

Announced Care Inspection Report 22 October 2018



Boyd's Row Supported Living

Type of Service: Domiciliary Care Agency
Address: 19 Boyd's Row, Armagh, BT61 7JR
Tel No: 028 3752 8573
Inspector: Caroline Rix
User Consultation Officer: Clair McConnell

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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 four 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 (staff) 24 hours per day. The service also supports a service user in a separate bungalow in Thornleigh, Armagh. The Southern Health and Social Care Trust commission these services.

The Boyd's Row 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.

The Boyd's Row service users rent their accommodation from Triangle Housing Association and the service user living in the Thornleigh bungalow rents this accommodation from Autism Initiatives NI.

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

Organisation/Registered Provider: Autism Initiatives NI Responsible Individual: Dr Eamonn Slevin	Registered Manager: Nicola Pedlow
Person in charge at the time of inspection: Nicola Pedlow	Date manager registered: 29/06/2015

4.0 Inspection summary

An announced inspection took place on 22 October 2018 from 10.00 to 15.00 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 care records, reviews, communication between service users and supporters and other key stakeholders and supporter training.

Service users relatives spoken with by the User Consultation Officer (UCO) provided feedback regarding the service provided by Boyd's Row Supported Living Service in regards to safe, effective, compassionate and well led care. Some examples of good practice were highlighted and complimented and have been detailed within the body of this report.

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. The inspector would like to thank the service users and supporters for their warm welcome and full cooperation throughout the inspection process.

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 the manager and a team leader 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 13 December 2017

No further actions were required to be taken following the most recent inspection on 13 December 2017.

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
- Record of notifiable events for 2017/2018
- All communication with the agency

During the inspection the inspector spoke with the manager, a team leader, a senior support worker and a support worker. Their feedback has been included throughout this report.

As part of the inspection, the User Consultation Officer (UCO) spoke with two relatives, three supporters and the registered manager. Due to the complex needs of the service users they were unable to speak with the UCO as part of the inspection process. The UCO also spent a period of time observing the service users' interactions with the supporters on duty. The supporters spoken with during inspection provided valuable feedback in terms of their work within the agency.

During the inspection the manager was asked to distribute questionnaires to service users/representatives. Three surveys were returned to RQIA and the feedback is included within the body of this report.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

The manager was also asked to display a supporter's poster prominently within the agency's registered premises. The poster invites supporters to give their views and provides them with an electronic means of providing feedback to RQIA regarding the quality of service provision. Feedback from six supporters was received by RQIA at the time of writing this report and is included within the report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.

- Three supporters recruitment records
- Two supporters induction records
- Three supporters supervision records
- Two supporters appraisal records
- Three supporters training records
- Supporters training plan
- Supporters meeting minutes
- Supporters NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Two service users' records regarding referral planning, care and support plans, reviews and quality monitoring
- Three monthly monitoring reports.
- Annual quality review report for 2017
- Communication records with other professionals
- Notification and incident records
- Complaints log
- Compliments log

The findings of the inspection were provided to the manager and a team leader at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 December 2017

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

6.2 Review of areas for improvement from the last care inspection dated 13 December 2017

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's recruitment policy outlines the system for ensuring that required supporters pre-employment checks are completed prior to commencement of employment. The organisation has a central 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 all pre-employment information has been satisfactorily completed and verified in line with regulations and standards. The inspector noted that arrangements are in place to ensure that supporters are registered as appropriate with the relevant regulatory body. The records confirmed that all supporters are registered with The Northern Ireland Social Care Council (NISCC) or have applied to be registered in the case of newly appointed supporters. The manager discussed the system in place to identify when supporters are due to renew registration with NISCC.

The induction programme for new supporters was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16(5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by supporters over a six month period that included a shadowing system. The manager had signed all records to confirm that the supporters had been deemed competent at the end of their probationary period.

