

Inspection Report

10 January 2023



The Heathers Supported Living Services

Type of service: Domiciliary Care Agency
Address: 39 Ballynahonemore Road, Armagh, BT60 1JD
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Inspire Disability Services	Registered Manager: Mrs Kerry Lowry
Responsible Individual: Ms Kerry Anthony	Date registered: 12 May 2022
Person in charge at the time of inspection: Deputy Manager	
Brief description of the accommodation/how the service operates: The Heathers is a supported living type domiciliary care agency based in Armagh. The agency provides a range of personal care and supported housing services to up to 23 individuals with a learning disability; service users have their care commissioned by the Southern Health and Social Care Trust (SHSCT)	

2.0 Inspection summary

An unannounced inspection took place on 10 January 2023 between 10 a.m. and 1.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

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.

In preparation for this inspection, a range of information about the service was reviewed.

This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty 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 seek 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 individual choices and freedoms associated with any person living in their own home.

Having reviewed the model “We Matter” Adult Learning Disability Model for NI 2020, the Vision states, ‘We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community’.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was excellent. We have noted some of the comments received:

- “XXXXXXXXXXXXXXXXXXXXX.”
- “XXX.”
- “XXX.”
- “XXX
XXXXX.”

The person in charge reported that none of the service users currently required the use of specialised equipment but they were aware of how to source relevant training should it be required in the future.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicines to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertake this task.

Staff had completed appropriate DoLS training appropriate to their job roles. Guidance on DoLS was displayed. Advice was given in relation to developing a resource folder for staff to reference.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. However, where a service user was experiencing a deprivation of liberty, the care records were not up to date. It was good to note that the person in charge acted immediately and sought the outstanding documentation from the relevant HSC Trust representatives. This will be reviewed at future inspection.

The person in charge was aware of the need to notify RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing care records, it was evident that service users had an input into devising their own plan of care. The care plans reflected a very person-centred approach to care delivery. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Service users' meetings were held on a regular basis which enabled the service users to discuss the provisions of their care and support. Items discussed included:

- Planning the Halloween party
- Choosing the party food
- Planning the Christmas night out
- Hand Hygiene

It was good to note service users' involvement in the planning of social outings, such as going to the Christmas Market in Belfast, Bundoran, Sligo and Portrush. Other activities the service users became involved in included attending an ABBA Tribute show, going to a Pantomime and designing Christmas cards. A number of service users attended the Inspire Fun day, which gave the service users the opportunity to get together with a number of other service users for the day. It was good to note that the organisation's Values were discussed with the service users at meetings and service users were asked for ideas on how to make The Heathers better.

Service users' consent was sought in relation to whether or not they wanted:

- information about them shared with other professionals, including RQIA
- Their photograph to be used in various organisational documents
- Staff to hold a master key to their living accommodation.

A range of information was available in easy-read format. This included information relating to:

- Financial support plans/Weekly budgets
- How to make a complaint
- Tenancy Agreement
- Human Rights
- NISCC
- Transport Agreement
- Covid-19.

It is important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. The service users had coped very well during the pandemic. The agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users if required.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia/swallow awareness. Choke response was also included in the staff training.

Review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

The care records reflected a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). Professional registrations were monitored on a regular basis.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing 90 hours of Post Registration Training & Learning. Review of training identified that all mandatory elements of training were up to date.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and included stakeholder feedback.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance and found to be satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Any complaints received were reviewed as part of the agency's quality monitoring process. Advice was shared with the person in charge in relation to how to deal with indirect complaints should this occur.

There was a system in place which enable staff to access service users' accommodation in the event of an emergency.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

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.



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