

Unannounced Care Inspection Report 15 December 2017



Boyd's Row Supported Living

Type of service: Domiciliary Care Agency
Address: 19 Boyds Row, Armagh BT61 7JR
Tel no: 028 3752 8573
Inspector: Caroline Rix
User Consultation Officer: Clair McConnell

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Boyd's Row, as part of the Autism Initiatives NI organisation, provides a supported living type domiciliary care service to three service users. The accommodation is comprised of individual bedrooms and a range of shared living areas including living rooms, laundry, kitchen, bathrooms. There is an office within the building and this is used by agency supporters (staff) 24 hours per day.

The building is located within its own grounds and is accessible through a set of gates.

The premises are secured by a gate which is operated by supporters from within the house and remains locked when the service users are at home, the service users have free access to their garden and driveway when then wish.

Having spoken to relatives, the manager and supporters, they prefer staff to be referred to as supporters, as this is what the service users are used to hearing daily.

3.0 Service details

Registered organisation/registered person: Autism Initiatives NI/Andrew Grainger (Acting)	Registered manager: Nicola Pedlow
Person in charge of the service at the time of inspection: Nicola Pedlow	Date manager registered: 29 June 2015

4.0 Inspection summary

An announced inspection took place on 13 December 2017 from 09.55 to 12.15 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, families and staff during the course of the inspection was positive.

Service users and representatives communicated with by the User Consultation Officer (UCO), presented a range of positive feedback regarding the service provided by Boyd's Row Supported Living agency in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the registered manager during the inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Nicola Pedlow, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 21 November 2016

No further actions were required to be taken following the most recent inspection on 21 November 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Notification of Incidents records
- Correspondence with RQIA
- User Consultation Officer (UCO) report

During the inspection the inspector spoke with the registered manager, Nicola Pedlow; and observed the interactions of supporters with service users.

Due to the complex needs of the three service users they were unable to speak with the UCO as part of the inspection process; however two relatives met with the UCO to provide their views on the service. The UCO also spoke informally with three support workers, the senior support worker and the registered manager; as well as observing their interactions with the service users.

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's office. The poster invites supporters to give their views and provides supporters with an electronic means of providing feedback to RQIA regarding the quality of service provision. No completed surveys were returned to RQIA, which was disappointing.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, training, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting
- Statement of purpose
- Service user guide
- Service user records regarding referrals and care planning
- Service user' records regarding ongoing review, and quality monitoring
- Recording and evaluation daily records
- One new supporter's recruitment and induction records
- One long term supporters' supervision and appraisal records

- Supporter training records
- NISCC registration and renewal of registration processes
- Monthly monitoring reports for September to November 2017
- Annual quality report for 2016
- Communication records with HSCT professionals
- A range of compliments records
- Complaints records
- A range of incident records

The findings of the inspection were provided to the registered manager Nicola Pedlow at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 November 2016

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 21 November 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

A range of policies and procedures were reviewed relating to supporters recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency has in place a comprehensive recruitment policy; this was updated September 2017 by Autism Initiatives NI. The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Records viewed and discussions with the manager indicated that the agency has in place robust recruitment systems to ensure that supporters are not provided for work until all pre-employment information has been satisfactorily completed and verified.

The manager could describe the process for obtaining confirmation that supporters are available to commence employment. The inspector found that staffing arrangements maximise the provision of familiar supporters to service users.

The UCO was informed by the relatives interviewed that there is consistent staffing at Boyd's Row; most have worked with the service users for a number of years. No concerns were raised regarding the safety of the care being provided.

The induction programme for supporters was viewed, which includes a detailed induction procedure and support mechanisms in place for them over a six month period that included a 'buddy' system. Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by supporters.

Records of training indicated that supporters attend a range of training necessary to meet the needs of service users. Autism Initiatives NI has a system of requiring supporters to complete competency assessments subsequent to key training events to ensure that learning objectives have been met, and to identify future learning needs.

Through discussions with the relatives and supporters, as well as the UCO's observations, it was evident that supporters are knowledgeable as to the types of activities each service user likes to do, and to the level of support required to ensure their safety.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. Records viewed by the inspector indicated that supporters are provided with supervision and appraisal in accordance with the agency's policies and procedures.

