

Announced Care Inspection Report 19 December 2017



Mullaghcarron Road Supported Living

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

www.rgia.org.uk

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

Mullaghcarton Road Supported Living domiciliary service is a bungalow on the outskirts of Lisburn and is the home of three people who rent their accommodation from Triangle Housing Association. Autism Initiatives NI provide a supported living type domiciliary care service to the service users which include personal care and social support.

The accommodation at Mullaghcarton Road 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 service users 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, two senior support workers and a team of support staff.

3.0 Service details

Organisation/Registered Provider: Autism Initiatives NI/Andrew Grainger (acting)	Registered Manager: Fionnuala Hughes (acting)
Person in charge at the time of inspection: Fionnuala Hughes (acting)	Date manager registered: Registration pending.

4.0 Inspection summary

An announced inspection took place on 19 December 2017 from 12.25 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 agency staff and other key stakeholders.

Service users and relatives spoken with by the User Consultation Officer (UCO), provided feedback regarding the service provided by Mullaghcarton Road 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 supported living 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 Fionnuala Hughes, 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 2 February 2017

No further actions were required to be taken following the most recent inspection on 2 February 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 2016/2017
- All communication with the agency
- User Consultation Officer (UCO) report

Prior to the inspection the UCO spoke with one service user and one relative to receive their views on the service. The UCO also spoke informally with three support workers, the senior support worker and the registered manager; as well as observing their interactions with the service users.

During the inspection the inspector spoke with three support staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

During the inspection the inspector spoke with the manager, Fionnuala Hughes; and observed the interactions of staff with a service user.

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 surveys were returned to RQIA which was disappointing.

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 referrals and care planning
- Service user' records regarding ongoing review, and quality monitoring
- Recording and evaluation daily records
- Two new support workers recruitment and induction records
- Two long term support workers' supervision and appraisal records
- Staff training records
- NISCC registration and renewal of registration processes
- Monthly monitoring reports for September to November 2017
- Annual quality report for 2016
- Communication records with HSCT professionals
- A range of compliments records
- A range of incident 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 2 February 2017

The most recent inspection of the agency was an unannounced care inspection. There were no areas for improvement made as a result of the last care inspection.

6.2 Review of areas for improvement from the last care inspection dated 2 February 2017

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 the agency has in place robust recruitment systems to ensure that staffs are not provided for work until all pre-employment information has been satisfactorily completed and verified. The manager could describe the process for obtaining confirmation that staffs are available to commence employment, with recruitment currently under way for a number of vacant posts. The inspector found that staffing arrangements maximise the provision of familiar staff to service users.

The UCO was informed that there had been new staff recently appointed who were given a thorough induction until they were familiar with the needs of the service users. Vacancies are covered by permanent staff and, if necessary, one agency worker who is familiar to the service users.

The induction programme for staff was viewed, which includes a detailed induction procedure and support mechanisms in place for them 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. The staff interviewed confirmed that their induction had prepared them for their role and commented; 'induction gave me a great grounding to be able to provide the right level of support'.

Through discussions with the one service user, relative and staff, as well as the UCO's observations, it was evident that staffs are knowledgeable as to the types of activities each service user likes to do, and to the level of support required to ensure their safety. During the visit the UCO observed good practice regarding safety; staff and the service user were able to explain the risks to the service user and the measures taken to reduce the risk.

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 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 appraisal in accordance with the agency's policies and procedures.

The inspector noted that arrangements are in place to ensure that staffs are registered as appropriate with the relevant regulatory body. The records confirmed all supporters are registered with The Northern Ireland Social Care Council (NISCC) apart from two recently appointed staff; however records confirmed that these staff had submitted their application and were awaiting their registration certificate. The manager discussed the system in place to identify when supporters 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 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 in line with required guidance.

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. Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; 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, was up to date, and clearly detailed the service users’ needs and how they wished these to be met. 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.

The UCO was informed by the relative interviewed that there is adequate staffing levels to provide the necessary care to the service users and support them with their activities. During the visit all service users had one on one support from a member of staff and management were also on site.

