

# Announced Care Inspection Report 22 January 2018



## Sperrin Drive Supported Living Service

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

[www.rgia.org.uk](http://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

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 staffs 'sleep over' in the registered office. The agency is managed by the registered manager and the staff team is comprised of 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.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Autism Initiatives NI/Andrew Grainger (Acting)	<b>Registered Manager:</b> Marion Sarah Elizabeth Rose Willis
<b>Person in charge at the time of inspection:</b> Marion Sarah Elizabeth Rose Willis	<b>Date manager registered:</b> 29/11/2017

### 4.0 Inspection summary

An announced inspection took place on 22 January 2018 from 13.00 to 16.00 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 Sperrin Drive 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 agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the registered manager Marion Willis, 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 12 January 2017

No further actions were required to be taken following the most recent inspection on 12 January 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

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users who live at Sperrin Drive to obtain their views of the service. The UCO also spoke with three members of staff and four representatives as well as observing interactions between the three service users and staff on duty.

During the inspection the inspector spoke with two 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 registered manager, Marion Willis and observed the interactions of staff with a service user.

At the request of the inspector, the registered 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.

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 care and support planning
- Service user' records regarding ongoing review, and quality monitoring
- Recording and evaluation daily records
- One new support worker's 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 October to December 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 registered manager and the team leader at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 12 January 2017

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 12 January 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 registered 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 inspector found that staffing arrangements maximise the provision of familiar staff to service users.

The UCO was informed by the relatives and staff interviewed that there is a core staffing team at Sperrin Drive who have worked there for a period of time; it was felt that consistent staffing was beneficial for the service users. During the UCO's visit a new member of staff was on duty and was shadowing a regular carer as part of their induction.

Through discussions with staff and the service users' representatives, as well as the UCO's observations, it was evident that staff were knowledgeable as to the level of support each service user required to ensure their safety. The representatives interviewed felt that there was good communication regarding the care and support being provided to the service users and

when any concerns have arisen. One service user also advised that he is asked regularly for feedback on the service by Autism Initiatives.

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.

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 annual 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 staff are registered with The Northern Ireland Social Care Council (NISCC). The registered manager discussed the system in place to identify when staff 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.

The agency's whistleblowing policy and procedure was found to be satisfactory. The staff interviewed had a clear understanding of their roles and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

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 regular reviews involving their HSC Trust keyworker and that care and support plans are reviewed at agreed intervals 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 registered 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.

It was clear from discussions and through observations by the UCO that the carers have good knowledge of the service users' needs and preferences; and how they are working with the service users to minimise any challenging behaviours. No concerns were noted by the UCO during the observed interactions between the service users and the staff on duty.

The service users meet monthly to discuss group activities or any issues in the house as well as having informal meetings with their key workers or co-workers; staff were knowledgeable as to the level of support required by each service user to ensure their safety. Confirmation was received that annual reviews are taking place and that there is good communication between the staff, service users and their representatives.

Examples of some of the comments made by the service users or their representatives interviewed are listed below:

- "Haven't got any complaints."
- "Very happy with the service."
- "Overall it's fantastic."

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 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.

## 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
<b>Total number of areas for improvement</b>	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, three/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. There are communal living spaces for the use of the three service users as well as their own bedrooms. The UCO discussed with the staff on duty possible ways that they could make the living spaces feel more homely. Service users are given choice regarding activities and meals, and the staff were knowledgeable as to the type of activities they like to do and the support required. Below are a number of activities that the service users have carried out since living at Sperrin Drive:

- Work placements
- Day care centres
- Cinema
- Snooker
- Computer games
- TV
- Music
- Shopping
- Ten pin bowling
- Arts and crafts

During the visit the UCO observed interactions between the staff and service users; no concerns were noted. Examples of some of the comments made by the service users or their representatives interviewed are listed below:



- “We get on well together.”
- “Autism Initiatives is an excellent organisation.”
- “Very happy with the care.”

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

- “I am happy with the support provided to xxx.’ (Letter from a service user’s relative).
- “I believe the support xxx receives is excellent. I feel he has vastly improved since coming to live at Sperrin Drive.” (Verbal compliment received from a service user’s representative during a review meeting).
- “I am happy with the staff and support given to xxx, whose needs are being met.” (Telephone message from a service user’s relative).

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.

### 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
<b>Total number of areas for improvement</b>	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 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.

Monthly monitoring reports were viewed for October to December 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 record includes details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

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 registered 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 on handling complaints during 2017. Staff members interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

A review of incident report documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures.

The inspector examined the annual report of service user/representatives/staff/other professionals satisfaction completed for 2016. This report reflected a high level of satisfaction regarding the care and support provided and the manner in which staff treats service users along with an action plan. This report was confirmed as appropriately detailed and had been shared with service users/relatives/staff and the HSC Trust in December 2016. The registered manager explained that feedback had been received from most stakeholders regarding their annual satisfaction review for 2017. The findings are currently being collated and the report is planned for issue February 2018.

One of the staff interviewed indicated that the organisation have encouraged and supported him to undertake management training, which should enhance his skills and knowledge and enable career progression in the future.

### 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
<b>Total number of areas for improvement</b>	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.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews