



The Regulation and  
Quality Improvement  
Authority

The Heathers Supported Living Services  
(Armagh)  
RQIA ID: 12082  
39 Ballynahonemore Road  
Armagh  
BT60 1JD

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**Unannounced Care Inspection  
of  
The Heathers Supported Living Services (Armagh)  
3 July 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 3 July 2015 from 10.00 to 16:30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Inspire Wellbeing Limited Professor Peter Arthur James McBride	<b>Registered Manager:</b> Mrs Susan McBride (Registration pending)
<b>Person in charge of the agency at the time of Inspection:</b> Mrs Susan McBride	<b>Date Manager Registered:</b> N/A
<b>Number of service users in receipt of a service on the day of Inspection:</b> 19	

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 individuals with a learning disability; service users have their care commissioned by the local Trust (Southern Health and Social Care Trust) and the Belfast Health and Social Care Trust.

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

**Theme 2: Service User Involvement - service users are involved in the care they receive**

### 4. Methods/Process

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

Prior to inspection the following records were analysed:

- The previous inspection reports and quality improvement plans
- Notifiable events forms submitted to RQIA by the agency.

The agency had forwarded 18 incident reports to RQIA since the previous inspection, two of which related to medications. RQIA had also been advised of a number of behavioural incidents and of the immediate actions taken to promote the safety and wellbeing of the relevant service users. There was one adult safeguarding incident reported to RQIA and the outcome of this was discussed with the manager during the inspection.

All of the events notified to RQIA had also been forwarded to the relevant HSC Trust and where appropriate, to other agencies.

During the inspection the inspector met with two service users in their own home and with another service user who visited the agency's office. The inspector spoke with two staff who were working within the home of service users and with a further four staff members in the agency's office. There were no professionals or other service user representatives visiting the service on the day of the inspection.

The inspector requested that RQIA questionnaires were distributed to staff and service users. Following the inspection, seven staff and one service user returned a completed questionnaire to RQIA.

Following the inspection the registered manager forwarded a list of service users' representatives and relevant HSC Trust professionals who had agreed to be contacted by RQIA for the purposes of obtaining their views on the quality of service provision. The inspector spoke with two HSC Trust professionals and with the relative of one service user after the inspection.

The feedback received from staff, service users, HSC Trust professionals and a service user's relative has been incorporated into the body of this report.

The following records were examined during the inspection:

- The alphabetical index of staff
- The staff duty rota (current and archived)
- Service user meeting records
- Monthly quality monitoring reports
- Staff induction records
- Staff handbook
- Staff supervision and appraisal schedules
- Agency policies on recruitment, induction, supervision, whistleblowing
- Three care/support plans.

The inspector would like to thank the service users, agency staff, HSC Trust professionals and the service user's relative who participated in the inspection.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced follow up inspection dated 8 December 2014. The completed QIP was returned and approved by the inspector.

### 5.2 Review of Requirements and Recommendations from the last inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector was advised that the agency's incident recording documentation is under review and the review will take into account the 'Guidance on Restraint and Seclusion in Health and Personal Social Services' (DHSS, 2005). The inspector was further advised that service users who may require physical interventions have detailed care and support plans which describe the nature of the intervention to be used.</p>	

	<p>The manager advised the inspector that none of the service users have required any physical interventions since the previous inspection and that in the event of a physical intervention being implemented; agency staff will complete documentation and forward this to the relevant HSC Trust.</p>	
<p><b>Requirement 2</b> <b>Ref: Regulation 23</b> <b>(2) (3)</b></p>	<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> <p><b>Action taken as confirmed during the inspection:</b> The agency's monthly quality monitoring reports have been forwarded to RQIA, in accordance with this regulation.</p>	<p><b>Met</b></p>

### **5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

#### **Is Care Safe?**

The agency's recruitment policy was examined and reflects the requirements of the regulations in relation to pre-employment checks. The manager advised the inspector that the recruitment of additional support staff is underway.

