

Inspection Report

12 September 2023



Boyd's Row Supported Living

Type of service: Domiciliary Care Agency
Address: 19 Boyd's Row, Armagh, BT61 7JR
Telephone number: 028 3752 8573

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Autism Initiatives NI	Registered Manager: Ms Leone Campbell
Responsible Individual: Dr Eamonn James Edward Slevin	Date registered: Acting
Person in charge at the time of inspection: Ms Leone Campbell; a senior manager was also in attendance	
Brief description of the accommodation/how the service operates: Boyd's Row supported living, is a domiciliary care agency, supported living type which provides 24-hour care and support to service users who live in a shared bungalow and other houses within the local area. The accommodation within the bungalow includes a number of shared areas. Staff support service users to access facilities within the local area.	

2.0 Inspection summary

An unannounced inspection took place on 12 September 2023 between 9.50 a.m. and 4.00 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, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Following the receipt of whistleblowing information relating to the care and support provided within the agency, there is currently an ongoing Adult Safeguarding investigation being completed by the Southern Health and Social Care (HSC) Trust in conjunction with the Police Service of Northern Ireland (PSNI). There have been a number of changes in the staff and management teams since the commencement of the investigation. RQIA will review the outcomes of the investigation when it is completed.

Areas for improvement identified related to systems in place with regard to retention of records, supporting service users in the redecoration and improvement of their home environment; and the agency's Statement of Purpose.

Good practice was identified in relation to dysphagia management and monitoring of staff professional registrations.

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, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection process we met with a number of service users and spoke to relatives and staff members.

Relatives expressed their concerns in relation to the recent whistleblowing information and ongoing adult safeguarding investigations and the impact that this had on the service users. They discussed the impact of the recent changes to the management and staff team and had concerns in regards to the agency ensuring the continuity of care for service users. They advised that they were involved in the care and support planning of their relative and could speak to staff or senior managers at any time if they had any concerns.

Comments received included:

Staff comments:

- “I enjoy working here, I feel supported in my job.”
- “We are able to get out and about with the service users now since one tenant moved out.”
- “I speak to the manager or person in charge if I have any concerns.”
- “We support the service users to have a much choice as possible.”

No questionnaires were returned.

A number of staff responded to the electronic survey. The respondents indicated that they were generally satisfied that care provided was safe, effective and compassionate. Written comments included:

- “We have had a few different managers; however, I believe they have done the best they can with having to step in short notice due to the circumstances. Things have settled now and staff members feel more confident and service users are well cared for.”
- “A lot of confusion due to multiple changes in management.”

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 16th February 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 policy and 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 found to be satisfactory.

Discussions with the manager 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 staff present who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

Staff advised that they had not observed any practices that would be of concern; staff were reminded of their duty to report any concerns in regard to poor practice.

Since the last inspection RQIA had been notified appropriately of any adult safeguarding incidents that had been reported to the PSNI in keeping with the regulations. It was noted that following the receipt of whistleblowing information an Adult Safeguarding investigation is ongoing in conjunction with the PSNI; RQIA have been kept informed in regards to the ongoing investigations and will review the outcomes when they are completed.

The manager advised that a new process had been implemented in relation to the recording and reporting of any incidents that occurred within the agency to ensure that all incidents are recorded in a robust and timely manner. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding matters. A review of records retained since the last inspection confirmed that these had been managed appropriately.

We observed service users being supported by staff within their home environment; they appeared settled and relaxed and were being supported by staff to engage in individualised activities. One service user facilitated the inspector to view their home and garden areas.

The agency office is located within the home of a number of the service users. The office was observed to be disorganised and cluttered; in addition, it was identified that records needed to be stored in a more organised and secure manner. The manager advised that since being appointed they have been in the process of reorganising the office environment and archiving information no longer required to be stored within the agency office. It was noted that the manager had difficulty on accessing some information requested during the inspection; they advised that they were in the process of implementing and embedding a number of processes to ensure the relevant information was retained appropriately and accessible for staff. An area for improvement has been identified.

It was noted that staff were provided with Moving and Handling training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

It was noted that care reviews had been last undertaken in 2022 by the agency. The manager stated that recent care reviews had been completed in conjunction with the HSCT keyworkers and they were awaiting the minutes of the care review meetings. The manager described the challenges in relation to service users not having a designated HSC Trust keyworker for a number of months; it was positive to note that this has now been resolved. Given the ongoing adult safeguarding investigations there was evidence of regular contact with service users' representatives and HSC Trust keyworkers. The person in charge stated that the Trust keyworkers are currently engaged in the process of reassessing the needs of the service users and updating care and support plans.

All current staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered orally via a syringe. The manager was aware that should this be required; relevant training and a competency assessment would be undertaken before staff undertook this task.

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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate 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. The manager advised that these arrangements had recently been reviewed by the HSCT. We discussed with the manager the need to develop a register of service users subject to DoLS.

