

Announced Care Inspection Report 3 January 2019



Sperrin Drive Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 10 Sperrin Drive, Belfast BT5 7RY
Tel No: 02890418819
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

Sperrin Drive is a two storey detached house in Belfast and is the home of three service users who rent their accommodation from Triangle Housing Association.

Autism Initiatives provides a supported living type domiciliary care to the service users and the agency's registered office is located within the Sperrin Drive home. The domiciliary care service is available 24 hours per day and staffs 'sleep over' in the registered office. Service users are provided with support in a range of activities of daily living, such as managing financial affairs, shopping and cooking. Staff encourages service users to develop self-care skills and independence within the local community.

The service users accommodation is comprised of individual bedrooms, with all having access to communal areas including kitchen/dining room, living room, bathrooms and outdoor spaces to the front and rear of their home.

3.0 Service details

Organisation/Registered Provider: Autism Initiatives NI Responsible Individual: Dr Eamon Slevin	Registered Manager: Stephen McGuigan
Person in charge at the time of inspection: Stephen McGuigan	Date manager registered: 16/07/18

4.0 Inspection summary

An announced inspection took place on 3 January 2019 from 09.45 to 15.15 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 the manager Stephen McGuigan and the senior support worker, 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 22 January 2018

No further actions were required to be taken following the most recent inspection on 22 January 2018.

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, a senior support worker and a support worker 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 and the inspector observed the service users' interactions with staff. During the inspection the inspector met with a visiting professional.

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, no responses were returned to the inspector.

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
- Tenants meeting minutes
- Three monthly monitoring reports.
- Annual quality review report February 2018
- Communication records with other professionals
- Notification and incident records

- Complaints log and records
- Compliments log

The findings of the inspection were provided to the manager Stephen McGuigan and a senior support worker at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 January 2018

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

6.2 Review of areas for improvement from the last care inspection dated 22 January 2018

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'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). 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 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 in the past year. However staffing is currently stable and arrangements enable the agency to provide familiar staff to service users who require staff continuity. The inspector received positive feedback regarding the new manager and support staff bringing different suggestions and ideas of activities the service users may enjoy.

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. The support worker 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. No safeguarding reports had been received in the past year. 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.

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.

Service user comments during inspection:

- “I am very happy living here. The staff are all very good to me.”
- “I am fine and everything is fine.”

Staff commented during inspection:

- “The training is very good, we can go on-line and learn about a wide variety of subjects as well as the mandatory areas.”

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. The file contained records of the care and support provided and evidenced the views and choices of the service user.

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 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 and preferences.

The service users have lived at Sperrin Drive for a number of years and it was clear from observed interactions that the staff have a good understanding of the service users' differing modes of communication. Records viewed confirmed that staff have been supporting the service users to increase their independence; for example a service user was supported to attend a social club fortnightly, and to clean their bedroom; one goal had not been achieved and was agreed to be discontinued.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a

daily basis and being available for discussion. Tenants meetings minutes were reviewed during inspection and areas for discussion included:

- events planning
- maintenance matters
- staffing updates

These meetings provide ongoing opportunities to discuss key service user matters and to review matters arising regularly.

Service user comment during inspection:

- “I had a busy time at work over Christmas and New Year, and had a good time with friends.”

Staff commented during inspection:

- “We have built up trust and relationships with our service users and families, some over many years. I love my job, knowing I have helped in my own part to improve their quality of life, achieve a goal and become more independent.”

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 these such as meal planning and food preparation, and the staff were knowledgeable as to the type of activities they like to do and the support required. For example, a service user was supported and encouraged to attend visit London for a holiday.

The inspector spoke with an officer from Ulster Supported Employment and Learning organisation (USEL) that is supporting a service user to improve their job seeking skills. This officer indicated that during the weekly visits, finds the service user is being well supported by

the staff team to maintain attendance at the English training course and support their on-going job search.

Service user comment during inspection:

- “I had a visit from xxx (USEL officer) about job applications; it is hard to get a job.”

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 service user's/ representatives and other professionals reviewed during inspection provided the following example in support of compassionate care:

- ‘I am very happy with how this year has gone; xxx needs are more than met.’ (Verbal feedback during visit by a service user's family member).
- ‘I was very pleased with how xxx was supported during their trip to London’ (Feedback from service user's social worker).

The inspector discussed the recording of compliments with the manager, as the positive feedback was not being captured consistently by staff, rather noted on monthly monitoring reports or minutes of review meetings. The manager agreed to review their process to consistently be recording compliments when received.

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 a manager, a senior support worker and a team of support staff.

The new manager was registered in July 2018 and service users and staff described his appointment as being positive, confirming an 'open door' policy has been maintained and describing how they find him approachable and supportive.

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 for 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 October to December 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. The inspector noted one complaint had been received since the last inspection. Record of this complaint viewed confirmed that the matter had been appropriately managed.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There were no incidents that needed to be notified to RQIA since the last inspection.

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.

Staff commented during inspection:

- "We have a great team here who all work well together to support the service users."

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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