

Announced Care Inspection Report 11 March 2019



Livability Lisburn

Type of Service: Domiciliary Care Agency
Address: First Floor, 7a The Square, Comber, BT23 5DX
Tel No: 02892670766
Inspector: Joanne Faulkner

www.rqia.org.uk

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

Livability, is a supported living type domiciliary care agency providing care and support to service users living at various locations in the Lisburn area. The office is located in Comber.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting service users to live as independantly as possible and maximising quality of life. The agency seeks to enable people to achieve autonomy and choice in the support they receive and the lives they pursue.

3.0 Service details

Organisation/Registered Provider: Livability Responsible Individual(s): Stuart Dryden	Registered Manager: Samantha Aston
Person in charge at the time of inspection: Samantha Aston and the locality manager	Date manager registered: Registration Pending

4.0 Inspection summary

An announced inspection took place on 11 March 2019 from 10.00 to 16.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined 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:

- Effective engagement and communication with service users
- Staff induction and training
- Staff supervision and appraisal
- Quality monitoring processes
- Provision of care in a person centred manner.

No areas for improvement were identified during the inspection.

Comments made by staff have been included within the 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.

The inspector would like to thank the person in charge, the locality manager and staff for their feedback, support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the locality manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 30 March 2018

No further actions were required to be taken following the most recent inspection on 30 March 2018.

5.0 How we inspect

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

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection.

Specific methods/processes used in this inspection include the following:

- Discussion with the manager and locality manager
- Examination of records
- Consultation with staff
- Evaluation and feedback.

During the inspection the inspector met with the person in charge and the locality manager; following the inspection the inspector spoke to two staff members.

The following records were viewed prior to or during the inspection:

- Service users' care records
- Risk assessments
- Reports of monthly quality monitoring visits
- Service user meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult protection matters
- Staff rota information
- Statement of Purpose
- Service User Guide

Questionnaires were provided during the inspection for completion by service users and/or relatives; no responses were returned to RQIA.

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 March 2018

The most recent inspection of the agency was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 March 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed processes in place within the agency to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the process used for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment process is managed by the organisation's Human Resources (HR) department; it was noted that information is forwarded to the manager prior to a staff member commencing employment confirming that all required checks have been completed. The manager provided assurances that staff are not provided for work until confirmation of pre-employment checks has been received.

The person in charge could describe the induction programme provided to staff; it was noted that it was in excess of the three day timescale as required within the domiciliary care agencies regulations. Newly appointed staff are required to complete initial induction and to shadow other staff employed by the agency. The inspector noted that staff are required to complete a range of training during their induction and are provided with information in a number of key areas such as confidentiality, complaints, record keeping, professional boundaries and key working with service users. The inspector viewed records of staff induction for two staff who had been appointed and noted that they were based on the Northern Ireland Social Care Council (NISCC) standards.

The person in charge stated that relief staff are accessed from another registered domiciliary care agency; the inspector viewed staff profiles in place for those staff who had been provided and noted they included details of staff training, experience and registration with NISCC.

Discussions with the person in charge and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users. It was noted that staff receive their rota information electronically; service users also receive a copy of their timetable monthly detailing what staff will be provided.

The inspector viewed the agency's staff rota information which was noted to reflect staffing levels as described by person in charge and staff. The agency maintains an alphabetical list of staff and service users and a list of staff signatures.

The agency's supervision and appraisal policies outline the timescales and procedures to be followed. It was identified that staff are required to participate in six weekly supervision and an annual appraisal; a record of supervision and appraisal are maintained. Records viewed for four staff indicated that they had received supervision and appraisal in accordance with the agency's policies. It was noted that a number of standard items including NISCC registration are discussed at the supervision meetings and that detailed notes are retained. It was identified that individual training and development plans are completed annual as part of the appraisal process.

The agency has a system for recording staff training; it was positive to note that the information was recorded in a clear, well organised manner. The manager and staff could describe the process for identifying training needs and for ensuring that training updates are completed. Staff are required to complete required mandatory training in a number of areas and a range of training specific to the individual needs of service users.

The inspector viewed that the agency's staff training information electronically; it indicated that the majority of staff had completed relevant mandatory training. It was identified that any outstanding training updates required to be completed by staff had been booked.

