

Inspection Report

22 September 2023



The Heathers Supported Living Services (Armagh)

Type of service: Domiciliary Care Agency
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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 Wellbeing	Registered Manager: Mr Peter McClelland (acting)
Responsible Individual: Ms Kerry Anthony	Date registered: Not applicable
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) the Belfast Health and Social Care Trust (BHSCT) and Supporting People.	

2.0 Inspection summary

An unannounced inspection took place on 22 September 2023 between 10 a.m. and 2.00 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), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place. Feedback from service users noted during the inspection reflected their positive experience of the care and support provided.

Areas for improvement related to staff training records and the recruitment process. The medicines competency assessment also required to be further developed.

The Heathers Supported Living Service uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 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 indicated the service users felt the care and support they received was good or excellent.

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency. Service users spoken with were relaxed and comfortable in their interactions with staff.

It was good to note positive feedback within the monthly quality monitoring processes. Service users' comments included that they 'loved living at The Heathers' and that they 'loved their home'. One comment reflected how a service user rated the service at '100 percent'. Service users' representatives' reflected that they knew how to contact the service if they had any questions.

Staff comments within the monthly quality monitoring reports reflected a 'great service with a supportive staff team' and management being described as being 'approachable'.

Review of the compliments records identified a number of praiseworthy comments about the staff. One such comment provided by a HSCT' representative described how a staff member had 'articulated The Heathers ethos in a lovely manner at the (care) review, making proactive suggestions' and that they 'had a good knowledge base'.

A number of staff responded to the electronic survey indicating that they felt generally satisfied that the care and support provided was safe, effective and compassionate; and that the service was well-led. Written comments included:

- "I have worked at the Heathers for over (number) years and have seen many changes, but generally the Heathers is well managed and the majority of service users are happy here."

5.0 The inspection

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

The last care inspection of the agency was undertaken on 10 January 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns.

The organisation had an identified Adult Safeguarding Champion (ASC).

The agency's annual Adult Safeguarding Position report was reviewed and was satisfactory. Advice was given in relation to page 4 of the report being presented in relation to incidents which occurred in The Heathers Supported Living Service, as opposed to the whole organisation; this can be retained as an addendum to the report.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

The person in charge advised that no concerns had been raised under the whistleblowing procedures.

There was a system in place to record any referrals made to the HSC Trust in relation to adult safeguarding. Any referrals made had been managed appropriately.

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns. It was good to note that examples of each type of abuse were shared with the service users; this would help them to recognise abuse.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

There was a rolling mandatory training programme in place. The review of the training matrix identified that the records were not up to date. This was attributed to a change over to a new e-

learning platform. However, when re-submitted to RQIA after the inspection, the training dates were still not up to date.

Advice was also given in relation to the records needing to clearly identify e-learning training versus face to face training; and theoretical training versus the practical elements of training. An area for improvement has been identified.

Staff were provided with training appropriate to the requirements of their role. It was good to note that training had recently commenced regarding Epilepsy Awareness.

The person in charge reported that none of the service users currently required the use of specialised equipment.

All staff had been provided with training in relation to medicines management. A number of service users required their medicine to be administered with a syringe. Review of the medicines competency assessment identified that it required to be further developed to ensure that it included a section pertaining to the administration of liquid medicines. An area for improvement has been identified.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. 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. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. Whilst the DoLS were appropriately recorded within the HSCT care plans, advice was given in relation to also incorporating this into Inspire's own care planning process.

There was a system in place for notifying 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 support and recovery plans reflected a very person-centred approach to care delivery. Records 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:

- Preventing condensation in the home
- New staffing
- Service user reviews

- Complaints process
- Fire safety
- Health and Safety checks
- Professional boundaries

It was good to note the service users were involved in planning various activities, which included:

- Attending The Disability Pride Parade
- Barbeque
- Inspire Summerfest in Gosford Park
- Vegetable growing
- Local Fitness programmes, such as Triple A and Fit4U
- Swimming
- Highland Show (farmer's convention)

Plans were also in place to arrange a visit to a Petting Zoo.

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

- Their photograph to be used in various organisational documents
- Staff to hold a key to their homes
- Information pertaining to sharing information with other professionals.

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 and in relation to how to respond to choking incidents.

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. These were recorded within care plans along with associated SALT dietary requirements. Advice was given in relation to including the level of supervision with eating, within the care plan. This was actioned on the day of the inspection.

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.

Review of records confirmed that the manager had not signed a declaration of physical and mental fitness in keeping with the regulations. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC)

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.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

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.

There was a system in place to ensure that any complaints were managed in accordance with the agency's policy and procedure.

The Annual Quality Report was completed and was satisfactory. Advice was given in relation to including the survey responses from staff.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedures.

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

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

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	2	1

The areas for improvement and details of the QIP were discussed with the person in charge and the acting manager, who joined the inspection prior to feedback being provided. 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>Area for improvement 1</p> <p>Ref: Regulation 16 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that mandatory training records are up to date; the records should also identify e-learning training versus face to face training; and theoretical training versus the practical elements of training.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The organisation has an agreed training matrix that outlines which programmes are delivered via e-learning and which are face-to-face. This current training matrix will be included alongside the monthly compliance reports going forward, so that the managers have easy access to the information and can demonstrate this at future inspections.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that a Declaration of physical and mental fitness is signed by the manager, prior to new staff being supplied into service users' homes.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The organisation has implemented a revised recruitment audit tool. This is completed as a shared responsibility between Inspires HR team and the Registered Manager prior to a start date being established with any new staff. The Registered Manager can use this tool to assure themselves of the</p>

	<p>satisfactory completion of preemployment checks including the submission by prospective workers of a health declaration form and receipt of an occupation health report as necessary to demonstrate physical and mental fitness. The Registered Manager will ensure the revised document is available in staffing records at the service for inspection for all those commencing after its implementation. In response to this inspection the accurate and full completion of this document has been reviewed internally within the HR team and Registered Managers.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the medicines competency assessment is further developed to ensure that it includes the administration of liquid medicines.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The organisation has implemented a revised medication competence assessment effective from 24/10/23. It now includes the assessment of competence in administering liquid medication. The Registered Manager will ensure the revised assessment has been undertaken by all those administering medication no later than 01/01/24.</p>



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