

Unannounced Care Inspection Report 5 December 2019



WHSCT Learning Disability Supported Living Services

Type of Service: Domiciliary Care Agency

**Address: Lakeview, Gransha Park, 12 Clooney Road, Londonderry, BT47
6WT**

Tel No: 028 71865136 ext 218126

Inspector: Aveen Donnelly

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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

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.

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Western HSC Trust Responsible Individual: Dr Anne Kilgallen | Registered Manager: Mrs Moira Anne Millar |
| Person in charge at the time of inspection: Mrs Moira Anne Millar | Date manager registered: 05 December 2019 |

4.0 Inspection summary

An unannounced inspection took place on 05 December 2019 from 10.00 to 16.15 hours.

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 Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties 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.

There were examples of good practice found throughout the inspection in relation to staff recruitment, supervision and appraisals and risk management. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There was a culture within the service which focused on maintaining good working relationships and quality improvement.

No areas for improvement were made.

Service users' representatives spoken with said that they were very happy with the care and support provided.

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

Details of the Quality Improvement Plan (QIP) were discussed with Moira Millar, registered 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 25 February 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 February 2019.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

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

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Five staff responded. The analysis of feedback is included within the report.

The inspector requested that the person in charge 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.

Questionnaires were also provided for distribution to the service users and their representatives; three were returned and details of the responses are included within the report.

During the inspection, the inspector spoke with two staff members. Following the inspection, the inspector spoke with three service users' representatives, by telephone on 06 December 2019. Comments received are reflected within the body of 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.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 25 February 2019

| Areas for improvement from the last care inspection | | |
|---|---|--------------------------|
| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 12.3 Stated: First time | The registered person shall ensure that mandatory training requirements are met. | Met |
| | Action taken as confirmed during the inspection: The review of the training matrix identified gaps in training. Following the inspection, the manager submitted an updated training matrix to RQIA, by email on 06 December 2019. This was deemed to be satisfactory. | |
| Area for improvement 2 Ref: Standard 5.6 Stated: First time | The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry. | Met |
| | Action taken as confirmed during the inspection: A review of the records confirmed that the staff had been signing the records appropriately. | |

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 by the organisation's human resources department (HR). The manager advised that they receive a letter from HR indicating that the required pre-employment checks have been satisfactorily completed and verified before staff commence employment.

Staffing levels were discussed with staff and they confirmed that despite being under pressure, the service users' needs were always met. The inspector was advised that two staff had recently been recruited and were awaiting the relevant checks to be undertaken, before starting in post. The inspector was satisfied that there was currently no evidence that the service users' needs were not being met.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. Advice was given to the manager in relation to developing a system, to ensure that completed records are returned to the office in a timely manner.

There was a rolling programme of supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes.

As discussed in section 6.1, the review of the training matrix identified gaps in the records. The training matrix was subsequently resubmitted to RQIA by email on 6 December 2019 and found to be satisfactory. It was good to note that additional training had been provided to staff in areas such as autism awareness, positive behaviour support, information governance, and sensory awareness, Quality 2020 and Management of Actual and Potential Aggression (MAPA). All staff were encouraged to undertake level two training in Health and Social Care.

Competency assessments were completed annually in relation to medicines management. The manager was advised that the competency assessment records should be retained in the office.

The inspector was shown the WHSCT protocol and informed by the manager that the Trust are not required to have an identified Adult Safeguarding Champion or Annual Position Report. RQIA are currently seeking clarity in respect of this matter from the Health and Social Care Board.

The review of records confirmed that any potential safeguarding incidents had been referred appropriately. Any safeguarding issues were reviewed as part of the monthly quality monitoring processes, to ensure any follow up action was taken.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes. It was good to note that these were analysed on a regular basis, to ensure that any patterns or trends could be identified.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency’s arrangements for managing this and the manager advised that they did not identify any potential challenges in this regard.

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users’ health, welfare and safety. The review of the care records identified that where restrictive practices were deemed necessary, they were reviewed on a regular basis, to ensure that they were of the least restrictive option available. The manager advised that training had been planned for staff to complete level two training in respect of the Deprivation of Liberty Safeguards (DOLs). Advice was given in relation to broader practices which may be restrictive and the manager agreed to review all practices within the service accordingly.

The inspector also noted efforts staff made to help service users to keep safe. This was evident in the review of the minutes of service users’ meetings, where service users had been reminded to be mindful of keeping their houses warm during the winter months.

Care records and information relating to service users were stored in the service users’ homes.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, supervision and appraisals, adult safeguarding and risk management.

Areas for improvement

An area for improvement was made in relation to staff training. No areas for improvement were made.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.4 Is care effective?

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

The care records evidenced referral information and risk assessments and were noted to be comprehensive and person-centred.

The care plans reviewed identified that consideration had been given to the service users’ human rights. This related particularly to, but was not limited to, the service users’ rights to personal choices, consent and autonomy.

