

Inspection Report

1 February 2022



Rathgill Link Supported Living Service

Type of service: Domiciliary Care Agency
Address: 43 Rathgill Link, Balloo, Bangor, BT19 7TT
Telephone number: 028 9147 1683

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Autism Initiatives NI	Registered Manager: Ms Marion Willis
Responsible Individual: Dr Eamonn James Edward Slevin	Date registered: 16 July 2018
Person in charge at the time of inspection: Ms Marion Willis	
Brief description of the accommodation/how the service operates:	
<p>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. A staff team of staff provide 24 hours per day care and support to the service users. Services are commissioned by The Belfast Health and Social Care Trust (BHSCT) and South Eastern Health and Social Care Trust (SEHSCT).</p>	

2.0 Inspection summary

An announced inspection was undertaken on 1 February 2022 between 10.00 a.m. and 2.30 p.m. by the care inspector.

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

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

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of the services being provided by the agency. This included service user/relative questionnaires and a staff poster.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

4.0 What people told us about the service

We spoke with two staff and observed two service users in the presence of staff. In addition, feedback was received from two relatives in the questionnaires returned to RQIA. One staff member responded to the electronic survey and indicated they were 'very satisfied' with all aspects of the care being delivered.

Comments received during inspection process -

Service users' comments:

- "Happy."
- "Who comes to see you? Mum."

Staff comments:

- "The service users couldn't be anywhere better. The staff team are amazing."
- "Watching the service users develop and progress is amazing."
- "I am aware of the whistleblowing policy and have no problems ensuring that the service users live in a safe environment."
- "We have completed dysphagia training. I have witnessed a choking incident in a previous workplace and it's terrifying so training is so important and vigilance is key."
- "The manager is by far the best manager I have ever had."
- "I have been working here since the service users have moved in and their progress has been outstanding. I have seen them grow and blossom which is down to a great staff team who genuinely care."
- "I would never think about leaving here. I love it."

Service users' relatives' comments:

- "Autism Initiatives run a very good home for the service users."
- "Staff are well trained and compassionate."
- "A loving environment."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 31 October 2019 by a care inspector and no areas for improvement identified. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

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

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

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

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

There were systems in place to ensure that complaints and notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A number of complaints had been received since the last inspection. It was noted that complaints and incidents had been managed in accordance with the agency's policy and procedures.

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

Examination of service users' care records confirmed that DoLS practices were embedded into practice with the appropriate documentation available for review for the three service users. We established that the processes had been discussed with the HSCT representatives. Upon review, some documentation required to be amended. This was discussed with the manager who agreed to contact the relevant HSCT representative.

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

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

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

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

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

It was identified that staff have completed training with regard to Dysphagia and Speech and Language Therapist (SALT) swallow assessments and recommendations. All three service users have been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. Staff demonstrated that they have a clear understanding of the needs of individual service users with regard to eating and drinking. Care plans viewed clearly reflect the recommendations of the SALT team.

5.2.4 Are their robust systems in place for staff recruitment?

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

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the HR Department, the manager and through the monthly monitoring visits; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements. We noted some of the comments received during the monthly quality monitoring visits:

Staff:

- "The service is great to work in and it has a nice garden."
- "The people I support are given choices. They chose their own menu and when out shopping, if they want something they just select it."
- "The team is kind hearted."
- "The training has equipped me well to carry out my role."

Service users' representatives:

- "Staff are doing their best that they can with covid."
- "I am very happy with how the staff communicate with my relative."

HSCT representatives:

- "Staff need to keep doing what they are doing as it is clearly working."

The BHSCT commenced an investigation into a Serious Adverse Incident (SAI) in July 2020 regarding a safeguarding incident, in order to identify learning. A review of the safeguarding referrals confirmed they were reported to the relevant Trust in a timely manner and records maintained in relation to each incident. The manager and staff confirmed they were aware of the whistleblowing policy and advised they would report poor practice to their manager without delay. The review of the records evidenced that the recommendations made by the BHSCT in relation to the SAI had been embedded into practice.

6.0 Conclusion

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

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Marion Willis, Registered Manager, as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	0	0



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care