



# Announced Care Inspection Report 31 October 2019



## Rathgill Link Supported Living Service

**Type of Service: Domiciliary Care Agency**  
**Address: 43 Rathgill Link, Balloo, Bangor, BT19 7TT**  
**Tel No: 02891471683**  
**Inspector: Caroline Rix**

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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

Rathgill Link is a supported living type domiciliary care agency provided by Autism Initiatives.

The agency provides care and support services to three individuals. Service users' accommodation consists of two houses, with separate bedrooms and access to a range of living rooms, bathrooms, kitchens and outdoor areas. The agency's registered office is at the rear of one house which is rented by service users from Choice Housing Association. The agency staff provide 24 hours per day care and support to the service users. The Belfast Health and Social Care Trust (BHSCT) and South Eastern Health and Social Care Trust and (SEHSCT) commission these services.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Rathgill Link Supported Living Service	<b>Registered Manager:</b> Ms Marion Willis
<b>Responsible Individual:</b> Dr Eamonn James Edward Slevin	
<b>Person in charge at the time of inspection:</b> Ms Marion Willis	<b>Date manager registered:</b> 16 July 2018

### 4.0 Inspection summary

An announced inspection took place on 31 October 2019 from 09.30 to 13.15.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

Evidence of good practice was found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promoted the involvement of service users. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was clear in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. Staff interactions observed by the inspector were noted to be very warm and caring.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager Marion Willis, 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.

## 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 from 29 November 2018
- Record of notifiable events for 2018/2019
- All communications with the agency by RQIA.

The inspector spoke with the manager, a senior support worker and a support worker 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.

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 one of the service users' interactions with staff.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; five responses were received that indicated they were 'very satisfied' or 'satisfied' that the service was safe, effective, compassionate and well led.

Two comments were noted on the surveys returned as follows; 'Excellent service' and 'The team is led by a compassionate manager who has the service user wellbeing at the core of her practise and this transfers down through the whole staffing team who provide compassionate care.'

The inspector requested that the manager place a “Have we missed” you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Three questionnaires were also provided for distribution to the service users/ representatives; one response was returned that indicated they were ‘very satisfied’ that the service was safe, effective, compassionate and well led. One comment was noted on the survey; ‘happy enough.’

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

## **6.0 The inspection**

### **6.1 Inspection findings**

#### **6.2 Is care safe?**

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The agency’s arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s human resources department, located at the organisation’s head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices. A review of the recruitment checklist identified that the required checks had been undertaken in keeping with regulations.

Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users’ needs not being met. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts.

New employees were required to complete an induction programme which included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The programme included a detailed induction timetable and support mechanisms in place. Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff which included shadowing other experienced staff. It was good to note that information relating to Human Rights was included in the induction programme.

Discussions with staff on the day of inspection confirmed that their induction had been appropriate and provided them with the skills to fulfil the requirements of their job roles.

The inspector reviewed the agency's training plan and training records maintained for individual staff members; those viewed indicated that staff had completed all mandatory subject updates and in addition other 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 including; epilepsy awareness, mental health awareness, deprivation of liberty safeguards, communication skills and positive behaviour support. Staff spoken with described the value of the additional training received in improving the quality of care and support they provided and their understanding of service user's human rights in all aspects of their lives.

Staff commented:

- "I have found the training, both face to face and on-line very helpful."

Training has commenced for all staff in the area of Deprivation of Liberty Safeguards (DoLS) as the legislation is due to be enacted from 2 December 2019. This training is on line for level 2 and for relevant staff, level 3 at face to face training events.

There were systems in place to monitor staff performance including spot checks and training feedback to ensure that they receive support and guidance.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice and to ensure that the service users were safe and protected from harm. The agency policy and procedure in relation to safeguarding adults was reviewed and found to provide information and guidance for staff as required. The role of the Adult Safeguarding Champion (ASC) was discussed. The manager demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. It was good to note that the organisation have been proactive in gathering information as part of their governance and best practice reviews which is also preparation for completing their annual position report.

The inspector noted that the safeguarding procedure is also available in an easy read version and copies had been provided to all service users.

From the date of the last inspection there have been no referrals made to the relevant HSCT in relation to adult safeguarding matters.

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.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed. There was evidence of positive risk taking in collaboration with the service users and/or their representatives, the agency and the HSCT.

Staff presented as knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and wishes are taken into account. Staff recognised the importance of ensuring they balance risk with the wishes and human rights of individual service users.

Staff confirmed that they felt the service being provided was safe. They described how they observe service users, noting any change in dependency, ability or behaviour and quickly taking appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with data protection guidelines. It was noted that General Data Protection Regulations (GDPR) training had been completed by staff.

### **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 during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0



### 6.3 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 review of a service user's care records identified that they were comprehensive, person-centred and maintained in an organised manner.

The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant HSCT representative. Service users were enabled to exercise the maximum amount of choice and control in their commissioned individual care arrangements with the agency. This supported the service user and agency to review and measure outcomes for the service users.

