

Announced Care Inspection Report 29 November 2018



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

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

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 Triangle Housing Association. Under the direction of the registered manager, senior support workers and a team of support workers based at the agency's registered office within the Rathgill Link building 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

| | |
|---|--|
| Organisation/Registered Provider: Autism Initiatives NI Responsible Individual: Dr Eamonn Slevin | Registered Manager: Marion Willis |
| Person in charge at the time of inspection: Marion Willis | Date manager registered: 16/07/20018 |

4.0 Inspection summary

An announced inspection took place on 29 November 2018 from 10.00 to 16.00 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 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.

4.2 Action/enforcement taken following the most recent care inspection dated 31 January 2018

No further actions were required to be taken following the most recent inspection on 31 January 2018.

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 met 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 two of 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 at the time of writing this report.

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. One staff response was received and the feedback is included within the body of this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Two staff recruitment records
- Two staff induction records
- Two staff supervision records
- One staff appraisal record
- Four 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' record regarding support plans, reviews and quality monitoring
- Three monthly monitoring reports.
- Annual quality review report for 2017
- Communication records with other professionals
- Notification and incident records
- Complaints log
- Compliments log

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 January 2018

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 31 January 2018

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 is currently stable and staffing arrangements enable the agency to provide familiar staff to service users who require staff continuity. The manager discussed their current use of employment agency staff needed, 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 and reviewed each month.

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.

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. The records viewed confirmed all relevant bodies had been notified as required and appropriate measures implemented. The outcome of this matter has not yet been concluded.

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.

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.

Staff commented during inspection:

- “Training has been great; I feel I was well prepared for my job.”

The returned questionnaire from a staff member indicated that they were ‘very satisfied’ that the care was safe.

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. The care and support plan reviewed by the inspector 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.

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 viewed a service user file that contained records of the care and support provided and which evidenced the views and choices of the service user.

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 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; both in terms of their verbal and non-verbal communication such as hand gestures.

Relatives spoken with during the inspection confirmed they had no issues regarding the care being provided. Both relatives confirmed the staff have been supporting the service users to increase their independence; for example tidy bedroom and make their bed. The relatives also confirmed that reviews take place and that there is good communication between the agency and family.

The inspector spoke with a Speech and Language Therapist on the day of inspection. She had been providing specific training and guidance to the full staff team in relation to a service user changing needs.

The therapist commented:

- "Staff are fully engaged and keen to learn how to keep the service user safe and improve their health and wellbeing. They had lots of good ideas and I have seen progress already since my visit last week. The staff communication with me has been excellent."

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.

Staff commented during inspection:

- "I find my work is very rewarding, get a warm glow when I see them achieve a new goal, or enjoying their music or trips out."
- "I love our service users to bits. We have experienced some challenges this year, which have been difficult, but service users and staff have good support from our whole team."

The returned questionnaire from a staff member indicated that they were 'satisfied' that the care was effective.

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 meal planning, and the staff were knowledgeable as to the type of activities they like to do and the support required. For example, service users were supported and encouraged to develop a vegetable patch in their garden, and had ate the food grown themselves. The inspector found the social activities each service user engaged in were very person-centred.

There were discussions with the inspector about the service users' experiences of living at Rathgill Link and these are examples of the type of activities enjoyed with the support of the staff:

- Nail painting
- Summer house and vegetable garden
- Day trips
- Cinema
- Dancing
- Music
- Music concerts
- Shopping
- Coffee shops and restaurants
- Visiting family

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

- “The staff are brilliant, I can see how much they care for each service user. They are a great team, young and enthusiastic with lots of good ideas to help xxx live a full life. Xxx has their own adapted sign language which staff fully understand and use to offer xxx choices.”
- “It gives me peace of mind that xxx is safe and supported by a great caring team. Staff are excellent and the family have full trust in them. I can speak to any member of staff, there is an open door policy for us and know they will contact me if anything is wrong.”

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 reviewed during inspection provided the following examples in support of compassionate care:

- ‘I am pleased with the resilience, caring and dedication shown and provided by the Bangor staff and the organisations staff to my xxx during this challenging time.’(Verbal feedback from relative of a service user during a recent review meeting).
- ‘Well done to xxx (three named staff) on their use of total communication when supporting xxx (service user). (Verbal feedback from a Trust Speech and Language Therapist).

The returned questionnaire from a staff member indicated that they were ‘very satisfied’ that the care was compassionate. The survey included the comment; ‘The service manager has the well-being of the service users and the staff at the centre of her practice.’

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, two senior support workers and a team of support workers.

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 December 2017 was positive with a small number of suggestions and areas for improvement noted. This report had been shared with service users, representatives, staff and the HSC Trusts in January 2018.

Monthly monitoring reports were viewed for August to October 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 and their management. The inspector noted two complaints had been received since the last inspection. The records of each complaint was viewed and 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 were a number of incidents that had been notified to RQIA since the last inspection as required and reviewed as appropriate.

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 feel we have a great team, who are so passionate about our service users and how we can help them live their lives to their full potential."

The returned questionnaires from staff members indicated that they were 'very satisfied' that the service was well led. The survey included the comment; 'The service manager helps and supports staff, she is always on hand to ensure we are supported when needed either in person or on the end of a phone if not in the service.'

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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