

# Announced Care Inspection Report 30 March 2018



## Livability

**Domiciliary Care Agency  
Trinity Methodist Church, Knockmore Road,  
Lisburn BT28 2GX  
Tel No: 02892670766  
Inspector: Joanne Faulkner**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

Prospects, 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 close to the service users' homes.

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**

<b>Organisation/Registered Provider:</b> Livability	<b>Registered Manager:</b> Samantha Aston (acting)
<b>Responsible Individual(s):</b> Stuart Dryden	
<b>Person in charge at the time of inspection:</b> Acting Manager	<b>Date manager registered:</b> No Application received

**4.0 Inspection summary**

An announced inspection took place on 30 March 2018 from 10.15 to 16.15.

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

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.

Evidence of good practice was found in relation to staff induction, supervision and appraisal; provision of care and support in an individualised manner, communication with relevant stakeholders and the agency’s quality monitoring processes.

No areas requiring improvement were identified.

Comments made by service users are 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.

**4.1 Inspection outcome**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge 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 10 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 June 2016.

## 5.0 How we inspect

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

- discussion with the person in charge
- examination of records
- consultation with service users
- evaluation and feedback

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

- previous RQIA inspection report and QIP
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the acting manager and spoke to one service user.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

During the inspection the inspector viewed a number of the agency's policies and procedures; the majority of those viewed were noted to be in accordance with regulations, legislation and minimum standards. It was noted that the agency is currently reviewing a number of policies and procedures.

At the request of the inspector, the person in charge was asked to display a poster within the agency's registered premises.

The poster invited staff to provide feedback to RQIA regarding the quality of service provision via an electronic means; one response was received. The response received were discussed with the acting manager prior to the issuing of this report and assurances provided that the matters raised would be discussed at staff meetings and individual supervision with staff.

Questionnaires were provided for service users; no responses were received prior to the issuing of this report

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

The inspector would like to thank the staff and service users for their support and co-operation during the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 10 June 2016

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

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 10 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 7(a) <b>Stated:</b> First time <b>To be completed by:</b> 10 September 2016	The registered person shall (a)keep under review and, where appropriate, revise that statement of purpose and the service user’s guide;	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the agency’s statement of purpose and the service user’s guide and noted they had been reviewed.	

<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b> <b>Ref:</b> Standard 9.1 <b>Stated:</b> Second time <b>To be completed by:</b> 10 September 2016	It is recommended that policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.  This recommendation relates specifically to the agency's recruitment and selection, induction and supervision processes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was identified that the agency has recruitment and selection, induction and supervision policies in place.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 9.5 <b>Stated:</b> Second time <b>To be completed by:</b> 10 September 2016	It is recommended that the agency's policies and procedures are subject to a systematic three yearly review.  This recommendation relates specifically to the agency's 'Appraisal' and 'Disciplinary' policies.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the agency's Appraisal and Disciplinary policies and noted that they had been reviewed.	

### 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 inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The agency's recruitment policy outlines the processes for the completion of staff pre-employment checks prior to commencement of employment. The agency's recruitment process is managed by the organisation's Human Resources (HR) department. The person in charge could describe the process for receiving confirmation that pre-employment checks have been satisfactorily completed and that staff are ready to commence employment.

Staff records viewed were noted to contained evidence of required pre-employment checks having been completed prior to the commencement of employment.

The agency's induction policy is required to be updated to include timescales relating to the completion of induction. Discussions with the person in charge and records viewed indicated that the agency's induction programme is in accordance with the timescales as outlined within the domiciliary care agencies regulations. The person in charge stated that staff are required to complete an induction booklet during the six month induction period. It was noted that staff are required to complete a range of mandatory training and to shadow other staff employed by the agency during the initial two weeks of their induction programme. It was identified that the induction programme is based on the Northern Ireland Social Care Council (NISCC) standards.

The agency retains a record of the induction provided to staff; the inspector viewed the induction records for a staff member recently employed by the agency; they provided evidence of the induction programme provided.

Discussions with the person in charge and a service user indicated that staff had the required knowledge and skills to fulfil the requirements of their job.

The person in charge stated 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. The inspector viewed the agency's staff rota information electronically and noted it reflected staffing levels as described by the person in charge. It was identified that levels of staffing can fluctuate to meet the individual needs of the service users.

