

Announced Care Inspection Report 31 January 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

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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. Service users' accommodation consists of two houses, with separate bedrooms and access to a range of living rooms, bathrooms, a kitchen and outdoor areas. The agency's registered office is at the rear of one house which is rented by service users. 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 they provide 24 hours per day care and support to the service users.

At the time of inspection there were three individuals receiving a service from 16 staff. The Belfast Health and Social Care Trust and South Eastern Health and Social Care Trust (BHSCT) and (SEHSCT) commission these services.

3.0 Service details

Organisation/Registered Provider: Autism Initiatives NI/Andrew Grainger	Registered Manager: Anita Todd
Person in charge at the time of inspection: Anita Todd	Date manager registered: 20/07/2017

4.0 Inspection summary

An announced inspection took place on 31 January 2018 from 11.00 to 17.00 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 agency staff and other key stakeholders.

Service users and relatives spoken with by the inspector provided feedback regarding the service provided by Rathgill Link supported living service in regards to safe, effective, compassionate and well led care. Some examples of good practice were highlighted and complimented and have been detailed within the body of this report. The staff spoken with during inspection provided valuable feedback in terms of their work within the agency.

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 Anita Todd the registered manager and the 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 20 December 2016

No further actions were required to be taken following the most recent inspection on 20 December 2016.

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 2016/2017
- All communication with the agency

The inspector met two service users who live at Rathgill Link and had the opportunity to observe interactions between the service users and staff.

During the inspection the inspector spoke with two service users' relatives to obtain their views of the service provided. The inspector spoke with the manager and observed staff supporting service users.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff surveys were received by RQIA at the time of issuing this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, training, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting
- Statement of purpose
- Service user guide
- Service user records regarding care and support planning
- Service user' records regarding ongoing review, and quality monitoring
- Recording and evaluation daily records
- Tenants meeting minutes
- One new staff members recruitment and induction records
- Two long term staffs' supervision and appraisal records
- Staff training records
- Team meeting records
- NISCC registration and renewal of registration processes
- Monthly monitoring reports for December 2017 and January 2018
- Annual quality report for 2017
- Communication records with other professionals
- Complaints records
- A range of notification and incident records
- A range of compliments records

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 20 December 2016

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 20 December 2016

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 has in place a comprehensive recruitment policy; this was updated September 2017 by Autism Initiatives NI. The organisation has a dedicated 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. The inspector found that staffing arrangements maximise the provision of familiar staff to service users. The manager confirmed that there has been a need for the use of employment agency staff over the last months; however this was limited to a regular care worker who is familiar to service users. The area manager confirmed recruitment is on-going to fill vacant posts and maintain consistency of staff.

Through discussions with the relatives as well as observations, it was evident to the inspector that staff are knowledgeable as to the types of activities each service user likes to do and the level of support required.

It was noted that the agency has an induction policy and procedure in place. The induction programme for support workers was viewed, which includes a detailed induction procedure and support mechanisms in place for staff over a six month period that included a 'buddy' system. Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. Staff who provided feedback to the inspector confirmed that the induction prepared them for their role and described the support during the induction period as 'very good.'

Records of training indicated that staffs attend a range of training necessary to meet the needs of service users. Autism Initiatives NI has a system of requiring staff to complete annual competency assessments subsequent to key training events 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. Records viewed by the inspector indicated that staffs are provided with supervision and in accordance with the agency's policies and procedures. However a number of staff appraisals have not been completed. The manager explained that due to staffing issues these have been rescheduled, the inspector was satisfied that their plan to complete all appraisals during in February 2018 was satisfactory.

The inspector noted that arrangements are in place to ensure that staffs are registered as appropriate with the relevant regulatory body. The records confirmed the majority of staff are registered with The Northern Ireland Social Care Council (NISCC). The manager confirmed that two newly appointed support workers had applied and were awaiting their registration certificates from NISCC. The manager discussed the system in place to identify when staffs are due to renew registration.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Protection' policy and procedure provided clear 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 details of the agency's Adult Safeguarding champion with key responsibilities are detailed in their procedure.

The agency's whistleblowing policy and procedure was found to be satisfactory.