The agency's alphabetical index of staff was examined and reflected the supply of staff employed by the agency and those staff who were being supplied by the agency from another domiciliary care agency.

The 'Inspire Induction Policy and Procedure' was examined (October 2014) and provided evidence of a three day structured induction programme. The procedures set out the points at which the induction process is evaluated and these include through supervision, at the probation meeting, during group induction and at the probation review.

The agency has appropriate arrangements in place for the induction of staff who are obtained at short notice or in emergencies. Induction procedures include actions to be completed prior to the new worker's arrival at the service including obtaining references, summary of experience, Access NI number, photographic identification, qualifications and training. The agency maintains records of induction and these included evidence of identification checks completed prior to the supply of the worker.

Two members of staff being supplied from another domiciliary care agency confirmed that they had received induction in accordance with the agency's procedures.

The agency's Induction Awareness Handbook was examined and included descriptions of the various care and support tasks to be undertaken by agency staff. The handbook also refers to Adult Safeguarding procedures and provides guidance on restraint and restrictive practices, health and safety, handling service users' finances, moving and handling, infection control, medication management and provides guidance on training opportunities and methods of training.

The agency's Supervision Policy was examined and sets out the frequency and duration of supervision provided to full time and part time staff members.

Staff who participated in in the inspection advised the inspector that they receive supervision every four to six weeks and that they find this very helpful and supportive. Staff also confirmed that a record of their supervision is maintained and that they have supervision contract.

#### **Is Care Effective?**

The staffing levels at the time of the inspection were discussed and service users can avail of care and support 24 hours per day. Staffing is provided by the registered manager, deputy manager, team leaders and support staff.

The agency has in place an outline of the hours commissioned by the HSC Trusts and a breakdown of the staffing levels supplied to service users on a daily basis. There were job descriptions in place for support staff, team leaders, the deputy manager and the manager and staff who contributed to the inspection confirmed they had received a copy of their job description. A HSC Trust professional who contributed to the inspection advised that the Trust have undertaken a reassessment of the needs of service users and had noted that staff are being supplied to work in service users' homes more consistently. The HSC Trust professional also commented on improvements in the agency's communication with the Trust.

The agency's staff rotas were examined and the shift patterns were clearly outlined. The staff rotas reflected the staffing compliment documented and described by the manager. There was a policy and procedure in place for management arrangements in the absence of the registered manager.

The staff who contributed to the inspection indicated that they were satisfied with the staffing levels supplied and with the arrangements for contacting senior or supervisory staff.

The agency's Induction Awareness Handbook sets out guidance on the identification of training needs at the point of induction. Staff are also advised of the mandatory training to be completed during their induction and probation period. All of the staff who returned a questionnaire indicated that they were satisfied that their induction prepared them adequately for their role.

Agency staff who met with the inspector described the range of training and induction they had received and confirmed that any additional training needs can be raised during supervision. Several staff advised the inspector of forthcoming training that had been arranged to support staff to respond appropriately to the identified needs of a service user.

Supervisory staff have received guidance in the provision of staff supervision and all staff were in the process of having their annual staff appraisal.

The provision of supervision is commented on within the reports of the monthly quality monitoring visits to the agency undertaken on behalf of the responsible person.

The agency's Whistleblowing procedure was examined and staff who participated in the inspection demonstrated their awareness of this and advised the inspector that they would not hesitate to raise concerns about poor practice.

### **Is Care Compassionate?**

Service users who met with the inspector confirmed that they know all of the staff who provide their care/support and that any changes in staffing are discussed with them. The agency maintains records of tenants' meetings which included evidence of discussions about staffing arrangements.

A HSC Trust professional who contributed to the inspection provided very positive feedback in relation to the skill of staff supporting service users with their communication needs. The Trust professional identified positive outcomes for service users in relation to their communication needs and attributed this to the enthusiasm of staff.

