Inspection Report

10 March 2022

Sperrin Drive Supported Living Service

Type of service: Domiciliary Care Agency
Address: 10 Sperrin Drive, Belfast, BT5 7RY
Telephone number: 028 9041 8819

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Autism Initiatives NI **Responsible Individual:** Dr Eamonn James Edward Slevin	**Registered Manager:** Mr Stephen McGuigan **Date registered:** 16 July 2018
Person in charge at the time of inspection: Mr Stephen McGuigan	

Brief description of the accommodation/how the service operates:

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

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

The supported peoples' accommodation comprises 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.

2.0 Inspection summary

An unannounced inspection was undertaken on 10 March 2022 between 10.40 a.m. and 5.30 p.m. by the care inspector.

This inspection focused on the agency's governance and management arrangements, adult safeguarding, complaints, staff registrations with the Northern Ireland Social Care Council (NISCC), Deprivation of Liberty Safeguards (DoLS), restrictive practice, staff recruitment, dysphagia arrangements, Covid-19 guidance and monthly quality monitoring.

Good practice was found in relation to monitoring staffs' registration with NISCC and the system in place for disseminating Covid-19 related information to staff.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we review the information held by RQIA in relation to service. This includes the previous inspection report and any written and verbal communication received since the last care inspection.

The inspection focused on:

- contacting the service users, their relatives, Health and Social Care Trust (HSCT) representatives and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to the supported people, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with one supported person and two staff during the inspection and all spoke positively about the care and service provided at Sperrin Drive. No feedback was received from the supported people/relative questionnaires. No staff responded to the electronic survey.

Supported peoples' comments:

- "I'm happy here."
- "The staff are good."
- "I've no concerns."
- "I'm cooking my own dinner."

Staff comments:

- "There has been a turnover of staff over the past couple of years, which can affect the people we support, as it can take time for the supported people to build trust with staff. The staff have built a good relationship with the supported people."
- "We are all about being person centred and integrating the people we support into the community as much as possible."
- "The manager is approachable."
- "I feel that we work together as a team and it is well managed."
- "Every decision made with the guys are their own and it is very much person centred."
- "There is lots of PPE and I feel safe working in regards to Covid-19 practices."

- "We have good team work."
- "I am aware of the whistleblowing policy and we have a poster up titled 'Don't Shoot the Messenger'."

5.0 The inspection

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

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last inspection to Sperrin Drive Supported Living was undertaken on 3 January 2019; no areas for improvement were identified. An inspection was not undertaken in 2019-2020 and 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of the supported people was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The annual Adult Safeguarding Position report for the agency had been formulated and was reviewed.

Discussions with the manager and staff established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. They could describe their role in reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing. Staff also referred to the agency's whistleblowing poster titled 'Don't Shoot the Messenger' situated in the staff office. Staff could describe the process for reporting concerns out of hours.

Staff are required to complete adult safeguarding training. Review of training records evidenced that all staff have up- to-date adult safeguarding training.

The agency had a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records reviewed and discussions with the manager indicated that no adult safeguarding referrals had been referred to the HSCT since the last inspection. However, one adult safeguarding referral was sent to the adult safeguarding champion and assessed as not meeting the threshold for a referral to the HSCT. No further action was required in respect of this referral.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff demonstrated that they had an understanding that the supported people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. A review of the training record indicated that all staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

There were arrangements in place to ensure that the supported people who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Currently no supported people have been assessed as requiring DoLS, however, one supported person has been referred for assessment.

There was a good system in place in relation to infection prevention and control (IPC) practices and the dissemination of information relating to Covid-19 guidance. The inspector's temperature was taken and recorded on arrival to the service and information was recorded for track and trace purposes. In addition, a staff cleaning rota for the communal area touch points was viewed in the office. Staff were observed wearing personal protective equipment (PPE) throughout the inspection.

5.2.2 Is there a system in place for identifying supported people's Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager advised that there are no supported people assessed with dysphagia needs. A review of the training records indicated that all staff have received Dysphagia training.

5.2.3 Are their robust systems in place for staff recruitment?

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department. The review of staff profile records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff members commenced employment and had direct engagement with supported people.

A review of the records confirmed that all staff provided were appropriately registered with the NISCC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be robust and in compliance with Regulations and Standards.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with the supported people, supported people relatives, staff and HSCT representatives. The reports

included details of the review of supported people care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection. The organisation's complaints policy and procedures were reviewed as part of the agency's monthly quality monitoring process.

The review of the supported peoples' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure the supported peoples' health and social care needs were met within the supported living setting. It was noted on the 'About Me' updated support/care record; staff signature and dates were typed. Advice was given to consider adding a signature and date box. The manger agreed and advised that this would be implemented moving forward.

A review of the annual fire risk assessment indicated that there were recommendations to be implemented to reduce the fire risk within Sperrin Drive. There was no evidence that the recommendation had been actioned or had a timeframe as to when the recommendations would be carried out. This was identified as an area for improvement. Following the inspection, immediate action was taken by the manager and responsible person to address the recommendations and evidence was submitted on 1 April 2022 that 'all actions have now been completed'.

6.0 Conclusion

Based on the inspection findings RQIA was assured that the service was providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified in respect of the action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the Quality Improvement Plan were discussed with the manger, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011

Area for improvement 1 **Ref:** Standard 16 (16.1) **Stated:** First time **To be completed by:** Immediately from date of inspection and ongoing.	The registered person shall ensure that the recommendations identified in the annual fire risk assessment are actioned to ensure safe and healthy working practices and maintain a safe and healthy working environment. Ref: 5.2.4
	Response by registered person detailing the actions taken: All recommendations identified in the annual fire risk assessment have been actioned, as follows: Extension leads are monitored on a daily basis and this is recorded All fire doors are now compliant with fire safety regulations, i.e. gaps between doors and frames is less than 4mm Practical training in the use of fire extinguishers has now been completed (delivered on 29.4.22) Door guards are checked on a weekly basis and this is recorded Person centred fire risk assessments are in place for all service users, with copies available on site A simulated night time evacuation took place 14.4.22

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care