

Announced Care Inspection Report 4 December 2018



Glen Road Supported Living

Type of service: Domiciliary Care Agency
Address: 43 Glen Road, Belfast BT11 8BB
Tel no: 02890431253
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

Glen Road is a domiciliary care agency (supported living) providing 24 hour care and support to three service users with Autism spectrum and associated conditions. The agency’s registered office is within the Glen Road premises. The three service users rent their accommodation from private landlords, Autism Initiatives and Triangle Housing Association and have their own bedrooms and access to a range of living rooms, a kitchen, bathrooms and grounds to the front and rear of their home.

Autism Initiatives staff provide the supported living type domiciliary care service to the three service users which is person centred and encourages and promotes social inclusion in their local community. The Belfast Health and Social Care Trust commission their care services.

The agency is staffed by an acting manager, a service manager, senior support workers, a team leader and a team of support staff.

3.0 Service details

Organisation/Registered Provider: Autism Initiatives NI Responsible Individual: Dr Eamonn Slevin	Registered Manager: Paula O'Doherty (acting)
Person in charge at the time of inspection: Paula O'Doherty	Date manager registered: 23/11/2018

4.0 Inspection summary

An announced inspection took place on 4 December 2018 from 10.00 to 15.10 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 Paula O'Doherty manager and service 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 5 September 2017

No further actions were required to be taken following the most recent inspection on 5 September 2017.

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, the service 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 spoke with 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 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, one response was returned to the inspector and feedback is included within the body of 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. No staff responses were received by the inspector.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records
- Two staff induction records
- Three staff supervision records
- Two staff appraisal records
- Three 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' records 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 and records

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 September 2017

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (7) Stated: First time To be completed by: Immediate and ongoing	The registered person shall make arrangements for the safe-keeping of medicines used in the course of the provision of prescribed services to service users. Ref: 6.3 Action taken as confirmed during the inspection: The inspector reviewed evidence that their management of keys protocol had been revised and this information had been shared with all staff during team meetings.	Met
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		
Area for improvement 1 Ref: Standard 8.11 Stated: First time To be completed by: 5 May 2018	The registered person is recommended to expand their annual quality review process to include staff and service commissioners' views Ref: 6.6 Action taken as confirmed during the inspection: Records evidenced that the agency had expanded their annual quality review process and included staff and service commissioners' views during their December 2017 review.	Met

Area for improvement 2 Ref: Standard 13 Stated: First/ time To be completed by: 5 December 2017	The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services. Ref: 6.3	Met
	Action taken as confirmed during the inspection: Records evidenced that the staff have received regular supervision meetings and annual appraisals in line with their procedure timescales.	

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 has experienced a number of changes this year. However staffing is currently stable and arrangements enable the agency to provide familiar staff to service users who require staff continuity. The manager discussed their use of employment agency staff required, 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 monthly.

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 and records viewed confirmed this matter had been managed appropriately, the outcome of the investigation has not yet 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.

Staff commented during inspection:

- "I feel strongly that our service users are protected from harm, we are their eyes and ears."

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.

The returned questionnaire from a service user's relative indicated that they were 'very satisfied' and safe service meant:

- There are enough staff to help you

- You feel protected and free from harm
- You can talk to staff if you have concerns.

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. One care and support plan was reviewed by the inspector which 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 Glen Road and Squires Hill for a period of time and it was clear from observed interactions that the staff have a good understanding of the service users’ differing modes of communication; both in terms of their verbal and non-verbal communication needs such as hand gestures and sounds. Records viewed confirmed that staff have been supporting the service users to increase their independence; for example learning how to switch the radio on as wishes.

The inspector observed the reaction of a service user when a staff member arrived for duty; it was a very happy and excited welcome, with lots of clapping hands and laughter.

The returned questionnaire from a service user’s relative indicated that they were ‘satisfied’ and effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs

- You are kept aware of your care plans
- Your care meets your expectations.

Staff commented during inspection:

- “I find it great to see our service users achieve their goals and do small things knowing that I have helped them in my small way, it is a great reward.”
- “We have all taken time to build relationships and trust with our service users and their families, who all work together.”

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 activities such as 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 participate in music therapy sessions and the other social activities they engaged in were very person-centred.

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

- “Our family are very happy with the service, we can approach any of the staff if have an issue and know it will get sorted out immediately.”
- “I am very happy with the service, we had a few speed bumps to start with, but these have been swiftly sorted out. Staff are very creative and resilient and doing a great job for my xxx. The communication to and from family/staff has been excellent, I have every confidence in their standards of care and how they manage the challenging situations that arise.”

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 from a service user’s representative reviewed during inspection provided the following example in support of compassionate care:

- ‘Compliments to the staff team on how brilliant they have supported xxx and family at hospital over the past year, particularly during difficult times. Everyone was fantastic and very supportive. Xxx is very lucky to have such support. Feel that Glen Road staffs are like an extension of the family.’ (Verbal feedback from relative of a service user).
- ‘Thank you to xxx (support worker) on how kind she was and how much I appreciated her help when sorting out xxx’s television.’ (Verbal feedback from family of a service user)

The returned questionnaire from a service users relative indicated that they were ‘satisfied’ and compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

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 an acting manager, a service manager, senior support workers, a team leader and a team of support staff.

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 very positive, with a small number of suggestions for improvement taken on board. A summary report had been shared with service users, representatives, staff and the HSC Trusts in February 2018.

Monthly monitoring reports were viewed for September to November 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 compliments. The inspector noted no complaints had been received since the last inspection. A record of compliments received was viewed and records confirmed this had been shared with the staff team.

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 small number of incidents that needed to be notified to RQIA since the last inspection and records confirmed these had been managed appropriately.

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.

The returned questionnaire from a service user relative indicated that they were ‘very satisfied’ and a well led service meant:

- You know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service.

Staff commented during inspection:

- “I find it so rewarding to witness the loving family relationships.”
- The manager is always available for advice and support, especially on days when it can be stressful and full on.”

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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