

Inspection Report

8 February 2022



Boyd's Row Supported Living

Type of service: Domiciliary Care Agency, Supported Living

Address: 19 Boyd's Row, Armagh, BT61 7JR

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Autism Initiatives NI Responsible Individual: Dr Eamonn James Edward Slevin	Registered Manager: Ms Meadhbh Hamill Date registered: 7 May 2021
Person in charge at the time of inspection: Mrs Meadhbh Hamill	
Brief description of the accommodation/how the service operates: 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 (HSCT) 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 staff from within the house and remains locked when the supported people are at home; the supported people have free access to their garden and driveway when then wish.	

2.0 Inspection summary

An unannounced inspection was undertaken on 8 February 2022 between 9.25 a.m. and 4.30 p.m. by the care inspector.

This inspection focused on the agency's governance and management arrangements, as well as adult safeguarding, whistleblowing, notifications, complaints, recruitment, registration with the Northern Ireland Social Care Council (NISCC), Deprivation of Liberty Safeguards (DoLs), restrictive practice, Dysphagia, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to the level of support provided to the service users to lead active and fulfilling lives. Further, good practice was found in relation to the dissemination of Covid-19 related information to staff.

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.

Prior to inspection we review the information held by RQIA in relation to service. This includes the previous inspection report and any written and verbal communication received since the last care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to the supported people, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff to feedback to the RQIA.

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for the service users to comment on the following areas of service quality:



Do you feel your care is safe?

- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought that the care and support was excellent.

We spoke with one supported person on the day of the inspection. In addition, one staff member completed the electronic survey. All the feedback received was positive.

Supported person comments:

- “They help do my work.”
- “Happy here.”
- “Get barbeque.”

Staff comments:

The staff feedback indicated they were very satisfied, that ‘staff are employed in sufficient number to meet the needs of supported people; very satisfied, that all supported people are treated with compassion; very satisfied, that care delivered to supported people is effective and very satisfied, that service is managed and well led’.

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last inspection to Boyd’s Row was undertaken on 22 October 2018 by the inspector; no areas for improvement were identified. An inspection was not undertaken in 2019-2020 and 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

5.2 Inspection findings**5.2.1 Are there systems in place for identifying and addressing risks?**

The agency’s provision for the welfare, care and protection of the supported people was reviewed. The organisation’s policy and procedures reflected information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The annual Adult Safeguarding Position report for the agency had been formulated and was reviewed.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. A review of the training records evidenced that four support workers were required to complete adult safeguarding training. A date for this training had been arranged for the following day. The manager submitted confirmation on the 9 February 2022 that three of the four staff has now completed this training and one staff member has a confirmed date book to complete this training. We were satisfied that this area for improvement had been addressed.

The agency has a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records reviewed and discussions with the manager indicated that adult safeguarding referrals had been managed appropriately.

There is a manager on-call rota for staff to contact out of hours

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The manager demonstrated that they had an understanding that the supported people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager and staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

There were arrangements in place to ensure that the supported people who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriately assessed.

A review of the care records indicated where a supported person was experiencing a deprivation of liberty, not all the appropriate details of assessments completed with agreed outcomes developed in conjunction with the HSCT representative were present. The manager submitted confirmation on 9 February 2022 that all relevant documentation is now in place.

The Control of Substances Hazardous to Health (COSHH) item was noted to be stored in an unlocked cupboard in the laundry room, accessible to the supported people. This cupboard also contained general household cleaning items. The manager submitted evidence on 9 February 2022 advising that the COSHH item has now been removed and stored in a locked area in the garage. In this same correspondence the manager advised 'that there is no locked COSHH cupboard restrictive practice in the Boyd's Row service and the people we support are supported daily to maintaining the cleanliness of their home therefore have access to the items in the COSHH cupboard with support from staff'.

Review of the training records, including evidence submitted by the manager on 9 February 2022 indicated that all staff have received infection prevention control training. It was noted that the staff present were appropriately using Personal Protective Equipment (PPE). Furthermore, temperature checks are taken on entry to the facility and track and trace details were also recorded. There was a good system in place in relation to communicating and the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with manager and review of supported peoples' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the supported living setting. Staff had completed Dysphagia training to ensure the care received in the setting was safe and effective.

5.2.3 Are their robust systems in place for staff recruitment?

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department. Records viewed of staff profiles evidenced that criminal record checks (AccessNI) had been completed for staff member's prior to commencing employment and before direct engagement with the supported people.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates was monitored; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with supported people, supported persons' relatives, staff and HSCT representatives. The reports included details of the review of the supported peoples' care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

It was established during the discussion with the manager that service has not been involved in any Serious Adverse Incidents (SAIs), Significant Event Analyses (SEAs) or Early Alerts (EAs).

6 Conclusion

Based on the inspection findings and discussions held, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was will led by the manager.

7.0 Quality Improvement Plan/Areas for Improvement

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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