New staffs have an induction period to enable them to become familiar with the service users and their individual needs. It was clear from discussions and through observations that the carers have good knowledge of the service users' needs and preferences. The UCO also noted that staff had a good understanding of the service users' communication; both in terms of their verbal and non-verbal communication such as hand gestures. No concerns were noted by the UCO during the observed interactions between service users and staff.

The relative interviewed confirmed that review meetings take place annually, or more frequently if necessary. The UCO was also informed that there is good communication between the staff and relatives, and that they are aware of how to raise a complaint if necessary.

The manager discussed with the UCO the possibility of a new service user moving into the service and spoke knowledgeably about the process to ensure compatibility with the current service users.

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.

Team meetings are facilitated; the inspector viewed minutes of meetings that indicated a range of topics and matters were discussed and updated information was provided.

The inspector viewed records of quality monitoring visits and found that there is a robust system in place; it was noted that comments made by service users, and where appropriate their representatives, other professionals and staff were included. The record includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency supporters 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.

Comments made by service users and where appropriate their representatives were detailed throughout a range of the agency's documentation. Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency's complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user satisfaction surveys and tenant meetings. As part of the visit, the UCO had a tour of the premises. The living spaces and bedrooms were seen to be personalised to the taste of the service users. Management are currently discussing the need to redecorate one bedroom and the hallway with the service users and relatives. Service users are involved in such decisions as much as possible. The house was decorated with photos of various activities carried out by the service users, as well as their artwork and certificates.

Service users are given choice regarding menu planning and are encouraged by staff to eat a healthy, balanced diet. Staffs assist service users to shop for their own food and prepare it if possible. Service users are also encouraged to take part in the household chores with the support of the staff.

The UCO was advised that service users have a choice as to the activities they carry out each day; picture cards are used to obtain the service user's choice if necessary. Staffs were knowledgeable as to the type of activities they like to do and the support required. Examples of some of the activities which service users like to do:

- Day centre
- Shopping i.e. for clothes or Christmas presents
- Visiting family
- Beauty treatments and hairdresser
- Pyjama parties
- Bowling
- Computer games
- Watching television
- Meals out
- Attending team meeting and training courses
- Arts and crafts
- Going out for drives
- Shows for example Disney on Ice and pantomimes
- Cinema
- Trips out for example Dublin Zoo and open farms
- Swimming
- Listening to music

Examples of some of the comments made by the relative interviewed are listed below:

- “Never thought I would see XXX so settled.”
- “If XXX is happy, I’m happy.”
- “Anything I have raised has been addressed straight away. I have no issue with approaching the management.”

Compliments reviewed during inspection provided the following information in support of compassionate care:

- “Compliments to xxx on the way she managed a service user’s behaviour, she had acted exactly correctly and the service user was protected; well done.” (Email from behavioural therapist).
- “Compliments to the team, Dr.xxxx and the epilepsy nurse were impressed with how well all the staff were managing xxx seizures.” (Thank you phone call from consultant).
- “The service user is looking well, is happier and says life improved with loads of activities to choose from.” (Verbal compliment from a visiting social worker).

Staff interviewed confirmed they have been provided with training and information in relation to human rights and confidentiality. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding. One staff member commented; ‘it is great to see how service users’ behaviours and choices have progressed over time.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

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 organisation has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. 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.

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 has not received any complaints in the past year. The staff training records viewed confirmed all staff had received update training in December 2017 on handling complaints. Staff members interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The UCO spoke with a relative who confirmed that there is good communication between staff and themselves, and that they are aware of the complaints process.

The agency has systems in place for auditing and reviewing any/all complaints on a monthly basis with the aim of improving the quality of service provided to service users. A review of incident report documentation confirmed that potential concerns were managed appropriately in accordance with the agency’s policies and procedures.

Monthly monitoring reports were viewed for September to November 2017. 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 inspector examined the annual report of service user/representatives satisfaction completed for 2016. This report reflected a high level of satisfaction regarding the care and support they receive and the manner in which staff treats them along with action points. This report was confirmed as appropriately detailed and had been shared with service users/relatives in January 2017. The annual report for 2017 is currently being collated with feedback obtained from all key stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of concerns and incidents, quality improvement and maintaining good working relationships with all key stakeholders.

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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