

Unannounced Care Inspection Report 21 November 2016



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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Boyd's Row Supported Living took place on 21 November 2016 from 10.00 to 16.15 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the supported living service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised supporters who understand the needs of service users. Supporters provided feedback that managers are approachable and accessible for consultation at all times.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of service users, the HSC Trust and relatives. The inspector found evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

Is care effective?

During the inspection the agency was found to be delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users and their relatives are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users, their representatives and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from service users, relatives and supporters which indicated that service provision had resulted in positive outcomes for service users' lives.

Is care compassionate?

During the inspection the agency was found to be delivering a high standard of person centred compassionate care. The inspector observed interactions between supporters and service users and received feedback from service users' relatives which indicated that the human rights, choice and respect of service users are upheld through service delivery. There was evidence which indicated that the views and wishes of service users are consistently sought by supporters on a day to day basis, in addition to formal processes such as monthly quality monitoring and the annual service user survey. The agency maintains systems to seek the views of service users' representatives and there was evidence of regular involvement of representatives as appropriate. The inspector noted that the provision of a high standard of compassionate care has enabled service users to enhance the quality of their lives.

Is the service well led?

During the inspection evidence confirmed delivery of a well led service. Management and governance systems have been effectively implemented by the agency to ensure that the needs

of service users are met and quality improvement systems are maintained. Supporters are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that supporters have access to a manager who has knowledge of the needs of service users at all times. The inspector noted evidence of effective team working to the benefit of service users. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, have contributed to positive outcomes achieved with service users.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 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

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Notification of Incidents records
- Correspondence with RQIA
- RQIA duty call information

During the inspection process the inspector spoke with the registered manager, Nicola Pedlow; two senior support workers; two support workers; two service users and two relatives. During the inspection the inspector observed the interactions of staff with service users.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; four were returned. At the request of the inspector, questionnaires were distributed for completion by service users/representatives; none were returned. Feedback received from questionnaires is included throughout this report.

The following records were examined during the inspection:

- Three care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Parent Focus Group meeting minutes
- Service user evaluation survey results
- Staff meeting minutes
- Records relating to staff training, including induction training
- Records relating to staff supervision
- Complaints records
- Compliments records
- Incident records
- Records relating to safeguarding of adults
- Staff rota information
- Staff communication records
- Recruitment Policy
- A range of policies relating to the management of staff
- Supervision Policy
- Induction Policy
- Safeguarding Vulnerable Adults Policy, 2016
- Management of Challenging Behaviours Policy
- Risk Management Policy
- Whistleblowing Policy, 2016

4.0 The inspection

Boyd's Row provides a supported living type domiciliary care service to three service users.

The accommodation at Boyd's Row 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 (Ref 1) 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 front door is also locked from within the house and service users cannot freely leave their home or venture out into the driveway. The door is secured with the use of a key pad which cannot be operated the service users.

Ref (1) having spoken to one relative, 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.

4.1 Review of requirements and recommendations from the last care inspection dated 7 July 2015

There were no requirements of recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector.

The agency has in place a recruitment policy; this was updated March 2015 by Autism initiatives. The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The inspector reviewed a sample of two support workers recruitment records at their head office on 29 November 2016, and found all the required information and documentation to be in place in line with the regulations.

Supporter's rotas and feedback from supporters indicated that sufficient numbers of supporters are available to meet the needs of service users, including the provision of one to one time at home or in the community. The inspector noted that vacant shifts are usually covered by the current supporter team, with no use of employment agency support workers required. The inspector found that staffing arrangements maximise the provision of familiar supporters to service users.

It was noted that the agency has an induction policy and procedure in place. The induction programme for support workers 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. Supporters who provided feedback to the inspector commented that the induction prepared them for their role and described the support during the induction period as very valuable.

Records of training and supporter feedback indicated that they 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.

The inspector received feedback from the registered manager and from supporters which indicated that the agency is committed to the ongoing development of supporters through the provision of quality training. The records reviewed by the inspector found that they have attended training specific to the needs of individual service users, such as autism and epilepsy awareness training. Supporters provided positive feedback regarding the quality and relevance of this training.

Supporters commented:

- ‘My induction training was very good. I found I had time to shadow colleagues to understand the complex care needs of service users. The ‘buddy’ system is helpful.’
- ‘The training provided is service specific and I have been encouraged to develop myself.’
- ‘The training courses are very good, trainers are experts.’

