

Unannounced Care Inspection Report 15 December 2016



Mullaghcarron Road Supported Living

Type of Service: Domiciliary Care Agency
Address: 13A Mullaghcarron Road, Lisburn BT28 2TE
Tel No: 02892622314
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mullaghcarron Road Supported Living took place on 2 February 2017 from 09.40 to 14.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the supported living service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that managers are approachable and accessible for consultation at all times. The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of service users, the HSC Trust and relatives. The inspector found evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

Is care effective?

During the inspection the agency was found to be delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users and their relatives are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users, their representatives and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from service users, relatives and staff which indicated that service provision had resulted in positive outcomes for service users' lives.

Is care compassionate?

During the inspection the agency was found to be delivering a high standard of person centred compassionate care. The inspector observed interactions between staff and service users and received feedback from service users' relatives which indicated that the human rights, choice and respect of service users are upheld through service delivery. There was evidence which indicated that the views and wishes of service users are consistently sought by staff on a day to day basis, in addition to formal processes such as monthly quality monitoring and the annual service user survey. The agency maintains systems to seek the views of service users' representatives and there was evidence of regular involvement of representatives as appropriate. The inspector noted that the provision of a high standard of compassionate care has enabled service users to enhance the quality of their lives.

Is the service well led?

During the inspection evidence confirmed delivery of a well led service. Management and governance systems have been effectively implemented by the agency to ensure that the needs

of service users are met and quality improvement systems are maintained. Support staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has knowledge of the needs of service users at all times. The inspector noted evidence of effective team working to the benefit of service users. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, have contributed to positive outcomes achieved with service users.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with the Acting Team Leader 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Autism Initiatives NI/Andrew Grainger (Acting)	Registered manager: Catherine Price (Acting)
Person in charge of the service at the time of inspection: Anna Colhoun, Acting Team Leader	Date manager registered: 1 January 2017

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection process the inspector spoke with the acting manager, Catherine Price; the acting team leader; one support worker; one service user and two relatives. The inspector had

the opportunity to meet and observe one service user in her own home who was going about her daily routine. The inspector also spoke to the staff member on duty.

Relatives' comments

- 'I think they provide a good quality service. I am very happy with the support she receives.'
- 'The support service is dead on; she is very happy so that makes me happy too. Her needs are being met and she is supported to make choices.'

Staff comment

- 'I believe the care and support provided is excellent, they live a full life here. I get great job satisfaction by helping service users make decisions about their day.'

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; none were returned which was very disappointing. At the request of the inspector, questionnaires were distributed for completion by service users/representatives, and again, none were returned, which was disappointing.

The following records were examined during the inspection:

- Three care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Service user evaluation survey results
- Staff meeting minutes
- Records relating to staff training, including induction training
- Records relating to staff supervision
- Complaints records
- Compliments records
- Incident records
- Records relating to safeguarding of adults
- Staff communication records
- Recruitment Policy
- A range of policies relating to the management of staff
- Supervision Policy
- Induction Policy
- Safeguarding Vulnerable Adults Policy, 2016
- Management of Challenging Behaviours Policy
- Risk Management Policy
- Whistleblowing Policy, 2016

4.0 The inspection

Mullaghcarron is a single storey dwelling on the outskirts of Lisburn and is the home of three tenants who rent their accommodation from Triangle Housing Association. Autism Initiatives provide a supported living type domiciliary care service to the tenants.

The accommodation at Mullaghcarron is comprised of individual bedrooms and a range of shared living areas including living rooms, laundry, kitchen, and bathrooms. There is an office within the building – the agency's office, and this is used by agency staff 24 hours per day.

The building is located within its own grounds and is accessible through a set of gates. There is an ample driveway at the front of the house with parking spaces for several vehicles.

The tenants access their accommodation through the front door and are able to leave their home through the front door in an unrestricted manner and can access the rear of their home through the back door.

The agency's staffing arrangements were discussed and the team consists of an acting manager, an acting team leader, two senior support workers and a team of support staff.

4.1 Review of requirements and recommendations from the most recent inspection dated 22 March 2016

The most recent inspection of the agency was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 July 2014

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector.

The agency has in place a recruitment policy; this was updated March 2015 by Autism initiatives. The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The inspector reviewed a sample of two staff recruitment records at their head office on 29 November 2016, and found all the required information and documentation to be in place in line with the regulations.

Feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users, including the provision of one to one time at home or in the community. The inspector noted that vacant shifts had usually been covered by the current staff team. The manager confirmed that there has been a minimum use of employment agency staff required over the last month, with one employment agency staff member required to cover for sick leave. The inspector found evidence that the agency recognises the importance of staffing arrangements that maximise the provision of familiar staff to service users.

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.

The staff member interviewed confirmed that the induction prepared them for their role and described the support during the induction period as 'very helpful.'

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. Autism Initiatives NI has a system of requiring staff to complete competency assessments subsequent to key training events to ensure that learning objectives have been met, and to identify future learning needs.

The inspector received feedback from the manager and a staff member which indicated that the agency is committed to the ongoing development of staff through the provision of quality training. The manager advised the inspector that staff have attended training specific to the needs of individual service users, such as autism, challenging behaviour awareness and epilepsy awareness training. The staff member interviewed provided very positive feedback regarding the quality and relevance of this training.

Staff commented:

- 'The training I have received was very detailed and helps me fulfil my role as a support worker. I am learning a variety of communication skills and am well supported by my colleagues.'

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with the agency's policy has been maintained. It was noted that the agency maintains robust systems to assess the competency of staff. Annual competency assessments viewed by the inspector included comprehensive written questions and a series of observations of practice by a manager.

There was evidence of systems of informal supervision and consultation from the manager and team leader, backed up by an area manager who has a working knowledge of the service and service users. An on call system ensures that staff can avail of management support 24 hours a day. The inspector received staff feedback which indicated that she was aware of her obligations in relation to raising concerns about poor practice, and was confident of an appropriate management response.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the updated regional guidance.

The inspector examined documentation relating to safeguarding/ notifiable events referrals made to the HSC Trust and RQIA. These reports had been appropriately managed in line with agreed protocols. Staff provided feedback regarding effective partnership working with the HSC Trusts, including amendment of support plans.

Assessments of need and risk assessments examined by the inspector reflect the views of service users and their representatives. Assessments of need and risk assessments are reflected in care and support plans. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trusts.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. It was evident from discussion with staff and review of records in respect of service users that the agency is open to person centred positive risk taking and is able to work collaboratively with professionals to maximise independence of service users and manage potential risk.

Reports of review meetings with the HSC Trusts, annually or as required, involving service users, family and agency staff, were present in service users' files. Review reports included consideration of a range of matters including risk factors and management plans. The inspector noted that agency care and support plans had been updated to reflect changes agreed at review meetings with the HSC Trust. The inspector found that care and support plans are reviewed with service users on a regular basis, and that monthly reviews between service user and keyworker can highlight changes which result in amendments to care plans.

During the inspection the inspector was able to observe a service user communicate effectively with staff whilst going about daily activities.

The inspector was able to speak to one service user briefly who expressed her satisfaction with the service.

Inspector observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged the service user to make her own choices. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide.

The inspector reviewed three service users' care and support plans. The inspector was informed by staff that person centred care plans are developed with service users and their representatives, in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. Examination of these care and support plans indicated that information from HSC Trust assessments is incorporated accurately into care and support plans. Feedback received by the inspector from staff indicated that service users have a genuine influence on the content of their care and support plans. However, due to communication challenges staff described their difficulties developing new plans.

Care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed service users' needs and how they wished these to be met.

Service user's relatives and staff provided feedback to the inspector which indicated that the provision of care and support by the agency had resulted in positive outcomes for service users.

Two service users' relatives described the positive value of the service users' involvement in a range of activities and interests which are facilitated by staff support.

Relatives' comments:

- 'The staff are all very approachable. The communication is very good; I am kept informed of any changes and know she can become difficult if routines change. I know that she is happy living there. She is supported to make choices and knows her own mind.'
- 'The service is very good. Staff are very attentive to her needs. Her communication skills are limited and it can be difficult to understand her wishes, but the staff do a great job supporting her as far as possible.'

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service. Quality monitoring reports included consultation with a range of service users, relatives, and staff and as appropriate HSC Trust professionals; and progress on improvement matters.

The inspector viewed evidence of effective communication with service users and their representatives, including complaints and compliments process, quality monitoring reports, and monthly support plan reviews between keyworker and service users.