The service users have lived at Rathgill Link for a number of years and it was clear from observed interactions that the staff have a good understanding of the service users' communication needs; both in terms of their verbal and non-verbal communication such as hand gestures.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users', their representatives and other key stakeholders.

It was evident that the agency maintains a range of methods to communicate with and record the comments and wishes of service users, including through routinely speaking with service users on a daily basis and being available to support them. Feedback had been received during monitoring visits and contacts with service users and/or relatives.

During the inspection the inspector was able to observe a service user communicate effectively with staff and noted that they were fully involved in day to day decisions and routines. The staff were using language and behaving in a manner which encouraged the service user to make their own choices.

#### **Staff comments:**

- "We get rewards by helping service users live as full and independent lives as possible."
- "I feel it is great place to work. I am greeted with a big smile and a warm greeting from xxx each day."
- "It is very rewarding as we get to know each service user and build up relationships over time."



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 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 inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe, effective and compassionate manner. It was identified that staff had completed training on equality and diversity.

Discussions with the staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessment
- disability awareness

Records of individual service user meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users, relatives and where appropriate relevant stakeholders. The inspector noted that the agency had completed their annual quality survey in January 2019 with positive results noted and an action plan developed. The service users had the opportunity to comment on the following:

- service user health and wellbeing
- dignity and respect
- support required
- safe environment
- safe care and support
- staff help to make decisions
- complaints

The annual quality review action plan progress was discussed with the manager and it was good to note each area has been addressed or is scheduled to be completed.

It was good to note that agency staff were promoting the autonomy of service users. Staff spoken with were aware of issues relating to consent. Staff members gave examples of the importance of involving service users in making decisions about their own care and support. They spoke about respecting service users' rights to decline care and support, and the importance of recognising the best times for service users to make certain decisions.

Staff interactions observed by the inspector were noted to be very warm and caring. Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Good to see xxx (service user) was able to attend the disco, for the first time in ages. Xxx has improved with staff support.' (Verbal feedback from relative of a service user).
- 'Xxx seems very settled and no issues, xxx is supported very well by Bangor staff.' (Feedback from HSCT social worker).
- 'We are very pleased with the variety of social activities and outings xxx is taking part in and is involved with now. Very pleased with current staffing team.' (Verbal feedback from relative of a service user).
- 'Praise to the staff for their support to service users, enabling them to live fulfilled lives. Well done to staff.' (Member of public commendation while service users were being supported in a café having their lunch).

#### **Staff comments:**

- "Very rewarding to know we are helping our service users live as independently as possible. We know them and their wishes so well."
- "We have built up trust with our service users and would offer a variety of alternatives and choices if they declined care or support."
- "I love the service users. It doesn't feel like a job really."
- "I have seen each service user blossom over the years; they are known and involved in the local community, which is great to see."

#### **Areas of good practice**

The agency promoted the involvement of service users within the service. There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.5 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 reviewed the management and governance systems in place within the agency to meet the needs of the service users. It was identified that the agency has effective systems of management and governance in place.

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. On the date of inspection the certificate of registration was on display and reflective of the service provided.

The day to day operation of the agency is overseen by the manager, supported by two senior support workers and a team of support workers.

The staff members spoken with confirmed that there were good working relationships and that their line manager was responsive to any suggestions or concerns they raised.

#### Staff spoken with commented:

- "The office staff are always very approachable and flexible. We all work together, are flexible and help each other out when needed. The families are very supportive."
- "The manager is very approachable and on the ball."
- "The training is very good. We have very good communication within the team, always updated to better support our service users. I feel I have good support from my regular supervision meetings."

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered or have applied to be registered with the Northern Ireland Social Care Council (NISCC), in keeping with the NISCC registration timeframe. The manager discussed the system in place to identify when staff are due to renew registration with NISCC and the inspector viewed their monthly checklist confirming this process.

The agency maintains a 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 positive feedback had been received by the agency following their annual quality review in August 2018. The inspector noted that the information collated into the agency's annual report contained information received from service users, staff and commissioners. The agency's annual report had been shared with service users and staff.

The agency's quality monitoring reports were reviewed for the past two months. These reports evidenced that the monitoring of the quality of service provided was being consistently maintained in accordance with minimum standards. Each report contained a summary of consultation with service users, their relatives, staff and other relevant HSCT representatives and evidenced how any issues arising had been managed. The reports also included details of a review of accidents, incidents, staffing arrangements, completed staff training and audits of documentation.

There had been no complaints received from the date of the last inspection. All those consulted with were confident that staff and management would manage any concern raised by them appropriately. This feedback evidenced that service users have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with their policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision meetings, team meetings and appraisal in line with the agency's policy and procedure; records provided to the inspector confirmed this.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years in accordance with timescales outlined in the minimum standards. Policies were held online and were accessible to staff.

### **Areas of good practice**

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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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