The Regulation and Quality Improvement Authority

Inspection Report

15 October 2024

Boyd’s Row Supported Living

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

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Autism Initiatives NI **Responsible Individual:** Dr Eamonn James Edward Slevin	**Registered Manager:** Ms Marion Willis **Date registered:** Acting
Person in charge at the time of inspection: Ms Marion Willis	
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. The agency's office is located within the shared accommodation.	

2.0 Inspection summary

An unannounced inspection took place on 15 October 2024 between 10.00 a.m. and 5.30 p.m. The inspection was conducted by two care inspectors.

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 were also reviewed.

The outcome of the inspection and the areas for improvement were discussed with the manager during the inspection and with the Operations Director following the inspection and an action plan was provided.

Two areas for improvement identified following the last inspection were assessed as partially met and have been stated for a second time. Additional areas for improvement identified during this inspection related to systems in place with regard to retention of records, staff training and care planning.

Good practice was identified in relation to the processes in place recruitment and for monitoring of staff professional registrations.

We wish to thank the manager, service users, relatives and staff for their support and cooperation during the inspection process.

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.

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

4.0 What did people tell us about the service?

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

We observed a number of service users being supported by staff in their home environment they appeared relaxed and comfortable.

Some information provided by staff and relatives in regards to the effectiveness of the service provided was discussed with the agency's Operations Director following the inspection and assurances provided as to how these matters would be addressed.

Service users' relatives' comments:

- "The staff are good. My child is well looked after and fed well; they are all good with her."

Staff comments:

- "I get great support from the manager and can go to her with anything."
- "I enjoy the work, every day is different and I enjoy working with the service users. We get to go to different places and they keep us fit and active."

No questionnaires were returned.

There were no responses to the electronic survey.

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 12 September 2023. A Quality Improvement Plan (QIP) was issued.

Areas for improvement from the last inspection on 12 September 2024		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 14. (a)(b) (c)(d)(e) **Stated:** First time	The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided- (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. 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.	**Partially met**

	Action taken as confirmed during the inspection: It was observed that some shared areas within the home of a number of the services users had been redecorated and new furniture obtained. However, there were some matters that remained outstanding and further actions were required. This area for improvement was assessed as partially met and has been stated for a second time.	
Area for improvement 2 **Ref:** Regulation 5. (1) Schedule 1 **Stated:** First time	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. This relates specifically to the management arrangement and contact details of RQIA.	**Met**
	Action taken as confirmed during the inspection: It was confirmed that this area for improvement had been met.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 10 **Stated:** First time	The registered person shall ensure that clear, documented systems are in place for the management of records in accordance with legislative requirements. 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.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence that some actions had been taken to implement more effective and robust systems for the management of records, however, there was lack of evidence that they had been fully implemented and maintained.	

	This area for improvement was assessed as partially met and has been stated for a second time.	

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 had an identified Adult Safeguarding Champion (ASC).

The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory. It was identified that there were a number of referrals made to the relevant HSC Trust in relation to adult safeguarding and some investigations remained ongoing at the time of the inspection.

Discussions with the manager and staff established that they were knowledgeable in matters relating to the role of the ASC and the process for reporting and managing adult safeguarding concerns. It was identified that a small number of the agency's staff needed to complete a training update in regard to Adult safeguarding.

The agency had a system in place for retaining details of all matters relating to adult safeguarding, however it was identified that this needed to be further developed to ensure that it was effective, robust and in accordance with the DOH and the organisation's procedures. This will further support the manager in their overall management and governance of the referrals made. An area for improvement has been identified in regards to adult safeguarding.

The review of information relating to incidents indicated that they had been managed appropriately.

The manager reported that none of the service users currently required the use of specialised moving and handling equipment. They were aware of how to source such training should it be required in the future.

The manager advised that no service users required liquid medicine to be administered orally with a syringe; they were aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

Discussions with the manager and records viewed evidence that the staff training information retained did not accurately reflect the training completed by staff. An area for improvement has been identified.

From training records viewed it was identified that a number of staff needed to complete a training update in relation to medicines management and DoLS. An area for improvement has been identified.

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. It was identified that care and support plans needed to be reviewed and updated to ensure that they included accurate details of the care and support required including information relating to any DoL in place. An area for improvement has been identified.

In addition, the agency's register relating to DoLS and any practice deemed to be restrictive needed to reviewed and updated. Evidence was provided following the inspection that this had been actioned.

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 the bedroom of one of the service users; it was noted to be clean, individualised and contained items that they wished to have.

The observation of a number of shared areas evidenced that there had been some repair work undertaken and the redecoration of a number of the shared areas. Whilst it was positive to note that new furniture including sofa's, soft furnishings and pictures had been provided in one of the lounges it was however identified that some areas still required improvement as highlighted during the last inspection. These included the redecoration of another lounge area, removal of clutter, the repair of damaged internal walls, and a faulty toilet in one of the bathrooms and installation of skirting board in the hallways. The manager advised that there were ongoing negotiations with the housing provider in regards to repairs that are required within the service users' home environment. An area for improvement identified at the last inspection has been assessed as partially met and will be stated for a second time. See section 5.1.

5.2.2 What are the arrangements for promoting service user involvement?

The manager described that due to the needs of the service users staff engage daily as to their daily routines/activities; they advised that a new member of staff has recently been appointed to support with the organising of suitable activities and developing a timetable to meet the needs and choices for each individual service user.

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 modified to a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia.

There was evidence that staff implemented the specific recommendations of the SALT.

