

# Unannounced Care Inspection Report 12 January 2017



## Sperrin Drive Supported Living Service

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

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Sperrin Drive Supported Living Service took place on 12 January 2017 from 09.35 to 15.50 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 Trusts 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 Trusts. The quality monitoring arrangements include consultations with service users, their representatives and the HSC Trusts, 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Anita Todd, registered manager, and the 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

Other than those actions detailed in the Quality Improvement Plan (QIP) there were no further actions required to be taken following the most recent care inspection on 3 July 2014.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Autism Initiatives NI/Andrew Grainger (Acting)	<b>Registered manager:</b> Anita Todd
<b>Person in charge of the service at the time of inspection:</b> Anita Todd	<b>Date manager registered:</b> 20 October 2014

## 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report

- Records of notifiable incidents
- Correspondence with Regulation and Quality Improvement Authority (RQIA)

During the inspection process the inspector spoke with the registered manager, Anita Todd; the team leader; two support workers; two service users and two relatives. The registered manager is moving to another service and the organisation has appointed a new manager who will be applying to become the RQIA registered manager during January 2017 and was present for this inspection. During the inspection the inspector observed the interactions of staff with service users.

### **Relatives' comments**

- 'I believe the support service is second to none. My relative is given every opportunity to live a full life.'
- 'The support service previously was up and down but I feel the support provided in the last year and a half has been excellent. The staff are very approachable and my relative is very well supported.'

### **Staff comments**

- 'I think the support and care we provide is very good. I feel service users are supported to live full lives.'
- 'We all work together providing great support to ensure the service users are enabled to be as independent as possible. It gives me great satisfaction to now see the changes in xxxx's ability to communicate and engage with others so openly.'

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; four were returned. At the request of the inspector, questionnaires were distributed for completion by service users/relatives; two were returned. Feedback received from questionnaires is included throughout this report.

The following records were examined during the inspection:

- Two 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
- Tenants meeting minutes
- 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**

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

Autism Initiatives provides a supported living type domiciliary care service to the tenants and the agency’s registered office is located within the service users’ home. The domiciliary care service is available 24 hours per day and agency staff ‘sleep over’ in the registered office. The agency is managed by the registered manager and the staff team is comprised of a team leader, a senior support worker and support staff.

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

**4.1 Review of requirements and recommendations from the most recent inspection dated 1 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 3 July 2014**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 23.— (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>This requirement relates to the monthly monitoring reports and the action plans in place, when comments are made by relatives or other stakeholders. These comments must be actioned and be reviewed each month.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that monthly monitoring reports had been appropriately completed and, where relevant, actions taken on receipt of feedback from stakeholders.</p>	
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 1 <b>Stated:</b> First time</p>	<p>The agency should take action following comments, suggestions made by service user's relatives/representative in relation to improving the quality of care provided to service users. Actions should take place when necessary following receipt of feedback.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Records evidenced that the agency had taken appropriate measures to address comments and/or suggestions received from service users' relatives/representative to improve their service provision.</p>	

### 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 registered manager confirmed that there has been a minimum need for the use of employment agency staff required over the last six months, with no employment agency staff used since September 2016. 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. Staff who provided feedback to the inspector confirmed that the induction prepared them for their role and described the support during the induction period as 'excellent.'

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 registered manager and from staff, which indicated that the agency is committed to the ongoing development of staff through the provision of quality training. The registered 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. Staff provided very positive feedback regarding the quality and relevance of this training.

Staff commented:

- ‘The training I receive is excellent and focused on our service users particular needs. We recently completed training as a staff group that was tailored to our own service users’ specific needs; this was extremely valuable.’
- ‘The training provided has helped me to be able to support the service users and to carry out my role effectively.’

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 at all times from the registered manager or 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 they are aware of their obligations in relation to raising concerns about poor practice, and are 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 a safeguarding referral made to the HSC Trust and discussed the agency’s implementation of an appropriate support plan as agreed with the Trust. Staff provided feedback regarding partnership working with the HSC Trusts, including amendment of support plans and review of the process. Staff commented that they had felt listened to by HSC Trust professionals.

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 and the “About me” documentation. 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 as appropriate, 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.