The agency's supervision and appraisal policies outline the timescales and procedures for staff supervision and appraisal. It was identified that the agency aims to provide staff with 6 weekly supervision and annual appraisal; a record of supervision and appraisal is retained. Documentation viewed by the inspector indicated that staff had received supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that staff are required to complete induction training, a range of mandatory training and in addition training specific to the needs of individual service users. The person in charge could describe the process for identifying the training needs of staff and for ensuring that required training updates are completed. The inspector viewed the agency's electronic record of staff training; records viewed indicated that almost all staff had received required training in accordance with the agency's policy relating to mandatory training. Outstanding training updates in relation to moving and handling required by four staff have been booked.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The agency's policy and procedures reflect information contained the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The policy outlines the responsibilities of the Adult Safeguarding Champion (ASC) and the procedure for staff in relation to reporting concerns. The person in charge stated that a flowchart is provided for all staff.

The agency has a system for maintaining a details of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders in relation to any alleged or actual incidences of abuse. Records viewed and discussions with the person in charge

indicated that the agency has made a number of referrals in relation to adult protection since the previous inspection; and that they had acted in accordance with their policy. It was noted that the agency retains a comprehensive electronic record of details of referrals made, actions taken and outcomes. The person in charge stated that the organisation's safeguarding officer reviews and monitors the information.

Staff are required to complete safeguarding vulnerable adults training during their induction programme and an annual update; records viewed indicated that staff had received training in accordance with the agency's policy.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. It was noted from records viewed that the agency receives a range of relevant assessments and information relating to individual service users prior to them receiving care and support. There are risk assessments in place relating for individual service users and any restrictive practices in place. It was noted that best interest meetings had taken place in relation to any practices deemed to be restrictive and that they are reviewed at least annually.

The person in charge described how staff support service users to be effectively involved in the development and review of their care plans. Staff record daily the care and support provided to service users; staff support service users to participate in an annual review of their care and attend appointments relating to their health. Care plans are noted to have been reviewed and updated six monthly or as required.

It was identified that the agency has provided an emergency bag containing relevant information in a number of the homes of the service users to support staff in the event of an emergency.

The agency's registered office is located in Lisburn; the office is suitable for the operation of the agency as described in the Statement of Purpose.

## **Comments received during inspection.**

### **Service user comments**

- "I am doing well here; staff are very good."
- "Staff listen to me."
- 'I feel safe; everything is ok.'

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's staff induction, supervision, appraisal, adult protection and risk management.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0



## 6.5 Is care effective?

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

During the inspection the agency's arrangements for appropriately responding to and meeting the needs of service users were reviewed. Details of the nature and range of services provided are detailed within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the procedures for the creation, storage and retention of records. Records viewed by the inspector were noted to be maintained in accordance with legislation, standards and the organisational policy. Electronic and paper records retained in the agency's office were noted to be presented in an organised and secure manner. In addition staff personnel records were noted to be maintained in a secure and organised manner.

One service user described how they are supported by staff to be involved in the development of their care plans; the person in charge stated that copies of care plans are stored in the individual homes of service users. The inspector noted that care plans had been developed in conjunction with the HSCT multi-disciplinary team.

The agency's arrangements to monitor, audit and review the effectiveness and quality of care provided to service users were reviewed. The agency's system for monitoring the quality of the service was noted to include a monthly quality audit being completed and an electronic system which is required to be updated regularly by the locality manager and reviewed by senior managers within the organisation.

Records of monthly quality monitoring visits viewed included details of the review of the agency's processes and a detailed action plan. The records were noted to include details of the review of complaints, compliments, staffing arrangements, accidents, incidents or safeguarding referrals and practices deemed to be restrictive. The records included comments received from service users, relatives and other relevant stakeholders in relation to the quality of the service provided.

The inspector noted that a service quality improvement plan is developed by the agency and that it contained detailed information in relation to complaints, safeguarding matters, accidents, incidents and risk. The person in charge stated that the information stored on the electronic system is regularly monitored and reviewed by senior staff within the organisation. It was noted that it is scored in relation to risk; the person in charge stated that they are required to update the system regularly and may be required on occasions to attend a meeting to discuss any issues not resolved or identified as a high risk.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Discussions with the person in charge and a service user indicated that staff communicate appropriately with service users and provide care and support in a caring and respectful manner.

The person in charge could describe the range of methods used to support service users to remain as independent as possible and to live a fulfilling life. It was noted that staff support service users to participate in a range of chosen activities within the local community.