The agency retains details of all staff employed and information relating to their registration status and expiry dates with the Nursing and Midwifery Council (NMC) and NISCC as appropriate. The manager stated that the registration status of all staff is monitored monthly; they provided assurances that staff are not supplied for work if they are not appropriately registered. Records viewed by the inspector indicated that staff were registered appropriately.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation'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 outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC).

Staff are required to complete adult protection training during their induction and in addition annual updates thereafter. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding adults. Staff indicated that they had a good understanding of the process for raising concerns.

The manager stated that service users had been provided with information in relation to adult protection and the process for raising concerns.

Records viewed and discussion with the manager indicated that the agency has a robust process for recording and retaining details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager and locality manager indicated that referrals made by the agency had been managed in accordance with their policy and procedures. The agency keeps clear details of any protection plans in place.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. It was noted that staff have received training in record keeping and care planning.

The person in charge stated that service users are supported to participate in a review involving their HSCT community keyworker at least annually and that care plans are reviewed as required. It was noted that a number of multi-disciplinary meetings had been facilitated in relation to practices that may be deemed restrictive and made references to the choices and human rights of the service user.

Care records viewed were noted to be retained in an organised and secure manner. The inspector viewed a range of risk assessments in place relating to individual service users. The agency has risk assessments in place for practices deemed to be restrictive.

The agency has recently moved to new offices located in Comber; the offices are on the first floor of the building and has shared entrance with another business. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted offices are lockable, that records were stored securely and that computers were password protected.

Comments received during inspection process

Staff comments

- 'Training is really good; like a refresher.'
- 'I get supervision monthly.'
- 'I have no issues or concerns; I would speak up if I had.'
- 'I feel service users are safe and have choice.'
- 'Managers always remind us that it is all about the service users and their choices and human rights.'

- ‘Service users are very aware of their rights and can tell us what they want.’
- ‘Everything is positive, I have no issues.’
- ‘I got a good induction.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision, appraisal and adult safeguarding processes.

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 effective?

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

The inspector reviewed the agency’s arrangements for responding to, assessing and meeting the needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was noted that staff received training relating to record keeping. Records viewed during the inspection were noted to be retained securely and presented in a well organised manner.

The manager and staff described the methods used to support service users regardless of their needs or abilities to be effectively engaged in care planning and review processes.

The agency has processes in place for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. The organisation has an internal quality team who complete twice yearly audits in addition to the agency’s system for the completion of monthly quality monitoring visits. A service quality improvement plan is developed following the audits.

A report is developed following the monthly audits; the inspector viewed a number of the reports. Records viewed indicated that the process is robust and effective in supporting the agency to identify areas for improvement. It was noted that an electronic action plan is developed and risk rated. The locality manager stated that this is continually reviewed by the quality team. The reports were noted to include a number of comments made by staff, service users, their relatives, and on occasions HSCT representatives. They included details of the review of the previous action plan, review of complaints, accidents, incidents and safeguarding referrals; staffing arrangements, care records and practices deemed to be restrictive.

It was noted that in addition to the quality monitoring process the manager will complete monitoring spot checks and liaise regularly with service users and their relatives’.

The inspection reviewed the agency's systems to promote effective communication between service users, staff and relevant stakeholders. Discussions with the manager, staff and locality manager indicated that staff communicate effectively and appropriately with service users.

The agency's Service User Handbook includes details of advocacy services that service users can access if required.

The manager and staff could describe a range of methods used to develop and maintain effective working relationships were appropriate with community HSCT representatives and service user's relatives.

It was noted from discussions with the person in charge, staff and records viewed that appropriate support is provided to meet the individual assessed needs of each service user. Service users have an allocated key worker whom they meet with regularly to review their care and support plan.

Staff meetings are facilitated monthly; it was noted that a record is retained of matters discussed.

Service user house meetings are facilitated monthly and service users are supported to comment on a range of matters such as what is going well, what they are not happy with and activities they would like to participate in. In addition service users are provided with information in relation to staffing changes.