Of questionnaires returned by staff, all indicated they were 'very satisfied' that care was safe and one included the comment: 'Staff use reflective practice to really evaluate procedures and maintain set policies.' The questionnaire returned by service users/relatives indicated that they were 'very satisfied' that care was safe.

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

The inspector was able to speak to two service users who expressed their satisfaction with the service received. One service user discussed his dissatisfaction with the organisation's management of an incident some years ago; and did confirm that he had been given opportunities to discuss this matter with the organisation. This service user confirmed that he was very happy with the level of support received from the current support staff. Both service users described support received as very positive in enabling them to live independently.

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 users to make their 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.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 two service users' care and support plans and their individual financial files. 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.

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 users' 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 excellent and I hold the manager in very high regard. Positive interventions have helped xxxx behaviours improve. The communication is very good; I am kept informed of changes and know my views are also considered. He is supported with his painting which gives him a sense of achievement when his art work is recognised and praised.'
- 'The service is great; communication is very good and I am kept up to date. He can often be difficult and uncooperative but the staff are flexible and encouraging. I feel he is getting very good support from staff who know his needs so well.'

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 noted that quality monitoring reports had been reviewed since the previous care inspection in July 2014, and documented a summary of all feedback received regarding the quality of service provision and actions taken and monitored where appropriate.

The inspector viewed evidence of effective communication with service users and their representatives, including a complaints and compliments process, tenants' meetings, quality monitoring reports, and monthly support plan reviews between keyworker and service users. Tenants' meeting minutes reflected communication with service users on a range of issues, including the planned cleaning of house guttering, bills and expenditure discussed along with a reminder of the shared domestic tasks needing completed daily.

During the inspection the inspector observed staff interactions with service users and noted that the service users appeared to enjoy positive relationships with staff; joking and laughter from the kitchen was heard at lunchtime. 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. Staff described how they have 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. One relative indicated that she had been impressed

when the newly appointed manager had contacted her both to introduce herself and to provide an update relating to her son’s support.

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. Staff provided feedback to the inspector 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.

Of questionnaires returned by staff, all indicated they were ‘very satisfied’ that care was effective and included comments:

- ‘The involvement of service users regarding their care plan is a highly used practice.’
- ‘We have weekly and monthly reviews with service users, and fully involve them in deciding the details of their support plans.’

The questionnaire returned by service users/relatives indicated that they were ‘very satisfied’ that care was effective.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 service users 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 preparing to go to a doctor’s appointment and 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 staffs 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 service users, 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 service users 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, service users' preferences of whether or not to meet the inspector were 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 he receives is very good. I appreciate the choices offered by staff are often declined; however, I have great confidence in the manager and staff who have encouraged activities that focus on improving his mood. The staff are open to all ideas suggested to improve his quality of life.'
- 'The staff are supporting him very well, he has opportunities to enjoy his own interests and his independence is promoted as far as possible.'

Of questionnaires returned by staff, all indicated they were 'very satisfied' that care was compassionate and included comments:

- 'The staff are very person-centred and treat each service user with dignity and respect, involving them in every aspect of their care. Service users are fully involved and given autonomy and choices.'
- 'Compassion has to be the baseline in care ethos, to regard each service user as you would a family member.'

The questionnaire returned by service users/relatives indicated that they were 'very satisfied' that care was compassionate.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 a registered manager, team leader 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 agency maintains and implements a policy relating to complaints and compliments. The inspector noted five complaints were received during the reporting period of 1 April 2015 to inspection date 12 January 2017. The inspector reviewed two of the complaints records which supported appropriate management, review and resolution of each complaint.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. 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 December 2016.

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:

- 'Thank you to the team for the support provided; he is very smartly dressed which was always important to him.' (From a relative).

- ‘We are very happy. Thanks to staff for their commitment and focus resulting in a successful outcome for xxxx.’ (From a relative).
- ‘It is great to see xxxx is more active and attending the gym. Well done to the staff that assisted the completion and follow up of government benefit forms for xxxx. The agency maintains great communication with me regarding xxxx.’ ( HSC Trust Care manager).

Of questionnaires returned by staff, all indicated they were ‘very satisfied’ that the service was well led and included comments:

- ‘I feel very confident in the leadership.’
- ‘Great management, clear, communicative and efficient service team.’

The questionnaire returned by service users/relatives indicated that they were ‘very satisfied’ that the service is well led.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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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