



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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SECONDARY INSPECTION

Inspection No:	21033
Establishment ID No:	12082
Name of Establishment:	The Heathers Supported Living Services (Armagh)
Date of Inspection:	8 December 2014
Inspector's Name:	Audrey Murphy

GENERAL INFORMATION

Name of agency:	The Heathers Supported Living Services
Address:	39 Ballynahonemore Road Armagh BT60 1JD
Telephone Number:	028 37522209
E mail Address:	manager.heathers@oaklee.org.uk
Registered Organisation / Registered Provider:	Prof Peter Arthur James McBride
Registered Manager:	Mrs Irene Millar
Person in charge of the agency at the time of inspection:	Mrs Irene Millar
Number of service users:	19
Date and type of previous inspection:	Follow up inspection 29 September 2014
Date and time of inspection:	8 December 2014 09:30 – 15:00
Name of inspector:	Audrey Murphy

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

1.2 METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- File audit
- Evaluation and feedback

1.3 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspections.

The inspector has rated the service's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

The Heathers Supported Living Service (The Heathers) is a domiciliary care agency which provides care and housing support to individuals with a learning disability who reside in Armagh. Many of the current service users previously resided in the Heathers residential home which de-registered in 2012.

The agency's registered office is located on the site of the previous residential home and a number of service users also rent accommodation on this site. The agency also provides care and housing support to individuals who live at three other addresses within the Armagh area.

Both the Southern HSC and Belfast HSC Trusts commission care for service users of The Heathers and the agency receives funding from the Northern Ireland Housing Executive's Supporting People programme in relation to the housing support provided to individuals.

The agency's staffing is comprised of the registered manager, an area manager, deputy manager, team leaders and support staff.

SUMMARY

The announced inspection was undertaken on 8 December 2014, 09:30 – 15:00 at the agency's registered office, 39 Ballynahonemore Road, Armagh. The agency's registered manager and the acting deputy manager were present throughout the inspection.

There were nineteen service users receiving a domiciliary care service from the agency on the day of the inspection and several service users were being supported by agency staff to attend a Christmas event.

The inspector examined a range of documentation including staff rotas, service users' care records and policies and procedures.

During the inspection the agency was assessed as having fully met six of the eight requirements arising from the previous inspections. The agency has also fully met the minimum standards in relation to two recommendations made during previous inspections.

Two requirements that had not been fully met at the time of this inspection were in relation to records and the fitness of agency staffing and these areas for quality improvement had been raised previously with the registered person in accordance with RQIA's Enforcement Policy and Procedure. At a meeting at RQIA offices on 11 September 2014, the agency's breach of these regulations was discussed and a failure to comply notice was issued to the registered person on 12 September 2014 in respect of Regulation 13 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. At this meeting, RQIA were given assurances in relation to compliance with Regulation 21 (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, however the improvements made in this area had not been sustained.

Despite having raised these matters during inspections and in discussions with representatives of the registered person, compliance with these regulations could not be evidenced during the inspection of 8 December 2014. In accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a notice of proposal to impose a number of conditions on the registration of the agency. A meeting with representatives of the registered person was held at RQIA offices on 9 January 2015 during which RQIA were provided with evidence and assurances in support of compliance with these regulations. Therefore it was not necessary to impose conditions on registration at this time.

In light of concerns relating to the agency's compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the registered person is required to submit to RQIA the reports of the monthly quality monitoring visits undertaken to the service until further notice.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	14(c)	<p>The registered person must ensure that care is delivered in a manner that reflects the choices and chosen lifestyles of individual service users. This requirement relates to the need to support individual service users in personalising their own homes.</p> <p>The agency must forward to RQIA details of their strategy to promote service users' participation and choice in personalising their accommodation.</p>	<p>The agency's Service Users' Personalisation Procedure and Service User Participation procedures had been forwarded to RQIA, as requested, following the previous inspection.</p> <p>The inspector was advised by agency staff of the steps taken to ensure that each service user is supported and encouraged to personalise their home. The inspector was also advised of the input of the HSC Trust in relation to the needs of service users when personalising their homes.</p>	Fully Met
2.	16 (1) (a)	<p>The registered person shall provide RQIA with written assurance that arrangements have been put in place to regularly evaluate the competence of all agency staff to ensure that they are adequately skilled for the tasks which they are to perform, that an initial evaluation of competence of all staff has been carried out, and that any identified competence gaps have been addressed.</p> <p>The agency must forward to RQIA confirmation that all staff supplied to work in the homes of service users have received a competency assessment.</p>	<p>Following the previous inspection, the registered manager forwarded to RQIA assurances that all staff supplied to work in the homes of service users had received a competency assessment. The registered manager also advised the inspector that a competency based interview is undertaken with all staff who are in supervisory roles.</p>	Fully Met

