

Inspection Report

13 November 2023



Glen Road Supported Living

Type of service: Domiciliary Care Agency
Address: 43 Glen Road, Belfast, BT11 8BB
Telephone number: 028 9043 1253

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Autism Initiatives NI	Registered Manager: Marion Willis
Responsible Individual: Dr Eamonn James Edward Slevin	Date registered: Acting
Person in charge at the time of inspection: Marion Willis	
Brief description of the accommodation/how the service operates: Glen Road Supported Living is a domiciliary care agency, supported living type located in Belfast. Staff provide 24-hour care and support to three service users with Autism spectrum and associated conditions. The agency's registered office is situated within the Glen Road premises. The service users' accommodation comprises of individual bedrooms and a number of shared areas. The care is commissioned by Belfast Health and Social Care Trust.	

2.0 Inspection summary

An unannounced inspection took place on 13 November 2023 between 9.10 a.m. and 5.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Areas for improvement identified related to staff training, record keeping and the environment.

We wish to thank the manager, service users, relatives and staff for their support and co-operation during the inspection process.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty 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 seek 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 individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of relatives and staff members and observed service users being supported by staff to engage in a range of activities. They appeared comfortable and relaxed in their home environment.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' relative's comments:

- "No problems, happy with the care."
- "Happy that (service user) is here."
- "Happy coming here."

Staff comments:

- "Love it here, I feel well supported."
- "Service users are safe; we just keep a good eye on them."
- "No problems here."
- "I got induction, I can raise concerns."
- "No problems at the minute."

No questionnaires were returned.

There were no responses to the electronic staff survey.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 24 May 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. It was noted that a number of staff needed to complete a training update. An area for improvement was made.

Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding; it was noted that the information is retained in individual service users care records. We discussed with the manager the need to retain a log containing the details of all referrals made, actions taken and outcomes. An area for improvement has been made.

Relatives said they had no concerns regarding the safety of the service users; they advised that they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations.

Details of incidents are recorded electronically. Records viewed of a sampler of the incidents that had occurred indicated that incidents had been managed appropriately.

It was identified that a number of staff needed to complete a training update in Moving and Handling. An area for improvement was made and is subsumed into the area identified above.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in conjunction with the HSC Trust representatives and in accordance with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management and had completed annual competency assessments. The manager advised that no service users required their medicine to be administered orally with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

It was identified that a number of staff were required to completed a DoLS training update appropriate to their job roles. An area for improvement was made and is subsumed into the area identified above.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. We discussed with the manager the need to maintain a DoLS register, they agreed to implement this immediately; this will be reviewed at the next inspection.

It was also identified that a number of staff were required to completed training updates required to meet the specific needs of individual service users in areas such as Epilepsy management and Positive Behavioural support. An area for improvement was made and is subsumed into the area identified above.

The manager advised that the agency does not manage individual service users' monies.

It was noted that records pertaining to the agency stored in the agency office were required to be better organised, archived appropriately and secured in a more robust manner.

The manager advised that they were in the process of reorganising the office environment and all records required to be retained. In addition, it was noted that correction fluid had been used on a number of records viewed. An area for improvement was made.

We observed a number of the service users in their home environment and discussed with the manager the need to support service users to make it more individualised to their preferences. Shared areas appeared sparsely decorated; the manager advised that they are in the process of redecorating a number of the areas within the house and the garden area. An area for improvement was made.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with relatives, it was good to note that they had an input into devising a plan of care for their relative. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

The manager advised that due to the individual needs of the service users that group meetings were not provided; however, it was identified that staff engaged with service users on a one to one basis to ascertain their views and preferences. The staff described how they support service users to participate in activities of their choice, these included swimming and going out for a drive.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager advised that none of the service users had been assessed by SALT or required modifications to their food or fluids. A review of training records confirmed that staff had completed training in Dysphagia. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager in conjunction with staff working at the agency's head office. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. A spot check completed during the inspection indicated that staff were appropriately registered; two staff recently employed were currently in the process of registering with NISCC.

The manager stated that there were no volunteers within in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was evidence of a structured induction programme lasting at least three days which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. Comments included: "The care he receives is excellent, the team are amazing."

The reports included details of a review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

The manager advised that there were no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. RQIA is aware of ongoing involvement from the Belfast HSC Trust in relation to a Performance Notice issued to the agency. RQIA will continue to liaise with the Trust in relation to the matters identified and the progress on improvements required by the agency.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Records viewed and discussions with the manager indicated that no complaints had been received since the last inspection.

The Statement of Purpose required updating with the name of the agency, RQIA's contact details and those of the manager.

The manager was signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. An area for improvement was made.

The Service User Guide required updating with the name of the agency, RQIA's contact details and those of the manager. An area for improvement was made.

We discussed the acting management arrangements which have been ongoing since 28 October 2023; RQIA will keep this matter under review.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	2	4

Areas for improvement and details of the QIP were discussed with Marion Willis, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 14. (a)(b)(c)(d)(e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(a)so as to ensure the safety and well-being of service users; (b)so as to safeguard service users against abuse or neglect; (c)so as to promote the independence of the service users; (d)so as to ensure the safety and security of service users' property, including their homes; (e)in a manner which respects the privacy, dignity and wishes of service users.</p> <p>This relates specifically to the agency supporting service users to personalise their home in an individualised manner and assisting them in redecoration thus making their living environment more comfortable and relaxed.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered person can confirm suitable arrangements are currently in progress in line with the preferences and wishes of the service users, taking into consideration their individual Behaviour Support needs in line with points a-b-c-d and e above.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 5. (1) Schedule 1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that the Statement of Purpose is reviewed and updated to include accurate details of the name of the agency, the manager and RQIA's contact details.</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered person can confirm The Statement of Purpose was reviewed and updated on the 14.11.23 with the name of the Agency on the front cover and the linked service recorded on the second page of the Statement of Purpose, the name of the manager has been updated and RQIA contact details have been updated.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff are trained for their roles and responsibilities.</p> <p>This relates specifically to Adult Protection, Moving and Handling, DoLS, Epilepsy Management and Positive Behavioural Support training.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Person can confirm all permanent support staff are fully trained in Adult Protection, Moving and Handling, DoLS, Epilepsy Management and Positive Behaviour Support as per the Mandatory training for Domicillary Services Training Traffic Light System.</p> <p>The Registered Person can also confirm that regular Agency staff are now trained in Positive Behaviour Support training and medication training.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that written records are kept of suspected, alleged or actual incidents of abuse and include details of the investigation, the outcome and actions taken; this should include a comprehensive log of all referrals made to the HSC Trust Adult Protection team.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Person can confirm that written records are kept of suspected,alleged or actual incidents of abuse and includes details of investigations, the outcomes and actions taken.</p> <p>The Registered Person can confirm a comprehensive log is in place for all the referrals made to the HSC Trust Adult Protection Team.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 10.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that records are retained and managed in an organised and secure manner and that correction fluid is not used on any document pertaining to the agency.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person can confirm that records are retained and managed in an organised and secure manner and that correction fluid is not used on any document pertaining to the agency.</p> <hr/> <p>The registered person shall ensure that the service user's guide is updated to include accurate details of the name of the agency, the manager and RQIA's contact details.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Person can confirm that the Service Users Guide has been updated in February 2024 to include accurate details of the name of the Agency, the manager and RQIA contact details.</p>

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