The inspector noted the supporter team is currently stable, with an increased number employed during 2018 to meet the increased services provided. The agency is currently recruiting as some vacant posts are to be filled. The staffing arrangements enable the agency to provide familiar supporters to service users who require continuity.

The UCO was informed by the relatives and supporters spoken with that there is a core team who have worked in the service for a number of years. Confirmation was received that, although there are vacancies, shifts are being covered by permanent supporters and employment agency is not being used. New supporters spend a period of time on induction and shadowing experienced supporters so that they become familiar with the service users and their needs. The UCO was also informed that supporters receive additional training, such as epilepsy awareness/management, as well as mandatory training including safeguarding and whistleblowing. The relatives and supporters raised no concerns regarding the support being provided and felt able to discuss concerns with management.

The inspector reviewed the agency's training matrix and training records maintained for individual supporters; those viewed indicated that they had completed relevant training. Records of training and supporters feedback indicated that they attend a range of training necessary to meet the individual needs of service users. The organisation has a system of requiring supporters to complete annual update training in key subject areas. The organisation has a learning and development team to assist managers to ensure that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual supporters' supervisions and appraisals in line with their policies and procedures. Supporters described the value of the various supervision meetings with the manager and senior team as 'very important for us all to be sure we are keeping up to date and reflecting on practise'. Supporter spoken with confirmed the senior team are approachable at any time for support and guidance.

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 agency has identified their Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's procedure. The inspector noted that the safeguarding procedures are also available in an easy read version and provided to each service user. Records evidenced that a number of safeguarding matters had been identified, appropriately managed and reported to the relevant bodies as required.

The agency's whistleblowing policy and procedure was found to be satisfactory and supporters demonstrated a clear understanding of their role and responsibilities in relation to raising concerns or reporting poor practice/whistleblowing.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users/ their representative and HSC Trust multi-disciplinary team.

The returned questionnaires from service users/representatives indicated that they were 'satisfied' or 'very satisfied' that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

Supporters commented during inspection:

- "Our training is excellent; we get lots of opportunity to learn more and keep skills up to date".
- "Training has helped me do the best job I can for our service users, now and hopefully in the future."

The returned questionnaires from six supporters indicated that they were 'very satisfied' that the care was safe.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training, 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.

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed the service users' needs and how they wished these to be met.

Service users are supported to participate in regular reviews involving their HSC Trust keyworker. 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 which are reviewed at agreed intervals or as required. The inspector viewed service user files that contained records of the care and support provided and which evidenced the views and choices of service users.

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.

During the inspection the inspector was able to observe a number of service users communicate effectively with supporters and were fully involved in day to day decisions and routines. The supporters were using language and behaving in a manner which encouraged each service user to make their own choices.

It was clear from the UCO discussions and through observations that the supporters have good knowledge of the service users' needs and preferences. One service user has recently been displaying challenging behaviours and the supporters were knowledgeable regarding the situation and discussed how the agency has been working with family and other health care professionals to manage these situations.

The three service users have been supported at Boyd's Row for a number of years and the UCO noted that the supporters have a good understanding of their various modes of communication, both in terms of their verbal and non-verbal communication, and their challenging behaviour. One relative raised an issue regarding the level of communication between the service and themselves; the matter was discussed with the registered manager who confirmed this area is currently being addressed.

The agency has recently started to provide support to a service user in a separate house; both the service user's relative and supporters spoke positively about the transition period and improvements noted in their level of challenging behaviour. Through discussions with the supporters on duty, as well as the UCO's observations, it was evident that they were very knowledgeable regarding each service user and the support required ensuring their safety. During the UCO's visit one of the service users displayed challenging behaviours and the supporters were quick to respond.

It was evident that the agency maintains a range of methods to communicate with and record the responses of service users, including through use of their verbal and non-verbal communication such as hand gestures.

The use of electronic handsets, I-pads have been introduced to some service users, which were described by supporters as very valuable for sharing information and photographs of activities enjoyed in the community between service users and their family.