Examination of records indicated that a system to ensure that supporter’s supervisions and appraisals are planned and completed in accordance with the agency’s policy has been maintained. It was noted that the agency maintains robust systems to assess the competency of supporters. Annual competency assessments viewed by the inspector included comprehensive written questions and a series of observations of practice by a manager. Supporters described a thorough system of competency assessment, including a series of practice observations and assessments.

There was evidence of systems of informal supervision and consultation at all times from the manager or senior support worker, backed up by an area manager who has a working knowledge of the service and service users. An on call system ensures that supporters can avail of management support 24 hours a day. The inspector received feedback which indicated that supporters are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: ‘Adult Safeguarding Prevention and Protection in Partnership’. The inspector received feedback from supporters and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance. Supporters informed the inspector that adult safeguarding training was included in their induction programme; this was confirmed by records reviewed by the inspector.

The inspector examined documentation relating to safeguarding referrals made to the HSC Trust and discussed the agency’s implementation of appropriate protection plans as agreed with the Trust. Supporters provided feedback regarding partnership working with the HSC Trust, including amendment of plans and review of the process.

Assessments of need and risk assessments examined by the inspector reflect the views of service users and their representatives. Assessments of need and risk assessments are reflected in care and support plans and the “About me” documentation. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

Agency supporters provided feedback which indicated that they had a full understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. It was evident from discussion with supporters and review of records in respect of service users, that the agency is open to person centred positive risk taking and is able to work collaboratively with professionals to maximise independence of service users and manage potential risk.

Reports of review meetings with the HSC Trust, annually or as required, involving service users, family as appropriate, and supporters, were present in service users’ files. Review reports

included consideration of a range of matters including risk factors and management plans. The inspector noted that agency care and support plans had been updated to reflect changes agreed at review meetings with the HSC Trust. However, one relative expressed the view that the HSC Trust should be more involved in the support plan for a service user, which was discussed with the registered manager to review. The inspector found that care and support plans are reviewed with service users on a regular basis, and that monthly reviews between service users and supporters can highlight changes which result in amendments to care plans.

The questionnaires returned by supporters, all indicated they were 'very satisfied' that care was safe.

During the inspection the inspector was able to observe two service users communicate effectively with supporters whilst going about daily activities.

The inspector was able to speak to two service users; one expressed his satisfaction with the service with the following comments:

- 'I like living here. I have been to the café and ate chicken gougons and had coca-cola, my favourite drink.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide.

The inspector reviewed each service users' care and support plans and their individual financial files. The inspector was informed by supporters that person centred care plans are developed with service users and their representatives in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. Examination of these care and support plans indicated that information from HSC Trust assessments is incorporated accurately into care and support plans. Feedback received by the inspector from supporters indicated that service users have a genuine influence on the content of their care plans.

Care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed service users' needs and how they wished these to be met.

Service users' relatives and supporters provided feedback to the inspector which indicated that the provision of care and support by the agency had resulted in positive outcomes for service users. Two service users' relatives described the positive value of the service users' involvement in a range of activities and interests which are facilitated by supporters.

Relatives' comments:

- 'The supporters are great. XXXX is happy, so we are content. There is a happy atmosphere in the home.'
- 'Thanks to the hard work of all involved, he has settled in much better than I thought possible, and his social skills have improved.'
- 'The supporters are all very approachable.'

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with service users, relatives, supporters and as appropriate HSC Trust professionals; and progress on improvement matters. The inspector noted that quality monitoring reports documented positive feedback regarding the quality of service provision.

The agency's systems to promote effective communication between service users, supporters and other key stakeholders were assessed during the inspection. Communications systems maintained by the agency provided evidence of effective communication with service users and their representatives, including a complaints and compliments process, family focus group meetings, quality monitoring reports, and monthly care plan reviews between keyworker and service user. Family focus group meeting minutes reflected discussions on a range of issues, including timetable for redecorating, change to supporters, garden planning and sharing mealtimes. One relative stated that 'the parents meetings are very helpful in keeping up to date.'

During the inspection the inspector observed supporters interactions with service users and noted that service users appeared to enjoy positive relationships with supporters. In addition to formal methods, discussion with service users' relatives and supporters indicated that effective communication happens on a routine daily basis as supporters interact with service users and make themselves available for discussion. Supporters described how they have learnt to communicate effectively with service users who have particular communication needs. Relatives commented that they have good working relationships with the manager and supporters, including appropriate communication.