The inspector examined documentation relating to safeguarding referrals made to the HSC Trusts and discussed the agency's implementation of appropriate risk management plans as agreed with the Trusts.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the procedure for assessing and reviewing risk; 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: 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 care and support plan reviewed by the inspector had a strong person centred focus, were 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 and that care and support plans are reviewed at agreed intervals or as required.

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. The inspector viewed service user care records where staff recorded the care and support provided and that the views and choices of service users are reflected. 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 with relatives and through observations that the staffs have good knowledge of the service users' needs and preferences; and how they are working with the service users to minimise any challenging behaviours.

During the inspection the inspector was able to observe a service user communicate effectively with staff and was 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.

Team meetings are held regularly; the inspector viewed minutes of July and October 2017 meetings that indicated a range of topics and matters were discussed and updated information was provided.

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records were maintained in accordance with legislation, standards and the organisational policy. On the day of inspection the staff personnel and service users' records were retained securely and in an organised manner. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection.

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 service users have lived at Rathgill Link for a number of years and it was noted that the shared areas had been personalised by the service users to their individual tastes. Service users are given choice regarding activities and meals, and the staffs were knowledgeable as to the type of activities they like to do and the support required. For example, service users were supported to prepare healthy meals of their choice, are encouraged to recycle household waste and the social activities they engaged in were very person-centred.

The inspector was able to speak to both service users who expressed their satisfaction with the service by nodding appropriately when prompted with questions. It was evident to the inspector that service users had individual plans and goals, which the agency staffs were enabling them to progress.

Below are a number of activities that the service users have carried out since living at Rathgill Link:

- Shopping
- Arts and crafts
- Cooking and cleaning
- Day care centres
- Swimming
- Walks
- Holidays
- Meeting up with friends
- Work placements
- Cinema
- Music
- Attending plays
- Indoor bowling
- Horse riding

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

- “There has been on going staff turnover but they’re getting to know xxx and the support xxx needs. I can talk to the staff or manager at any time if there are any issues and know they

will be sorted. Great communication between staff and family. I have absolutely no concerns. Xxx can be head strong and the staffs handle all issues calmly and I have every confidence in them. Xxx is given the opportunity to do her own thing and has choices about her day.”

- “I am very happy; the girls are great with xxx, are all approachable and listen to the families’ point of view as well. Xxx wishes are met and choices are respected. I am confident that xxx is well supported and the manager is wonderful. New staff introductions have been handled well, they are well trained and I feel they provide a safe service.”

Family focus group meetings are usually held twice a year. The manager confirmed that as part of the next meeting February or March they will be discussing house redecorating timetables to coincide with the service user’s short holidays, to minimise their potential upset during this work.

The agency has provided service users with information relating to human rights, advocacy and adult safeguarding in pictorial formats. Service users were encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

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

- “I am happy with the care of xxx. The cleanliness of xxx home has improved over the last few months.” (Verbal feedback from a service user’s relative).

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 agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The agency’s premises are suitable for the operation of the agency as described in the Statement of Purpose. 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 registered manager, senior support workers and a team of support workers.

The inspector 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.

Monthly monitoring reports were viewed for December 2017 and January 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by a manager who have a good working knowledge of the service. Each report contained a summary of service user and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The record includes details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards. The staff confirmed to the inspector that they have free access to the organisation's policies and procedures, with a system in place to indicate they have read them.

The agency's complaints procedure viewed was found to be in line with regulations and standards. The manager confirmed that the agency had received two complaints in the past year. Records viewed confirmed that these matters were appropriately managed and each had been resolved. The staff training records viewed confirmed all staff had received update training on handling complaints during 2017.

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 notified to RQIA which had been received in line with the required timescale. The manager discussed their on-going monitoring and review of service users challenging behaviours. The inspector was satisfied that all appropriate measures are in place, in conjunction with other relevant professionals, to ensure the safety of all service users living at Rathgill Link.

The inspector examined the annual quality draft report of service user/representatives/staff satisfaction completed for 2017. The manager explained that feedback from other professionals had been requested on a number of occasions but not received. This report reflected a high level of satisfaction regarding the care and support provided and the manner in which staff treats service users along with an action plan. This report was confirmed as appropriately detailed and is due to be shared with service users/relatives/staff and the HSC Trusts in February 2018.

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 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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