In one care record, the service user agreement required to be updated. This was discussed with the manager, who confirmed to RQIA, by email on 06 December 2019 that this had been updated.

The review of the daily notes identified that staff were recording appropriately.

It was good to note that the staff had followed a 'Stairway to Health' project for an identified service user, as a health promotion initiative. Hospital passports were in place, which ensured that important information was available, should service users need to be hospitalised.

Care reviews were held annually and records were retained.

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' next of kin and other key stakeholders.

Service user' and staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. This included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

The care records were well maintained and there was evidence that the agency engaged well with the service users.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 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 was provided with a number of examples which demonstrated that the staff had promoted the service users independence, resulting in positive outcomes for the service users. One staff member described how staff had supported a service user to use a washing machine, until they were confident in doing this independently. Another example shared with the inspector, related to the staffs' effort in helping a service user to eat independently.

The values underpinning the agency's service provision were displayed on the notice board; these included the need for service users to be treated with dignity and respect; promoting independence and safety; offering choice, ensuring consent is obtained and maintaining confidentiality. It was good to note that the staff induction workbook included promoting service users' human rights, building relationships based on trust and confidence and encouraging the service users to be as independent as they could be. The review of the care records also noted that a summary report on human rights and adults with learning disabilities was included.

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.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. No complaints had been received in relation to inequality issues. Training was planned for staff in relation to equality, good relations and human rights.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- equity of care and support
- individualised person-centred care.

A number of documents were also available in easy read format. These included information on how to make a complaint, what abuse was, the service user guide and issues around consent.

Records of service user meetings and reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders. The review of the compliments records identified that relatives had praised the staff. One record noted that the staff for being 'very supportive'.

The review of the care records identified that staff were aware of issues relating to consent. Staff also met with service users on a regular basis, to ascertain what was important to them. An action plan was then generated, to ensure that the planned actions took place. Service users had also been encouraged to contribute to service planning for all people with learning disabilities in Northern Ireland.

Participation in activities in the local and wider community was encouraged, with appropriate staff support; it was good to note that the service users were involved in planning the activities they wished to partake in. The inspector noted that service users had regular social outings attended pantomimes and enjoyed bowling. Staff had been assigned to help service users with their Christmas shopping. One service user was supported to go fishing. Plans were also in place for one service user to go to Euro Disney in the New Year. It was also noted by the inspector that one of the service users was assisted to visit the cemetery, on a regular basis.

The inspector also spoke with two staff members who all spoke positively in relation to the care and support provided. The inspector also spoke to three relatives and one visiting professional. Some comments are detailed below:

Visiting professionals

- "They take pride in their work, our staff are the best, they have great knowledge and are aware. They pick up on things that are going wrong very early on."

Relatives

- “No concerns whatsoever. I could never say a word about them, from the day and hour (my relative) went there.”
- “Getting on one hundred percent, they are very good, doing more than they used to and they are right and respectful.”
- “We are really happy, they couldn’t be nicer. The staff are well trained and they are aware that they are there for support. They are brilliant at doing things in a way that (my relative) feels that they are in control, whilst keeping them safe. Their patience is boundless.”

Five staff provided feedback via the electronic survey. The majority of respondents indicated that they felt ‘very satisfied’ that the care was safe, effective and compassionate; and that the agency was well-led. One respondent indicated that they felt ‘very unsatisfied’ in relation to all four domains. However, no written comments were received to support this. Written comments are detailed below:

- “I am very happy at work and with great team I feel very supported at work.”
- “Stableyards is a wonderful place to work with a great team. The service users are very well looked after and all their rights are upheld. If I had a family member who required a service like supported living I would be extremely happy for them to move into Stableyards.”
- “Care is very good. Staff all work as a team. All service users get their own individual care.”
- “Excellent place of work, management are competent, clients are treated very well and excellent teamwork.”
- “I believe that this model of supported living is the flagship of how support in the community should be for learning disability. The service users are given the opportunity to live as they wish with all rights, wishes and dreams respected. I have to say this is the best staff team I have ever worked with.”

The returned questionnaires indicated that that they were either ‘satisfied’ or ‘very satisfied’ that the care was safe, effective and compassionate; and that the service was well led. No written comments were received.

Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users with the aim of promoting the safety of service users and improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 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.

There was a procedure in place for managing complaints, to ensure that they would be managed appropriately and in accordance with legislation, standards and the agency's own policies. The manager advised that no complaints had been received since the date of the last inspection. Those consulted with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. One staff member commented that the manager 'takes time to listen'.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). There was a system in place to monitor registration and renewal dates; the manager advised that this was overseen by a designated person within the trust.

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.

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality report.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in electronic and key policies were available in hardcopy for staff to access.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

On the date of inspection the certificate of registration was viewed. RQIA will issue a new certificate, reflecting that there has been a change in registered manager.

Areas of good practice

There was a culture within the service which focused on maintaining good working relationships.

Areas for improvement

An area for improvement was made in relation to records management.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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