The returned questionnaires from service users/representatives indicated that they were 'satisfied' or 'very satisfied' that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

Supporters' comments during inspection:

- "We have built up trust and relationships with our service users and families, some over many years. Today I was out with a service user in their favourite café, decorated for Halloween, and sent a photo of xxx sitting beside a 'witch' to their mum via their iPad. This would not have happened without our support to live full lives."
- "The care and support provided changes and adapts as the service users' needs change, to allow them to have as many choices as possible in their own homes."

The returned questionnaires from six supporters indicated that they were 'very satisfied' that the care was effective.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, 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.

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.

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

- Drives
- Walks
- Arts and crafts
- Music
- Baking and cooking
- Visiting family
- Gym
- Cinema
- Garden
- Day trips or weekends away
- Shopping
- Reading
- Shows for example Disney on Ice and Circus de Soleil
- Horse riding
- Meals out

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

- “So long as XXX’s happy, I’m happy.”
- “XXX seems to be happy enough.”
- “Everything’s going well.”

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.

Views of 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 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.

Compliments from service users, representatives and other professionals reviewed during inspection provided the following examples in support of compassionate care:

- ‘Thank you for the flexibility shown by Autism Initiatives and your staffing pool in facilitating this unforeseen scenario arising.’ (Email feedback from HSC Trust Head of Community Services regarding additional hours of support provided to a service user).
- ‘Xxx looked well and is keeping well; the service is lovely and well maintained. There is great support and consistency from supporters.’ (Verbal feedback from the psychiatrist during the review visit of a service user).
- ‘A great job from Autism Initiatives; it is a credit to all the hard work put in and dedication towards xxx and the family, that the transition has been successful.’ (Telephone feedback from HSC Trust Head of Behaviour Support Team regarding a service user).
- ‘I am very happy at how everything is going, it has been smooth. Xxx has great help from supporters who know xxx, we are lucky.’ (Verbal feedback from the relative of a service user).

The returned questionnaires from service users/representatives indicated that they felt ‘satisfied’ or ‘very satisfied’ that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

The returned questionnaires from six supporters indicated that they were ‘very satisfied’ that the care was compassionate.

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 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 the organisation have been implemented at the agency.

The agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The day to day operation of the agency is overseen by a registered manager, supported by two team leaders, two senior support workers and a team of supporters.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all supporters and paper policies are retained in the office used daily.

The agency maintains a variety of processes to ascertain and respond to the views of service users and representatives such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the feedback received by the agency following their annual satisfaction survey in October 2017 was positive and a report had been shared individually with service users, representatives, supporters and the HSC Trust.

Monthly monitoring reports were viewed for July to September 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by an area manager or operations manager who have a good working knowledge of the service. Each report contained a summary of service user, relatives and supporter monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted one complaint had been received since the last inspection. Records reviewed confirmed that this matter had been appropriately managed and resolved. A range of compliments had been received and records confirmed these had been shared with supporters individually and at team meetings.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. The manager discussed the on-going management and support mechanisms in place, in conjunction with other relevant professionals, to support service users and ensure their safety.

The supporters spoken with by the UCO raised no concerns regarding management and felt able to raise concerns if necessary.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. This was acknowledged during the observations of service user and supporters interactions during the inspection.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. Supporters were able to discuss the ways in which their development and training enables them to engage with a diverse range of service users.

Discussions with the supporters highlighted evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- safeguarding
- advocacy
- human rights
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The returned questionnaires from service users/representatives indicated that they felt 'satisfied' or 'very satisfied' that the service was well led and meant:

- You know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service.

Supporters commented during inspection:

- "There is an open door to the office for the manager or team leader who are all 'hands on', very helpful and approachable. We have excellent team working".
- "I love seeing our service users enjoying their day, doing the activity they wanted and are relaxed. Some love walks in the park or out in their garden. It is very rewarding work."

The returned questionnaires from six supporters indicated that they were 'very satisfied' that the service was well-led.

Areas of good practice

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

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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