The inspector noted that arrangements are in place to ensure that supporters are registered as appropriate with the relevant regulatory body. The records confirmed all supporters are registered with The Northern Ireland Social Care Council (NISCC) apart from one recently appointed supporter; however records indicated that this supporter had submitted their application and is awaiting their registration certificate. The manager discussed the system in place to identify when supporters are due to renew registration.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Protection' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The details of the agency's Adult Safeguarding champion with key responsibilities are detailed in their procedure in line with required guidance.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessment and safety management plans are required to be completed in conjunction with service users. Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

One care and support plan reviewed by the inspector had a strong person centred focus, was up to date, and clearly detailed the service users' needs and how they wished these to be met. The manager described how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care and support plans. The inspector viewed service user care records where supporters recorded the care and support provided and that the views and choices of service users are reflected.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

The UCO was informed by the relatives interviewed that there is adequate staffing levels to provide the necessary care to the service users. New supporters have an induction period to enable them to become familiar with the service users and their individual needs. It was clear from discussions and through observations that the supporters have good knowledge of the service users' needs and preferences.

The UCO also noted that supporters had a good understanding of the service users' communication; both in terms of their verbal and non-verbal communication such as hand gestures. No concerns were noted by the UCO during the observed interactions between service users and supporters.

Relatives confirmed that review meetings take place annually, or more frequently if necessary. The UCO was also informed that there is good communication between the supporters and relatives, and that they are aware of how to raise a complaint if necessary.

Examples of some of the comments made by the relatives interviewed are listed below:

- "Like home from home."
- "The supporters are very tuned in to XXX's moods and how to calm him down if necessary."
- "XXX has grown in confidence since living here."

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records were maintained in accordance with legislation, standards and the organisational policy. On the day of inspection the supporters' personnel and service users' records were retained securely and in an organised manner. Supporter records indicated that they had received training relating to record keeping, confidentiality and data protection.

Supporter meetings are facilitated; the inspector viewed minutes of meetings that indicated a range of topics and matters were discussed and updated information was provided.

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is robust; it was noted that comments made by service users, and where appropriate their representatives, other professionals and supporters were included. The record includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency supporters and other relevant stakeholders and the monitoring of the quality of the services provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Service users are given choice regarding activities and meals, and the supporters were knowledgeable as to the type of activities they like to do and the support required. The relatives interviewed advised that the service users’ bedrooms are personalised and they are currently preparing to redecorate the living room. Service users are involved in the decisions as much as possible.

Examples of some of the activities which service users like to do:

- Horse riding
- Swimming
- Walking dogs
- Shopping
- Train trips
- Household tasks such as washing, cooking and cleaning
- Arts and crafts
- Visiting family
- Reading

Examples of some of the comments made by the relatives interviewed are listed below:

- “The support workers are great. They enable XXX to live as full a life as possible.”
- “XXX is encouraged to do as much as possible for himself.”

Comments made by service users and where appropriate their representatives were detailed throughout a range of the agency's documentation. Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency's complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user satisfaction surveys and tenant meetings. Compliments reviewed during inspection provided information in support of compassionate care, one example:

"XXX needs are met fully and his activities are tailored to him, very much person centred; there is nothing I would change." (HSC Trust social worker).

The manager described examples of how supporters help service users to take positive risks to enable them to live a more fulfilling life. Supporters have been provided with training and information in relation to human rights and confidentiality. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The organisation has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The agency's premises are suitable for the operation of the agency as described in the Statement of Purpose. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards. The inspector noted that the agency had a process where supporters are required to access the organisation's policies and to indicate they have read them.

The agency's complaints procedure viewed was found to be in line with regulations and standards. It was identified from records viewed that the agency has received one concern since the previous inspection which was resolved to the satisfaction of the person.

The agency has systems in place for auditing and reviewing complaints on a monthly basis with the aim of improving the quality of service provided to service users. A review of incident report documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures.

The UCO spoke with two relatives who confirmed that there is good communication between supporters and themselves, and that they are aware of the complaints process.

Monthly monitoring reports were viewed for September to November 2017. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by a manager who have a good working knowledge of the service. Each report contained a summary of service user and supporter monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed.

The inspector examined the annual report of service user/representatives satisfaction completed in October 2017. This report reflected a high level of satisfaction regarding the care and support they receive and the manner in which supporters treats them along with action points. This report was confirmed as appropriately detailed and had been shared with service users/relatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of concerns and incidents, quality improvement and maintaining good working relationships with all key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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