3.	21 (1)	<p>The registered person shall ensure that a clear and complete record of each instance of the supply of a domiciliary care worker is maintained in a format that is accessible. This relates to the need for clear rota records that support identification of the number and roles of staff provided at all times.</p>	<p>Concerns in relation to the agency's breach of this regulation were discussed with representatives of the registered person at a meeting at RQIA offices on 11 September 2014. During this meeting RQIA were given assurances in relation to the records specified in Regulation 21 and Schedule 4 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</p> <p>The agency's staff duty rota and alphabetical list of staff supplied or available for supply were examined during the inspection of 8 December 2014. From these records it was evident that two individuals who were not included in the agency's alphabetical list of staff had been supplied to work in the homes of service users. The inspector raised concerns with the registered manager about the lack of sustained improvement in this area.</p> <p>In accordance with RQIA's Enforcement Policy and Procedures these matters were discussed during a meeting at RQIA offices on 9 January 2015. During this meeting representatives of the registered person provided evidence to support compliance with this regulation.</p>	Fully Met
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4.	15 (9)	<p>The registered person is required to develop robust policies and procedures in relation to arrangements for staff to access food and drinks while on duty in a service user's home. The registered person is required to ensure that the policies and procedures directing appropriate practices are implemented and that there arrangements in place for monitoring and implementation of these. The registered person is required to ensure that all staff have received training in the implementation of the policies and procedures outlined above.</p> <p>The registered person is required to provide written confirmation to RQIA that these measures have been taken.</p>	<p>The agency's revised Meals and Expenses Policy was forwarded to RQIA, as requested, following the previous inspection. Agency staff confirmed during the inspection that staff supply their own meals when on duty and that costs associated with tea / coffee consumed by staff are met by the organisation.</p>	Fully Met
5.	15 (9)	<p>The registered person is required to ensure that a calculation is performed which details the amount of payments made by service users to the agency linked to DLA and SDP social security benefits.</p> <p>The registered person is required to provide evidence to RQIA of all steps taken to secure repayment of the identified sums to each service user. The registered person must provide a record of repayments made to RQIA.</p>	<p>The registered person has provided RQIA with evidence of correspondence with the Southern HSC Trust in relation to payments made by some service users. RQIA have also received correspondence from the Southern HSC Trust in relation to these matters.</p>	Fully Met

6.	6 (1) (b)	<p>The registered person must ensure that a clear agreement is in place between each service user, or if necessary their representative, and the agency specifying the nature and amount of any service for which the service user is charged. This requirement refers to the provision of any additional services not funded by an HSC Trust or other body, including provision of any transport service.</p> <p>This requirement refers to the introduction and frequency of charges for transport provision</p>	<p>The agency's transport arrangements were discussed and some service users continue to make use of staff cars. Records had been maintained in relation to the journeys undertaken and by whom and the proposed arrangements for charging service users for this service were outlined in correspondence that had been sent to the representatives of the relevant service users. The correspondence was examined and contained a transport agreement which highlights the individual's right to opt out of the arrangement.</p> <p>The inspector was advised that service users will not be charged retrospectively for journeys undertaken to date and that the proposed billing period is likely to be from October 2014.</p>	Fully Met
7.	13	<p>The registered manager shall ensure that no domiciliary care worker is supplied by the agency unless -</p> <p>(a) he is of integrity and good character;</p> <p>(b) he has the experience and skills necessary for the work that he is to perform;</p> <p>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</p> <p>(d) full and satisfactory information is available in relation to him in respect</p>	<p>The agency's compliance with Regulation 13 was assessed on 29 September 2014, in accordance with the timescale outlined in a notice of failure to comply issued to the registered person on 12 September 2014. As compliance with this regulation could not be evidenced during the inspection of 29 September 2014, the timescale for compliance was extended to 8 December 2014.</p> <p>The records in relation to the fitness of staff supplied to work in the homes of service users were examined alongside the agency's procedures to ensure that this information is obtained prior to the worker being supplied.</p>	Fully Met