The agency maintains communication systems to ensure that supporters receive information relevant to the care and support of service users. Supporters described effective verbal and written communication systems within the agency at handovers. It was noted that supporter meeting minutes recorded the discussion of information regarding service users and a range of relevant issues including guidance provided by HSC Trust professionals. Supporters provided feedback to the inspector that they can contribute to their team meeting agenda and feel that their views are heard.

Examination of documentation and discussion with supporters indicated that the agency promotes good working relationships with the HSC Trust, and refers to or consults with a range of appropriate professionals when relevant. 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.

Feedback from a consultant, viewed within one file, provided confirmation in support of effective care:

- ‘The agency is to be commended for the work done; he is now settled, due to good management, a friendly service with a homely atmosphere.’

Of questionnaires returned by staff, all indicated they were ‘very satisfied’ that care was effective.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout supporters’ attitudes and the delivery of the service.

Discussion with supporters and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of the service users. The inspector observed that the language and behaviour of supporters promoted the independence and choice of the service users throughout their interactions.

Feedback from supporters indicated that they have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that supporters have made particular efforts to facilitate service users to achieve goals, do activities of their choice, and purchase items they wished to obtain. During the inspection progress, supporters facilitated the inspector in communication with service users regarding their interests and preferences.

It was evident from discussion with supporters and service users’ relatives that the agency promotes the independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate support. Throughout conversation with service users’ relatives the inspector found that service users are involved in making plans for future activities such as holidays, leisure activities, and attending events.

The inspector noted that service users’ care plans were person centred, specific to the individual, with the inclusion of pictorial guides which reflected service users’ wishes or needs. The likes and dislikes of each service user were noted in detail in their file, alongside information about preferred means of communication and delivery of care.

The views of service users/relatives are recorded through the minutes of family focus group meetings. The inspector noted that the views of service users and service user involvement are included as standing agenda items in each meeting. The family focus group meeting minutes recorded discussions on a range of matters, including decisions made by service users/relatives regarding timetable of redecorating and purchase of new Christmas decorations.

During the inspection the inspector noted examples of how service user choice was being upheld by agency supporters. For example, service users' preferences of whether or not to meet the inspector were fully respected.

The inspector was provided with examples of information provided to service users, such as how to make a complaint, human rights information, and how to stay safe.

Compliments received from relatives during inspection provided confirmation in support of compassionate care:

- 'Thank you to supporter who helped xxxx during his walk.'
- 'Compliments to supporters of xxxx for helping him during his holiday in Newcastle, it was very successful.'

Of questionnaires returned by supporters, all indicated they were 'very satisfied' that care was compassionate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by Autism Initiatives NI have been implemented at the agency. The day to day operation of the agency is overseen by a manager who is supported by senior support workers and a team of support workers.

The management structure of the agency is clearly defined and was well understood by supporters.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which includes appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and matters notifiable to RQIA; and service improvement strategies implemented by the senior management team.

The agency operates a robust training system and the organisation has a training coordinator, who develops the training plan and timetable for all grades of supporters and is available for consultation with supporters on training and safeguarding issues.

It was noted that senior managers available for consultation out of hours have a working knowledge of the service and are respected by supporters. Feedback from supporters indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system

accessible to all supporters, and paper policies are retained in the office used by supporters daily.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted five complaints were received during the reporting period of 1 April 2015 to inspection date 21 November 2016. The inspector reviewed a sample of the complaints records which supported appropriate management, review and resolution of each complaint.

All of the service users' and the relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews; all confirmed the manager/supporters could be contacted at any time and are very approachable.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertain and include the views of service users and their representatives. The inspector examined the report of the annual service user/representatives evaluation survey 2015, which reflected a high level of satisfaction regarding the care and support they receive and the manner in which supporters treat them. This report was confirmed as appropriately detailed and had been shared with service users/relatives.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by supporters. The inspector noted that the agency had received positive feedback through the quality monitoring report from HSC Trust professionals regarding the ability of the agency supporters to work in partnership to meet the needs of service users. It was evident to the inspector that effective partnership working with Trust professionals has resulted in positive outcomes for service users. The inspector was provided with positive feedback from relatives on the recent management of window replacements throughout the home. This was described as a major upheaval but had been organised well with minimum disruption to service users.

Of questionnaires returned by supporters, all indicated they were 'very satisfied' that the service was well led.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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