

Unannounced Care Inspection Report 19 December 2017



Highfields Grove Supported Living Service

Type of service: Domiciliary Care Agency
Address: 7 Highfields Grove, Lisburn BT28 3GH
Tel no: 02892672979
Inspector: Caroline Rix and Aveen Donnelly
User Consultation Officer: Clair McConnell

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Assurance, Challenge and Improvement in Health and Social Care

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

This is a supported living type of domiciliary care agency which provides personal care and housing support to up 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. There is an office within the building which is used by support staff 24 hours per day.

3.0 Service details

Organisation/Registered Provider: Autism Initiatives NI	Registered Manager: Anne Colhoun (Acting)
Person in charge at the time of inspection: Paula O'Doherty	Date manager registered: Application not yet submitted

4.0 Inspection summary

An announced inspection took place on 19 December 2017 from 09.30 to 12.15 hours.

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

The inspection 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.

Good practice was evident throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. Care records were well maintained and were reviewed regularly. Communication between service users and agency staff and other key stakeholders was found to be effective. 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. Robust systems of management and governance established by Autism Initiatives NI had been implemented at the agency and there were good working relationships within the service.

No areas for improvement were identified.

Service users' representatives said that they were generally happy with the service.

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.

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 Paula O'Doherty, area 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 16 January 2017

No further actions were required to be taken following the most recent inspection on 16 January 2017.

5.0 How we inspect

Prior to inspection we analysed the following records:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

Prior to the inspection the User Consultation Officer (UCO) spoke with four relatives to receive their views on the service. The UCO also spoke informally with two support workers and the senior support worker; as well as observing their interactions with the three service users.

At the request of the inspector, the area manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision.

During the inspection process the inspector spoke with the area manager, one senior support worker; and one support worker. There were no service users or relatives present during the inspection.

The following records were examined during the inspection:

- one care and support plan
- HSC Trust assessments of needs and risk assessments
- care review records
- recording/evaluation of care used by the agency
- monthly monitoring reports
- annual quality report
- staff meeting minutes
- records relating to staff training, including induction training
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- records relating to staff supervision and appraisal
- complaints records
- a selection of policies and procedures
- incident records
- staff rota information

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 January 2017

The most recent inspection of the agency was an unannounced care inspection. There were no areas for improvement identified.

6.2 Review of areas for improvement from the last care inspection dated 16 January 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.

The area manager confirmed the planned daily staffing levels for the service. A review of the staffing rota for week commencing 11 December 2017 evidenced that the planned staffing levels were generally adhered to. Feedback from support workers indicated that sufficient numbers of staff were available to meet the needs of service users, including the provision of one to one time at home or in the community.

The UCO was informed by the relatives and staff interviewed that there was a core staffing team at Highfields Grove who have worked there for a period of time. Two relatives and one staff member raised concerns regarding consistency of staffing and the number of hours being worked by some staff members; this was felt to be a risk to the safety of service users especially overnight. Examples of some of the comments made by the relatives interviewed are listed below:

- “XXX is always here.”
- “Some nights there is only one staff member there. Is someone on call if something happens during the night?”

These comments were discussed with the area manager, who confirmed that new staff had recently been recruited and that an additional ‘awake hours’ staff member was provided when there were three service users present in the house overnight.

The service manager was on leave at the time of the inspection and the role was being covered by the senior support worker with support from the area manager.

Through discussion with the relatives and staff, as well as the UCO's observations, it was evident that staff were knowledgeable as to the types of activities each service user liked to do and the level of support required to ensure their safety. Confirmation was received from staff and relatives that new employees were given a thorough induction so that they were familiar with the needs of the service users.

Autism Initiatives has a central recruitment process and hold their full records at head office. In order to comply with Schedule 2 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, a staff profile is maintained locally in the office, which includes the details of all the required information. Following review of two staff profiles the inspectors were satisfied that the recruitment processes were robust.

Discussion with support workers and review of records evidenced that newly appointed support workers completed a structured induction programme at the commencement of their employment. This included support mechanisms and a 'buddy' system, which the support workers consulted with described as being very good.

There were systems in place to monitor support worker performance and to ensure that they received support and guidance. This included mentoring through one to one supervision and completing annual appraisals. An on call system also ensured that staff could avail of management support 24 hours a day.

Discussion with support workers and a review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. Additional training in areas such as autism, restrictive practice, epilepsy awareness, challenging behaviour and positive behaviour support was also provided. Specific training in relation to transport procedures was also provided. There was also a system in place whereby staff completed competency and capability assessments subsequent to key training events to ensure that learning objectives had been met, and future learning needs identified. This is good practice.

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 staff. The training coordinator is also available to staff for consultation on training and safeguarding issues. One support worker spoken with described the training provided as being 'excellent'.

There was a system in place to monitor the registration status of support workers in accordance with NISCC.

There had been no actual or potential safeguarding referrals made to the HSC Trust or RQIA since the last inspection. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified and support workers consulted with were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding and how they should report any concerns that they had.

Assessments of needs and risk assessments reviewed reflected the views of service users and their representatives; and informed the care and support planning process. The review of the records confirmed that the agency worked collaboratively with professionals to maximise independence of service users and manage potential risk.

Care reviews with the HSC Trusts were held annually or as required. The review of the records confirmed that care and support plans were updated to reflect changes agreed at the review meetings. A review of the daily records indicated that service users were fully involved in day to day decision making about their care and the activities they wished to partake in.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified in this domain 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 UCO discussed with two relatives how the agency managed the transitional period when service users were preparing to move into Highfields Grove. The relatives felt that a significant amount of work had been undertaken by the staff to get to know the service user prior to the move; this was felt to be beneficial for the service user and the family at a difficult time.

