

Announced Care Inspection Report 10 December 2018



Highfields Grove Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 7 Highfields Grove, Lisburn, BT28 3GH
Tel No: 02892672979
Inspector: Caroline Rix

www.rqia.org.uk

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

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.

3.0 Service details

Organisation/Registered Provider: Autism Initiatives NI Responsible Individual: Dr Eamon Slevin	Registered Manager: Anna Colhoun
Person in charge at the time of inspection: Anna Colhoun	Date manager registered: 25/01/2018

4.0 Inspection summary

An announced inspection took place on 10 December 2018 from 09.45 to 15.15 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 care records, reviews, communication between service users and staff and other key stakeholders.

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 staff 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 Anna Colhoun the 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 19 December 2017

No further actions were required to be taken following the most recent inspection on 19 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 communications with the agency by RQIA.

The inspector spoke with the manager, a senior support worker and two support workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Their feedback is contained within the body of this report.

As part of the inspection the inspector spoke with two service users relatives. Due to the complex needs of the service users they were unable to speak with the inspector as part of the inspection process; however the inspector spent a period of time observing the service users' interactions with staff.

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 staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was asked to provide each service user/relative with an RQIA survey/stamped addressed envelope asking for their views on the services they receive, no responses were returned to the inspector.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No staff responses were received by the inspector.

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 staff recruitment records
- Three staff induction records
- Three staff supervision records
- Two staff appraisal records
- Three staff training records
- Staff training plan
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- One service users' records regarding support plans, reviews and quality monitoring
- Three monthly monitoring reports.
- Annual quality review report January 2018
- Communication records with other professionals
- Notification and incident records

- Complaints log and records
- Compliments log and records

The findings of the inspection were provided to the manager Anna Colhoun at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 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 19 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 staff 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 staff 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 staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with The Northern Ireland Social Care Council (NISCC) or have applied to be registered in the case of newly appointed staff. The manager discussed the system in place to identify when staffs are due to renew registration with NISCC.

The induction programme for new staff 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 staff over a six month period that included

a shadowing system. The manager had signed all records to confirm that staff members had been deemed competent at the end of their probationary period.

The inspector noted the staff team has experienced a number of changes this year. However staffing is currently stable and arrangements enable the agency to provide familiar staff to service users who require staff continuity. The manager discussed their use of employment agency staff required, as a result of staff absences and vacancies. The inspector found that regular employment agency staff have been provided who have good knowledge of and are familiar with service user's needs, and their use has been monitored monthly.

Through discussions with staff, as well as the inspector's observations, it was evident that the staff on duty was very knowledgeable regarding each service user and the support required to ensure their safety. The support workers also confirmed that they have completed safeguarding and whistleblowing training; and felt able to raise any concerns with management.

A relative commented during inspection:

- "I think Anna and her team have been great. I was concerned about staff leaving recently; thankfully xxx does not seem to have been affected as new staff are quick to learn xxx particular needs."

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staff attend a range of training necessary to meet the individual needs of service users. The organisation has a system of requiring staff 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 staff supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the manager and senior staff. Staff confirmed senior staffs 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. One safeguarding report had been received in the past year and records viewed confirmed this matter had been managed appropriately with the outcome of the investigation shared with relevant parties when concluded. Additional measures have been introduced to support the service in this area. The inspector noted that the safeguarding procedures are also available in an easy read version and provided to each service user.

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

Staff commented during inspection:

- “I feel strongly that our service users are the most vulnerable people, so we must be extra sure they are protected.”

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.

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. One care and support plan was reviewed by the inspector which 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 file contained records of the care and support provided and evidenced the views and choices of the service user.

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 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. It was clear from discussions and observations that the staffs on duty have an excellent knowledge of the service users’ needs.

The service users have lived at Highfields Grove for a period of time and it was clear from observed interactions that the staff have a good understanding of the service users’ differing modes of communication; both in terms of their verbal and non-verbal communication needs such as hand gestures and sounds. Records viewed confirmed that staff have been supporting the service users to increase their independence; for example supported to make toast independently.

However, one goal had not been achieved and was agreed to be discontinued.

A relative commented during inspection:

- “I am very happy with all the support and care given to xxx.”

Staff commented during inspection:

- “I love getting to see the service user enjoy their chosen activity, or achieve a goal, even if it seems small-it is big to us.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff 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 staff attitudes and the delivery of the service.

Service users are given choice regarding activities and support with activities such as meal planning and food preparation, and the staff were knowledgeable as to the type of activities they like to do and the support required. For example, a service user was supported and encouraged to follow eating plan developed with the speech and language therapist. The inspector observed a service user being supported with gift wrapping for Christmas while humming along with their choice of music on return from shopping.

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

- “The service has been a lifesaver for our family, xxx has been very settled and is really happy when comes home for weekends, and loves coming back to Highfields on Sunday evenings, bounds back in the door happily.”
- “I am very happy with the service, the area is safe with lovely walks around which xxx loves. I believe the staff are very caring and are dedicated to their service users.”

The inspector viewed evidence of effective communication with service users and their representatives, including a complaints process, quality monitoring reports, and regular support plan reviews between keyworker, service users and relatives.

Compliments from a service user's representative and other professionals reviewed during inspection provided the following example in support of compassionate care:

- 'Compliments to the staff on quality of service provided to xxx, the staff and manager are a great team who provide a fantastic service.' (Verbal feedback from relative of a service user).
- 'Compliments to the staff who looked after and supported xxx throughout their dental implant treatment procedure.' (Telephone call from family of a service user following dental treatment).
- 'I was very pleased with outcomes achieved by xxx during my recent review meeting' (Feedback from service user's social worker).
- 'Great to see the progression in xxx eating which has improved following last assessment and plan agreed.' (Verbal feedback from Speech and Language Therapist during a service user's review).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing service users and their representatives.

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 manager, senior support workers and a team of support staff.

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 staff, and paper policies are retained in the office used by staff daily.

The agency maintains variety of processes to ascertain and respond to the views of service users 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 January 2018 was very positive, with a small number of suggestions for improvement taken on board. A summary report had been shared with service users, representatives, staff and the HSC Trusts in February 2018.

Monthly monitoring reports were viewed for September to November 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 staff 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. The inspector noted three complaints had been received since the last inspection. Records of each complaint viewed confirmed each matter had been appropriately managed and resolved.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There was one incident that needed to be notified to RQIA since the last inspection and records confirmed this had been managed appropriately.

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 staff 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. Staff 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 staff 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.

Staff commented during inspection:

- "I find seeing xxx smile just gives me a warm glow and lights up my day."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements.

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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