Comments received during inspection process

Staff comments

- 'It is a really good organisation to work for; I thoroughly enjoy my work.'
- 'They have supported me in a recent change in my circumstances; they are working to support me.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and the effective engagement with service users and other relevant key stakeholders.

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 care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to the care and support they receive was assessed.

It was noted that staff receive information relating to human rights and confidentiality during their induction programme. Discussions with staff during the inspection indicated that the promotion of values such as dignity, respect and choice were embedded in the ethos of the agency and in the way staff provide care and support.

The manager and staff could describe how service users are supported to complete tasks within their homes such as laundry, preparing food and planning their day and to attend activities of their choice within the local community.

Service user care records viewed by the inspector contained information relating to the individual needs, choices and preferences of the service users and risk assessments for any practices deemed to be restrictive.

The manager and staff could describe the methods used for ensuring that the care and support is provided in a person centred manner; they discussed a range of methods used for effectively support service users in making informed choices.

A range of key information is produced by the agency in an alternative format to support service users in having a clear understanding of the information being provided; the inspector viewed a number of these documents during the inspection. The manager stated that this has assisted staff to support service users to be effectively engaged in decisions about the care and support they receive.

The inspector discussed arrangements relating to the equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of individual service users in a safe, effective and compassionate manner.

Discussions with the person in charge and staff provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user engagement and choice
- Adult Protection processes
- Provision of care in an individualised manner.

Processes for effectively engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, quality monitoring process, one to one keyworker meetings, care review meetings and service user meetings.

Records viewed and discussions with the manager indicated that the agency has systems in place to record comments made by service users and where appropriate their representatives. Records of service user meetings and reports of quality monitoring visits indicated engagement with service users and where appropriate relevant stakeholders.

Comments received during inspection process

Staff comments

- 'Service users are supported to do what they want.'
- 'I feel the care is pretty good, I have no concerns.'
- 'If the service users are happy then we are happy.'
- 'Service users have choice, we work pretty hard to make sure they do.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 agency's management and governance systems in place to meet the needs of service users. The agency is managed on a day to day basis by the acting manager supported by a team of support workers. The agency has an on call system for staff to access support and guidance at all times.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained electronically and staff can access.

The agency has systems in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Systems include the provision of required policies, regular spot checks by the manager, monitoring of staffing arrangements, complaints, accidents, adult safeguarding referrals and incidents notifiable to RQIA.

Discussions with the person in charge and records viewed indicated that the agency's governance arrangements promote the identification and management of risk. There was evidence of ongoing engagement with relevant stakeholders in relation to a range of matters.

The agency's complaints policy outlines the procedure for effectively managing complaints. Staff are provided with information in relation to management of complaints during their induction. Service users are provided with details of how to raise concerns.

The agency has a process for recording complaints received and actions taken. Records viewed and discussions with the person in charge indicated that the agency had managed complaints received since the previous inspection in accordance with their policy and procedures. The manager stated that complaints are audited on a monthly basis as part of the agency's quality monitoring process.

Records viewed and discussions with the person in charge indicated that the agency has in place management and governance systems to monitor and encourage improvements in the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints and obtaining views of service users and relevant stakeholders; monitoring spot checks by the manager and twice yearly audits by the organisation's quality team. During the inspection the inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal.

The agency maintains electronic records of all accidents and incidents including those reportable to RQIA; records viewed were noted to include details of the incident and the actions taken. It was noted that details of all incidents are forwarded to the organisation's senior managers. In addition incidents are reviewed as part of the agency's monthly quality monitoring process.

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose. Staff are provided with a job description outlining their job roles and their responsibilities are discussed during induction. There was evidence of effective and ongoing collaborative working with relevant stakeholders such as Care Managers and Social Workers. Staff who spoke to the inspector stated that the managers were supportive and approachable.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided. The agency's Statement of Purpose and Service User Guide had been reviewed and updated.

Comments received during inspection process

Staff comments

- 'The manager is very good and we can ring her if we need support.'
- 'I like working for livability.'
- 'Management are really supportive.'
- 'Staffing can be difficult if someone is off sick but we all pull together.'
- 'A good team.'

Areas of good practice

There were examples of good practice identified in relation to the agency’s governance arrangements including the quality monitoring process and the management of complaints.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.



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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)