The UCO was informed that new staff had an in-depth induction period to enable them to become familiar with the service users and their individual needs. It was clear from discussions and through observations that the carers had good knowledge of the service users' needs and preferences; and how they worked with the service users to minimise any challenging behaviours.

The UCO also noted that staff had a good understanding of the service users' communication; both in terms of their verbal and non-verbal communication abilities. No concerns were noted by the UCO during the observed interactions between the service users and the staff on duty.

Confirmation was received that annual reviews had taken place with input from Autism Initiatives and the families to discuss the service users' care needs. Informal meetings also took place if necessary with the agency. Two relatives advised that parents' meetings had not taken place in some time and that communication with Autism Initiatives could be poor. This was relayed to the registered manager who agreed to address this.

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

- "XXX adores XXX and XXX (two support workers). Has got to know them and trust them. Consistency is so important."
- "XXX is much more settled since he moved in."
- "XXX is well looked after. He's thriving."

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

A review of one service users' care and support plans confirmed that that they were developed with the 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 was incorporated accurately into care and support plans. Care and support plans reviewed had a strong person centred focus, were up to date, and clearly detailed service users' needs and how they wished these to be met.

Staff consulted with 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.

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 was undertaken by managers who had a good working knowledge of the service. Quality monitoring reports included consultation with a range of service users, relatives, and staff and as appropriate HSC Trust professionals.

The inspectors viewed evidence of effective communication with service users and their representatives, including complaints, quality monitoring reports and monthly support plan reviews between keyworkers and service users. Staff meeting minutes reflected that there was effective communication between all grades of staff. Staff described how they learned to communicate effectively with service users who had particular communication needs. Relatives commented that they had good working relationships with staff.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trusts, and refers to or consults with a range of appropriate professionals when relevant. It was evident that the agency had collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews.

Areas for improvement

No areas for improvement were identified in this domain 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.

As part of the visit, the UCO was invited by service users to view a range of rooms within the service users' homes, including their own bedrooms'. There was varying degrees of personalisation in the bedrooms; however staff advised that this was the service users' choice or that of their relatives. The UCO discussed with the staff on duty possible ways that they could make the living spaces feel more homely.

Service users were given choice regarding meals and activities; and the staff were knowledgeable as to the type of activities the service users liked to do and the support required. Service users were involved in the decision making, in as much as possible. The type of activities that have been attended or undertaken by service users included:

- art classes
- day care centres
- walking/jogging
- computer games
- music
- TV and DVDs
- music events such as tribute acts, concerts and discos
- shopping

During the visit the UCO observed interactions between the staff and service users. No concerns were noted during the interactions and permission was sought from the service user prior to entering their bedroom. Examples of some of the comments made by the relatives interviewed are listed below:

"Really pleased with the care."

"Staff are brilliant; really dedicated."

"XXX is excited to come back every Sunday."

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. We found that there was a culture and ethos of care which promoted dignity, respect, independence, rights, equality and diversity. This was reflected throughout staff attitudes and the delivery of the service.

Discussion with support workers showed that they understand and respected the needs and wishes of service users. For example, service users were supported to prepare meals of their choice and the social activities they engaged in were very person-centred. One support worker consulted with described getting to build relationships with the service users as 'the best part of the job'.

It was evident from discussion with the service users, relatives and staff that the agency promotes the independence, equality and diversity of service users.

Service users were encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Service users' care plans were person centred and reflected the 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 and support.

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 in this domain 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 inspectors examined the management and governance systems in place to meet the needs of service users. Robust systems of management and governance established by Autism Initiatives NI had been implemented at the agency. The organisational structure of the service was clearly reflected in the service user guide and was well understood by staff.

The day to day operation of the agency is overseen by a manager, senior support worker and a team of support workers. The newly appointed manager was on leave on the day of the inspection. When received, the application for registration will be processed by RQIA.

Support workers spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Senior managers were available for consultation out of hours, had a working knowledge of the service and were respected by staff.

The UCO spoke with four relatives who confirmed that they were aware of the complaints procedure if there were any concerns. There was mixed feedback regarding the standard of communication between themselves and Autism Initiatives. This was communicated to the area manager during the inspection, who agreed to address the matter.

The agency maintains and implements a policy relating to the management of complaints. A review of the agency's complaints record evidenced that complaints were managed in accordance with regulation and standards.

All those consulted with were confident that staff/management would manage any concern raised by them appropriately. The complaints procedure was up to date and displayed near the front door of the house.

Discussion with the area manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any areas for improvement; discussion with the area manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed. Compliance with training was also monitored as part of the quality monitoring visits.

There was a system in place to ensure that policies and procedures were reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies were retained in the office used by staff daily.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. There were no incidents which required to be notified to RQIA.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertained and included the views of service users and their representatives. We also reviewed the report of the annual service user/representatives evaluation survey, which reflected a high level of satisfaction regarding the care and support they received and the manner in which staff treated them. This report was confirmed as appropriately detailed and had been shared with service users/relatives in and actions had been taken in response to suggestions received.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families and staff. The agency had received positive feedback through the quality monitoring report from HSC Trust professionals regarding the ability of the agency staff to work in partnership to meet the needs of service users. It was evident that effective partnership working with Trust professionals has resulted in positive outcomes for service users.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

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 in this domain 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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