We met with a number of service users in their home, they appeared relaxed and comfortable during the inspection and were supported by staff at all times. We observed a number of shared areas and noted that there was damage to some furniture and walls and that some of the flooring needed replaced. It was identified that the shared areas were in need of some improvements by way of redecorating and the provision of new furnishings. We discussed this with the manager and with the Registered Person following the inspection. They advised that there is ongoing engagement with the service users and their relatives in relation to the redecoration of a number of areas and the replacement of sofas, soft furnishings and pictures to make it a more personalised and relaxed environment for the service users.

The manager advised that they were in negotiations with the housing provider in regards to repairs that are required within the service users' home environment; this included the replacement of damaged flooring. We observed the bedroom of one of the service users; it was noted to be clean, individualised and contained items that they wished to have. An area for improvement has been identified.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with relatives, it was noted that service users had been supported as appropriate to have an input into devising their own plan of care. It was noted that the agency is in the process of updating care plans in conjunction with the HSCT keyworkers.

The manager stated that due to the needs of the individual service users staff do not facilitate service users' meetings in a group setting but have a process whereby they engage with service users and their relatives to discuss the provisions of their care.

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

One service user had been assessed by SALT with recommendations provided and required their food to be of a specific consistency.

Discussions with staff and 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. There was evidence that staff implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

A review of training records confirmed that the majority of staff had completed training in Dysphagia and in relation to how to respond to choking incidents. It was noted that two staff are due to complete a training update.

Staff demonstrated an understanding of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

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.

It was identified that there had been a number of changes within the staff team. The manager advised that the agency is currently in the process of recruiting additional staff to ensure continuity of care for the service users. The manager described the challenges in achieving the appropriate skill mix to ensure that the needs of the service users were met at all times. Staffing arrangements are monitored by the manager in conjunction with the area manager.

There is a process for checking to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. A spot check completed during the inspection indicated that staff were appropriately registered. There was evidence that the agency had a process for notifying the professional bodies if they had any concerns with regards to staff practice.

The manager advised that there were no volunteers within 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. It was noted that staff are required to complete a range of training within the initial two-week induction period and also shadow other staff who have previously worked in the agency. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations. The manager advised that staff not employed by Autism Initiatives do not support service users with medicines management.

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. It was noted that a small number of training updates were required to be completed however it was noted that some of the staff identified are not currently working in the agency.

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 for June July and August 2023 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 was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedures however there is a Joint Protocol Adult Protection investigation ongoing with the PSNI in response to a range of whistleblowing information received. RQIA awaits the outcome of the investigation.

The agency's registration certificate was required to be updated to reflect the current management arrangements; this was actioned immediately following the inspection. Current certificates of public and employers' liability insurance were displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. From records viewed it was noted that no complaints had been received since the last inspection. However, a number of whistleblowing concerns had been received by the agency, the HSCT and RQIA, all of the information is being investigated as part of the ongoing Joint Protocol Adult protection investigation in conjunction with the PSNI.

The Statement of Purpose required updating with RQIA's contact details and details of the current manager. The manager was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. An Area for improvement has been identified.

We discussed with the registered person the number of changes in regard to the management arrangements in the months prior to this inspection and in addition, the current acting management arrangements which have been ongoing since day month year. The registered person described the actions taken to endeavour to create stability within the service given the impact of recent staff changes and the ongoing adult safeguarding investigation. RQIA will keep this matter under review.

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

Areas for improvement and details of the QIP were discussed with the manager, as part of the inspection process. 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 14. (a)(b)(c)(d)(e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(a)so as to ensure the safety and well-being of service users; (b)so as to safeguard service users against abuse or neglect; (c)so as to promote the independence of the service users; (d)so as to ensure the safety and security of service users' property, including their homes; (e)in a manner which respects the privacy, dignity and wishes of service users.</p> <p>This relates specifically to the agency supporting service users to personalise their home in an individualised manner and assisting them in redecoration and having necessary repairs carried out and new items of furniture obtained thus making their living environment more comfortable and relaxed.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Redecoration of the house has commenced. New furniture for the livingroom was placed on 08.11.23. Adaptations to the kitchen were made promote more independence for the people we support, new drawers were added on 21.12.23. New flooring has been agreed and due to be completed in Feb 2024. We have been liaising with the housing association to ensure that any repairs needed are being made.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 5. (1) Schedule 1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that the agency's Statement of purpose is reviewed and updated to include details of the matters as listed in Schedule 1.</p> <p>This relates specifically to the management arrangement and contact details of RQIA.</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The agency statement of purpose was updated following the inspection, this has been reviewed and updated again on 12.01.24 detailing arrangements of new management,</p>

	<p>including the new registered manager. RQIA contact details have also been updated.</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 10</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that clear, documented systems are in place for the management of records in accordance with legislative requirements.</p> <p>The registered person should ensure that the agency office is reorganised and that systems are in place to ensure relevant information is retained securely and in a manner that is accessible for staff working within the agency.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The agency office has been reorganised, with the introduction of new filing cabinets. Archiving of old documentation has been carried out following the inspection. Restricted information is retained securely in the office with a clear policy on access of this information. Staff working within the agency are able to access this relevant information as and when required.</p>

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