It was identified that some care plans needed to be reviewed and updated to include details of the most recent SALT recommendations. An area for improvement has been identified and is included in the area identified within 5.2.1.

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

A review of a number 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), there was a system in place for professional registrations to be monitored monthly by the area manager. A spot check completed during the inspection indicated that staff were appropriately registered.

The manager advised that there were no volunteers providing support 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 orientation and induction, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

Due to ongoing staff absences/vacancies there were a large number of staff provided from recruitment agencies. The manager advised that the placement of these staff was provided as a block booking so as to promote continuity of care for service users.

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, and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters and staffing arrangements including recruitment and training. An action plan was provided and included some of the matters identified during this inspection as requiring improvement.

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

It was noted that the agency did not have in place an alphabetical index of staff employed within the service. We discussed with the manager the need for the staff index and staff rota to accurately reflect all staff currently employed and supplied by the agency including those absent for various reasons. The rota information should be easily accessible for staff working within the agency. An area for improvement has been identified.

Discussions with the manager and the review of information relating to complaints indicated that a more robust system was required to be implemented to ensure that the information retained contained details of any investigations, outcomes and actions required in regards to any complaint received. It was discussed with the manager the benefits of maintaining a log of complaints. An area for improvement has been identified.

We discussed the acting management arrangements which have been ongoing since day month year; RQIA will keep this matter under review.

6.0 Quality Improvement Plan /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*	6*

* the total number of areas for improvement includes two that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with Ms Marion Willis, Manager, and the Operations Director, 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	
Area for improvement 1 **Ref:** Regulation 14. (a)(b)(c)(d)(e) **Stated:** Second time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided- (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. 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. Ref 5.1
	Response by registered person detailing the actions taken: The service users have personalised their own home, necessary repairs have been completed in the bathroom, skirting boards have been replaced.
Area for improvement 2 **Ref:** Regulation 21.-1(a)(b)(c) Schedule 4 **Stated:** First **To be completed by:** Immediate and ongoing from the date of inspection.	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (a) kept up to date, in good order and in a secure manner; (b) retained for a period of not less than eight years beginning on the date of the last entry; and (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority. This relates specifically to ensuring that an alphabetical index is maintained for all staff supplied. In addition, the staff rota information should accurately reflect all staff currently employed and supplied by the agency. The rota information should be accessible for staff working within the agency.

	Ref: 5.2.6
	Response by registered person detailing the actions taken: There is an alphabetical staff register in place and up to date for all staff - staff profiles included. The staff rota now accurately reflects all the staff currently employed in Armagh. There is accessible paper copy of the rota for all staff.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 10 **Stated:** Second time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that clear, documented systems are in place for the management of records in accordance with legislative requirements. 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. Ref: 5.1
	Response by registered person detailing the actions taken: The staff office has been re-arranged, and a new lockable filing cabinet has been purchased, so relevant information is retained in a secure locked cabinet that is accessible for staff working in Armagh.
Area for improvement 2 **Ref:** Standard 14 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection.	The registered person shall ensure that: • Written records are kept of suspected, alleged or actual incidents of abuse and include details of the investigation, the outcome and action taken by the agency. • Staff have completed relevant adult safeguarding training. Ref: 5.2.1
	Response by registered person detailing the actions taken: The "Adult Safeguarding File" has been updated to reflect records of suspected, alleged and actual incidents of abuse, to include some safeguarding outcomes. Some information (Strategy Meeting Minutes & NISCC referrals) will not be placed in this file due to ongoing Trust investigations. These minutes are held securely with the Adult Safeguarding Champion and Operational Director.

	All staff have been trained in "Adult Safeguarding Training"
Area for improvement 3 **Ref:** Standard 12.7 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection.	The registered person shall ensure that a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. Information retained should be accurate and up to date. training. Ref: 5.2.1
	Response by registered person detailing the actions taken: All staff have an individual professional development training file & staff files, that includes induction, staff assessments,training certificates, supervisions and Apprasials.

Area for improvement 4 **Ref:** Standard 12.3 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection.	The registered person shall ensure that all Mandatory training requirements are met. This relates specifically to medicines management and DoLS. Ref:5.2.1
	Response by registered person detailing the actions taken: All Staff have been trained in the management of medicines either on-line or in the class room. Medication competency assessment trainings are completed by the staff and are signed off by the manager once the staff member is competent in the adminstration of medications. DoLs - All staff in the Armagh Service have completed on-line Level 2 Dols training and training certificates are retained in the staffs individual training files and a copy of their certificates is retained with the Learning and Development department so the training traffic light system can be updated to reflect training compliance.
Area for improvement 5 **Ref:** Standard 3.3 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection.	The registered person shall ensure that individual service users care plans include information on: • the care and services to be provided to the service user; • directions for the use of any equipment; • the administration or assistance with medication; • how specific needs and preferences are to be met; and • the management of identified risks. This relates specifically to DoLS information and SALT recommendations being included within service users individual care plans. Ref: 5.2.1 & 5.2.3
	Response by registered person detailing the actions taken: Dols information is recorded in the individuals care plans. SALT recommendations are recorded in the individuals care plans.
Area for improvement 6 **Ref:** Standard 15.10 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants, the results of any investigations, outcomes and the action taken. Ref: 5.2.6
	Response by registered person detailing the actions taken:

	The complaints records are now in place to include, all communications with complainants, results of any investigations, outcomes and actions taken.

Please ensure this document is completed in full and returned via Web Portal

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