The agency aims to facilitate monthly staff team meetings; records viewed indicated that a range of standard items are discussed at each meeting including policies and procedures, staffing arrangements and service user issues. Service user house meetings are facilitated monthly; service users are supported to express their views and preferences. Records of meetings viewed were noted to include a range of comments made by service users and choices made in relation to a range of household matters. In addition a service user forum is facilitated quarterly.

Discussions with the person in charge indicated that the agency's staff endeavour to develop and maintain effective working relationships with HSCT representatives and relevant stakeholders. The inspector viewed evidence of engagement between the agency's staff and HSCT keyworkers.

### Comments received during inspection.

#### Service user comments

- 'My keyworker talks to me about my care plan.'
- 'Staff help me with anything I need.'

#### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and communication with relevant stakeholders.

#### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 inspector reviewed the agency's ability to treat service users with dignity, respect, equality and compassion and to engage service users in making decisions relating to the care and support they receive. It was noted that staff receive information in relation to confidentiality during their induction programme.

Staff described the ways in which they support service users to be involved in making decisions and how their views are respected. A discussion with a service user indicated that staff provide care and support in a manner that promotes values such as choice, dignity and respect. It was noted that when required Best Interest meetings are facilitated in the decision making process.

The agency has processes in place to promote engagement with service users and where appropriate their representatives.

They include the agency’s quality monitoring process, the compliments and complaints process, care review meetings, one to one keyworker meetings and service user meetings. The agency’s monthly quality monitoring process was noted to assist in the evaluation of the quality of the care and support being provided.

There are systems in place for recording comments made by service users and where appropriate their representatives. Records of service user care review meetings, service user meetings, keyworker meetings and monthly quality monitoring reports viewed by the inspector provided evidence that the agency strives to engage with service users and stakeholders in relation to the quality of the service provided. It was noted that the agency completes an annual survey to obtain the views of service users and stakeholders.

During the inspection the inspector viewed information provided by the agency in an alternative format to support service users in understanding the information being provided.

**Comments received during inspection.**

**Service user comments**

- ‘I like the staff; they listen to me and help me if I am worried about anything.’
- ‘I am going on holiday.’
- ‘I can do what I want.’

**Areas of good practice**

There were examples of good practice identified in relation to the agency’s processes for engaging and communicating with service users and providing care in a caring, compassionate and person centred manner.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is currently managed on a day to day basis by the acting manager supported by a team of support workers. Staff are provided details of the procedure for obtaining support and guidance if required including arrangements for out of hours support.

The agency policies and procedures are retained electronically; it was identified that staff are to be supplied with details for accessing policies on line. The person in charge stated that the organisation is currently reviewing all policies to ensure that they are in accordance the regulations, minimum standards and legislation. The inspector viewed a number of the organisation's relevant policies and procedures.

The agency's systems for auditing and reviewing information with the aim of promoting safety and improving the quality of service provided were reviewed. Documentation viewed and discussions with staff indicated that the agency's governance arrangements promote the identification and management of risk; these include the provision of required policies and procedures, the monthly audit of complaints, accidents, adult protection referrals, incidents notifiable to RQIA and any practices that may be deemed as restrictive.

The agency's complaints policy details the procedures for effectively managing complaints. The person in charge indicated that they had a good understanding of the actions required in the event of a complaint being received. Staff receive information relating to complaints management during their induction programme. The agency provides service users with information relating to the complaints process in an easy read format.

The inspector noted that the agency retains a record of all complaints or compliments received. Records of complaints are maintained on an electronic system and reviewed regularly by the person in charge and the person completing the monthly quality monitoring. Discussions with staff and records viewed indicated that complaints received since the previous inspection had been managed in accordance with the agency's policy.

From records viewed and discussions with the person in charge it was noted that the agency has implemented effective systems to monitor the quality of the service provided and to identify areas for improvement on an ongoing basis. They include systems for the continuous review of accidents, incidents, safeguarding referrals and complaints by the person completing the quality monitoring visit, the person in charge, locality manager and senior managers within the organisation. The inspector viewed evidence of appropriate staff induction, supervision, appraisal and training.

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose; it provides information relating to the roles of individual staff provided. Staff are provided with a job description at the commencement of employment with the agency and details of the process for raising concerns and had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There were good examples of effective collaborative working relationships with relevant stakeholders, including HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body as appropriate. Details of individual staff member's registration and renewal dates are retained electronically by the agency and monitored monthly by the locality manager. Records viewed were noted to be maintained in a well organised manner and provided evidence that staff were appropriately registered.

Discussions with the person in charge provided assurances that the organisation has a process for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements and management of staff registration with the relevant regulatory bodies.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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