During the inspection the inspector observed staff interactions with a service user and noted that the service user appeared to enjoy positive relationships with staff; chatting and laughter from the kitchen was heard during the day. In addition to formal methods, discussion with service users, relatives and staff indicated that effective communication happens on a routine basis as staff interact with service users and make themselves available for discussion. The staff member interviewed described how she had learnt to communicate effectively with service users who have particular communication needs. Relatives commented that they have good working relationships with staff, including appropriate communication.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. Staff described effective verbal and written communication systems within the agency at handovers. It was noted that staff meeting minutes recorded the discussion of information regarding service users and a range of relevant issues including guidance provided by HSC Trust professionals. The staff member interviewed provided feedback to the inspector confirming that they can contribute to the staff meeting agenda and feel that their views are heard.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trusts, and refers to or consults with a range of appropriate professionals when relevant. 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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

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.

Discussion with staff and observation of their interactions with a service user during the inspection showed that staff understand and respect the needs and wishes of service users. The inspector observed that the language and behaviour of staff promoted the independence and choice of the service user throughout their interactions. For example, a service user was encouraged to get out of bed following a planned timetable of encouragement to ensure medication was taken as prescribed, and she was supported in this activity.

Feedback from staff indicated that they have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that staff have made particular efforts to facilitate service users to achieve goals, do activities of their choice, and purchase items they wished to obtain.

It was evident from discussion with the service user, relatives and staff that the agency promotes the independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support. Throughout conversations with the service user and relatives, the inspector found that they are involved in making plans for future activities such as holidays, leisure activities, and attending events.

The inspector noted that service users' care plans were person centred, specific to the individual, which reflected service users' wishes or needs. The likes and dislikes of each service user were noted in detail in their file, alongside information about preferred means of communication and delivery of care and support.

During the inspection the inspector noted examples of how service user choices were being upheld by agency staff. For example, a service user was supported to choose the colour of paint for her bedroom walls which was recently redecorated; the service users' preference of whether or not to meet the inspector was fully respected.

The inspector reviewed examples of information provided to service users, such as how to make a complaint, human rights information, and how to stay safe.

Compliments received from relatives during inspection provided confirmation in support of compassionate care:

- 'I believe the support she receives is great. We have all been surprised at how well she has settled, with no bad behaviour since she left the hospital. It is very reassuring to know that she is happy now, and demonstrates this by indicating to her when she is ready to return after visits home. The staffs do a great job encouraging and supporting her interests and I feel they love her and enjoy her company.'

- ‘Staff provide a great support to her and the family. We have a good working relationship and the staff keep me up to date with any little changes noted. The house is in a very quiet location and has a pleasant welcoming atmosphere every time I visit.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

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 Autism Initiatives NI have been implemented at the agency. The day to day operation of the agency is overseen by an acting manager, an acting team leader, two senior support workers and a team of support workers.

The management structure of the agency is clearly defined and was well understood by staff.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which includes appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and matters notifiable to RQIA; and service improvement strategies implemented by the senior management team.

The agency operates a robust training system and the organisation has a training coordinator, who develops the training plan and timetable for all grades of staff and is available for consultation with staff on training and safeguarding issues.

It was noted that senior managers available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. 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 inspector noted that agency staff work effectively as a team, particularly with regard to maintaining consistency needed by service users, and enabling service users to gradually familiarise themselves with new staff members. One relative interviewed described how a new support worker had been gradually introduced to her relative and over time learnt how to communicate effectively and gain her trust. The inspector saw evidence of effective planning of staff resources to enable service users to engage in social inclusion, prepare healthy food of their choice and facilitate relationships with friends and family.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted no complaints were received during the reporting period of 1 April 2015 to inspection date 2 February 2017.

The relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. One issue regarding road safety, reduced visibility at the entrance to the property was raised by a relative; this matter was discussed with the acting manager who confirmed it would be reviewed as soon as possible with all relevant stakeholders. No concerns regarding the management of the agency were raised during the interviews.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertain and include the views of service users and their representatives. The inspector examined the report of the annual service user/representatives evaluation survey for 2016, which reflected a high level of satisfaction regarding the care and support they receive and the manner in which staff treat them. This report was confirmed as appropriately detailed and had been shared with service users/relatives in February 2016 and actions had been taken in response to suggestions received.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. The inspector noted that the agency had received positive feedback through the quality monitoring report from HSC Trust professionals regarding the ability of the agency staff to work in partnership to meet the needs of service users. It was evident to the inspector that effective partnership working with Trust professionals has resulted in positive outcomes for service users.

The inspector reviewed compliments records received which included:

- 'I am very pleased with the care and support provided to xxxx. All matters are handled correctly and I am kept informed.' (From HSC Trust social worker).
- 'My compliments to the staff for their effective management of xxxx seizures and thank you for keeping me updated.' (From specialist Epilepsy Nurse).

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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