The manager confirmed that the agency had received one specific recommendation from Speech and Language Therapy (SALT) in relation to current service users. Records in place were reviewed and were satisfactory.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks had been completed for staff. Recruitment is undertaken by the agency's Human Resources (HR) Department.

A review of the records confirmed that all staff are appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates is monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. The agency currently use the services of other registered care agencies, records reviewed were satisfactory and in line with the current regulations and guidance.

#### 5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, however the reports in place did not allow for the full review of the quality of care provided. One area for improvement has been issued relating to Regulation 23. However, from the reports available we noted some of the comments received from service users, staff, relatives and HSC Trust staff:

##### Service users:

- "I approach staff if I have any concerns."
- "Good support from staff."
- "No staff concerns."

##### Staff:

- "Supervision is readily available."
- "Good quality of care delivered."
- "No concerns."

##### Relatives:

- "I can't thank them enough for their hard work."
- "I'm happy with the service my \*\*\*\*\* receives."
- "I know who to speak with if I have any concerns."

##### HSC Staff:

- "My client has a good relationship with staff."
- "I have no concerns about the quality of care."
- "\*\*\*\*\* is very well looked after."

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was positive to note that a number of care reviews had been completed in line with current Covid restricted services and the agency must be commended for their actions.

It was established during discussions with the manager that the agency had not been involved in any Significant Event Analysis (SEAs) or Early Alerts (EAs).

### 5.4.5 Conclusion

As a result of this inspection one area for improvement were identified in with regard to safe and effective care. Details can be found in the Quality Improvement Plan included.

### 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

<p><b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23(1), (2)(a), (b) (i) (ii), (c), (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>  The date of inspection</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and 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-</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements made imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>This refers to the monthly quality monitoring reports which are required to be submitted to RQIA every month until further notice. These reports are to contain a robust analysis of the operation of the agency including a range of stakeholder's feedback.</p>
	<p><b>Response by registered person detailing the actions taken:</b>  Quality Monitoring, the system for evaluating quality of Supported Living Service provision will be completed by an appropriate person on a monthly basis and incorporate the information outlined above.</p> <p>This will be forwarded directly to RQIA in the required form and manner and within the outlined timeframe until further notice.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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