		of each of the matters specified in Schedule 3.	<p>From examination of the records it was evidenced that two individuals had been supplied to work in the homes of service users without the information specified in Schedule 3 being available. In particular, photographic identification of each individual had not been obtained by the registered manager in advance of the individual being supplied to work in the homes of service users.</p> <p>In accordance with RQIA's Enforcement Policy and Procedures these matters were discussed during a meeting at RQIA offices on 9 January 2015. During this meeting representatives of the registered person provided evidence to support compliance with this regulation.</p>	
8.	16 (5) (a)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall ensure that –</p> <p>(a) a new domiciliary care worker ("the new worker") is provided with appropriately structured induction training lasting a minimum of three full working days;</p>	<p>The agency's failure to comply with this regulation was discussed with representatives of the registered person at a meeting at RQIA offices on 11 September 2014. At this meeting, representatives of the registered person provided assurances that all staff had received an induction in accordance with this regulation.</p> <p>The agency's induction procedures and records were examined during the inspection of 8 December 2014 and reflected the provision of an induction in accordance with this regulation.</p>	Fully Met

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	9.4	The registered person should ensure that their medication policies and procedures are reviewed and revised as appropriate.	The inspector examined the agency's medication policies and procedures which had been updated since the previous inspection.	Fully Met
2.	1.1	The registered manager should ensure that the human rights of all service users are explicitly outlined in care records when necessary.	The inspector examined the care records of three service users and noted that references to the human rights of individuals had been included within the care records, as appropriate.	Fully Met

ADDITIONAL AREAS EXAMINED

The agency's use of physical restraint was discussed with agency staff and the care records of two service users were examined. The care records reflected input from a range of HSC Trust specialist staff and clearly outlined a range of primary and preventative strategies for each individual. The inspector was advised that agency staff had been trained in the use of 'RESPECT' (an approach to the prevention and management of aggression / violence) and agency records that had been forwarded to RQIA in advance of the inspection reflected the implementation of this training.

The quality of the records maintained in relation to the use of physical interventions was discussed during the inspection and the inspector noted that these lacked details including the nature of the restraint used and the role taken by the individual staff members involved.

The agency is required to ensure that records of physical restraint are completed in accordance with 'Guidance on Restraint and Seclusion in Health and Personal Social Services' (DHSS, 2005).

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Irene Millar, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider / manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Audrey Murphy
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Secondary Inspection

The Heathers Supported Living Services (Armagh)

8 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Irene Millar, Registered Manager, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	15(11)	<p>On any occasion on which a service user is subject to physical restraint by a person who works as a domiciliary care worker for the purposes of the agency, the registered person shall record the circumstances, including the nature of the restraint.</p> <p>This requirement refers to the development of the agency's records of physical interventions in accordance with 'Guidance on Restraint and Seclusion in Health and Personal Social Services' (DHSS, 2005).</p>	One	<p>On each occasion that a Service User is displaying Challenging Behaviour all efforts (by way of de-escalation techniques) are made to avoid the use of physical restraint. Only those Service Users who have undergone a risk assessment and an agreed management plan is in place will be assessed for the use of RESPECT in which all staff are trained.</p> <p>RESPECT is the approved technique used by Inspire to deal with episodes of physically challenging behaviour. Record keeping regarding use of RESPECT has been revised in keeping with "Guidance on Restraint and Seclusion in Health and Personal Social Services" (DHSS, 2005) and now provides more detailed recording.</p>	Immediate and ongoing

2.	23 (2) (3)	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p>	One	<p>The format for the monthly monitoring report has been revised and is now more detailed and includes</p> <ul style="list-style-type: none"> - Number of service users, staff and other professionals consulted and summary of their views on the quality of care and support provided. - The number of complaints accidents/incidents or other untoward events, including restrictive interventions, restraint as defined the DHSS 2005 guidance on restraint.. - Requirements and recommendations specified in the RQIA's quality Improvement plan. - Commentary on progress made on planned improvements. - The number of vulnerable adult incidents reported to the HSC Trust - Condition of the environment. - Finance records. - Medication records. - Training records - Induction records 	<p>Within one month of the receipt by the agency of the request.</p>
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Irene Millar
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Professor Peter McBride

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Audrey Murphy	24/02/15
Further information requested from provider			