The manager and staff advised the inspector that the supply of staff to individual households had been reviewed and staff are more consistently supplied to work at the same address with the same service users to promote continuity of service provision. The relative of a service user who contributed to the inspection provided positive feedback in relation to the revised staffing arrangements and indicated that their relative was receiving consistent care from staff who were knowledgeable. The relative also indicated that there were enough staff supplied to meet the needs of their relative and that communication between them and the agency had improved.

The manager described a range of methods underway to assess the preferences of service users and to match these with the profiles of the staff being supplied.

Each service user has a nominated team leader and group of support staff aligned to them. Agency staff reported that continuity of care is achieved in a number of ways including through regular team meetings and handovers. Agency staff also reported that service users know who will be supporting them on a daily basis and that this information is available in each of the service users' homes.

Agency staff were observed interacting with service users in a friendly and professional manner. Staff demonstrated their knowledge of individual service users and provided very positive feedback in relation to the quality of the management support they were receiving. Agency staff advised the inspector that there are at all times enough staff on duty to meet the needs of service users and that senior staff are always available to consult with.

Two staff who had been supplied from another domiciliary care agency advised the inspector that they had opportunities to be introduced to service users and to shadow experienced staff and to read care records before being supplied to work in the homes of the service users.

The relative of a service user who contributed to the inspection advised the inspector that there are always experienced staff available to meet the needs of service users and that new staff are introduced to service users and accompanied by experienced staff during their induction period.

### Areas for Improvement

There were no recommendations or requirements made in relation to this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

### Is Care Safe?

Service users who participated in the inspection confirmed that their views are taken into account in the development of their care plans. The inspector examined care records which reflected the preferences of the service users and their representatives.

From discussions with agency staff and examination of the care records, there was evidence of positive risk taking and of service users experiencing more independence. The involvement of the HSC Trust, service users and their representatives was also evident and outcomes for service users included increased community presence and the use of public transport.



A service user's relative who contributed to the inspection advised the inspector that their views and the views of their relative are taken into account and are used to help improve service provision.

### **Is Care Effective?**

Agency staff advised the inspector that the views of service users are sought regularly through daily contact with staff, house meetings and prior to their review meetings. The manager has developed care management review preparation forms for service users to complete with staff support and the inspector was advised that all service users are reviewed regularly by the HSC Trust. The agency's monthly quality monitoring records included the views of service users and their representatives.

Service users who participated in the inspection advised the inspector of their preferences and how these are met by staff. The human rights of service users were explicitly outlined within the care records examined and these had been signed by agency staff, the HSC Trust and by the service user. The agency has also developed a 'Know Your Human Rights – A brief guide for individuals living in the Heathers' document.

The agency's Service User Participation and Involvement Policy was examined and the inspector was advised that a newsletter for the scheme was being developed. Agency staff advised the inspector that there are regular house meetings and the records of these evidenced discussions with service users on a range of topics, including activities and staffing. A service user's relative indicated that their relative had been supported to personalise their accommodation and that the communication between them and the agency had improved significantly.

### **Is Care Compassionate?**

Agency staff who participated in the inspection demonstrated their knowledge of the individual service users and provided examples of how individualised care and support is provided. Staff provided positive feedback in relation to the improved consistency in the supply of staff to work with service users and commented on the benefits of this. A service user's relative also commented on the benefits of having consistent and knowledgeable staff available to support their relative.

Staff who met with the inspector demonstrated their awareness of the rights of service users and provided examples of how the service users' right to choice, independence and dignity were upheld. All of the staff who returned a questionnaire indicated that they were satisfied that the views of service users are taken into account in the way services are provided and that service users are listened to.

### **Areas for Improvement**

There were no recommendations or requirements made in relation to this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Susan McBride	<b>Date Completed</b>	13/08/2015
<b>Registered Person</b>	Peter McBride	<b>Date Approved</b>	14/08/15
<b>RQIA Inspector Assessing Response</b>	Audrey Murphy	<b>Date Approved</b>	14/08/15

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**

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