

Inspection Report

4 March 2022



Highfields Grove Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 7 Highfields Grove, Lisburn, BT28 3GH
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Autism Initiatives NI	Registered Manager: Mrs Anna Colhoun
Responsible Individual: Dr Eamon Slevin	Date registered: 25 January 2018
Person in charge at the time of inspection: Mrs Anna Colhoun	
Brief description of the accommodation/how the service operates: Highfields Grove Supported Living Service is a supported living type of domiciliary care agency which provides personal care and housing support to three people. Their services are commissioned by the Belfast Health and Social Care Trust and the South Eastern Health and Social Care Trust (HSC trust). Service users have a range of needs including autism and staff provide them with support and care services to promote their independence and well-being. There is an office within the building which is used by staff 24 hours per day. The service users rent their accommodation from Triangle Housing Association.	

2.0 Inspection summary

An unannounced inspection was undertaken on 4 March 2022 between 10.20 a.m. and 2.30 p.m. by the care inspector.

The inspection focused on the review of staff recruitment and the agency's governance and management arrangements. It also focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to the governance and management arrangements within the agency and appropriate pre-employment checks being undertaken before staff started to provide care and support to the service users. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff.

RQIA was assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

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.

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 staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of the services being provided by the agency. This included service user/relative questionnaires and an electronic questionnaire for staff.

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for those supported 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 care and support was either excellent or good. No comments were received.

On the day of inspection, we spoke with one service user and two staff. In addition, feedback was received from one relative by way of the questionnaire. No staff responded to the electronic questionnaire.

Service user's comments:

- "I'm happy."
- "I can pick."

Service user's relative's comments:

- "xxxx (service user) who is developing a means of communication by using a letterboard, is receiving positive encouragement and support."

Staff comments:

- "I know the boys really well to support their needs."
- "100% I can go to the manager with anything."
- "We automatically follow SALT recommendations."
- "There are always safe staffing levels."
- "The manager will always take the time to listen to you."
- "We have a close knit team and there is good communication."

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 care inspection of the agency was undertaken on 10 December 2018 by a care inspector and no areas for improvement identified. An inspection was not undertaken in the 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 service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. It was noted that two safeguarding referrals had been made since the last inspection. It was noted that the referrals had been managed in accordance with the agency's policy and procedures.

The manager and staff were provided with training appropriate to the requirements of their role; this included DoLS training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

Examination of service users' care records confirmed that DoLS practices were embedded into practice with the appropriate documentation available for review for the three service users. We established that the processes had been discussed with the HSCT representatives.

Where a service user is experiencing a restrictive practice, examination of these care records contained details of the assessments completed and agreed outcomes developed in conjunction with the appropriate HSCT representative.

The manager confirmed they do not manage individual service users' monies.

There was a good system in place in relation to 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 care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that the service users had regular contact with family and staff supported the service users through the restrictions.

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

The discussions with the manager and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within their home environment. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was identified that staff have completed training with regard to Dysphagia and SALT swallow assessments and recommendations. Two service users had been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. Staff demonstrated that they have a clear understanding of the needs of the individual service user with regard to eating

and drinking. The service users' care plans were reviewed and they clearly reflected the recommendations of the SALT team.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in conjunction with the agency's Human Resources (HR) Department and was in accordance with the regulations and minimum standards, and that pre-employment checks were completed before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the HR Department and emails disseminated to the manager when staffs' registrations were due for renewal. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

5.2.5 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 service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements. We noted some of the comments received during the monthly quality monitoring visits:

Staff:

- "Autism Initiatives are great. They stand by their mission and vision."
- "The service users are really valued and are supported well."
- "The service is meeting the service users' needs."
- "Triangle are carrying out much needed work this week – new windows and floors."

Service users' representatives:

- "Staff are knowledgeable and helpful."
- "Staff are very caring and supportive to the service users."
- "The house is a safe, welcoming environment."
- "There is open and honest communication."

HSCT representatives:

- "The manager has a lot of empathy, respect and understanding when providing support to xxxx (service user). She is supportive and very focused on xxxx's needs and wishes and recognises the importance of delivering person centred care in a safe and secure environment."

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

6.0 Conclusion

Based on the inspection findings, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

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



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