

Unannounced Care Inspection Report 16 May 2019



Lisburn Supported Living Service

Type of Service: Supported Living

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Inspector: Jim McBride

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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

Lisburn Supported Living Service is a supported living type domiciliary care agency which provides personal care and housing support to service users to live as independently as possible within the local community. Services are provided at a number of addresses in the greater Lisburn area. The agency works in partnership with the Northern Ireland Housing Executive's Supporting People programme, the South Eastern Health and Social Care Trust and with a number of housing associations.

3.0 Service details

Organisation/Registered Provider: South Eastern Health Social Care Trust (SEHSCT)	Registered Manager: Catherine Price
Responsible Individual: Neil Guckian	
Person in charge at the time of inspection: Catherine Price	Date manager registered: Awaiting registration. Application form received by RQIA 9 April 2019.

4.0 Inspection summary

An unannounced inspection took place on 16 May 2019 from 09.00 to 14.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003,

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress 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.

There were examples of good practice found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place, which focused on improvement initiatives and maintaining good working relationships.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, privacy, dignity, confidentiality and service user involvement.

Service users met by the inspector said that they were happy with the care and support provided.

Service user comments:

- “Staff are well trained.”
- “Staff are really good.”
- “I have a good range of activities and I’m supported by staff.”
- “Staff are good listeners and help me when they can.”
- “We feel safe and secure in the house.”
- “This is such a big difference from where I lived before. With lots of planning I have a new home”
- “My rights are respected by all staff.”
- “My keyworker is excellent.”
- “This has been a great outcome for me.”

Staff comments:

- “Training content is good.”
- “Supervision is good.”
- “My manager listens to any concerns.”
- “The outcomes for service users are good.”
- “All care and support needs are met by staff.”
- “Staff focus is on activities and community involvement for service users.”

Areas for improvement identified:

The Statement of purpose and Service user guide are required to be reviewed and updated. Regulation (7) (a).

The agency’s staff training records require to be updated. Regulation (16) (2) (a)

The monthly quality monitoring reports need to be completed and available for inspection. Regulation (23).

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

	Regulations	Standards
Total number of areas for improvement	3	0

Details of the Quality Improvement Plan (QIP) were discussed with Patrick Robinson manager and Catherine Price registrant manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responded.

10 questionnaires were also provided for distribution to the service users and their representatives; five were returned and details of the responses are included within the report.

The inspector spoke with two service users, four staff members including the acting manager and the registrant manager, one staff member spoke with the inspector by telephone and raised a number of areas of concern; the inspector discussed these concerns with the managers during the inspection:

Issues raised:

- Staff recruitment and retention
- Staff rotas
- Communication.

Staff recruitment

The manager did discuss with the inspector current issues relating to staff recruitment and retention. The manager and Senior HSC trust managers are aware of these concerns and were able to provide the inspector with a plan, to ensure recruitment is reviewed and ongoing discussions with staff to ensure they are regularly updated.

Staff rotas

The managers discussed with the inspector new rota systems they plan to introduce to the service.

The system has already been discussed with staff and ongoing discussions are to follow.

Communication

The inspector discussed the area of communication between staff and managers. On occasions there have been some difficulties. The manager provided the inspector with detail of further communications with staff relating to the areas above and the ongoing care provision of the service.

The manager has agreed to forward to RQIA an update on the areas highlighted above once they have further discussions with staff. The inspector was satisfied with the agency's responses.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's staff recruitment processes were noted to be managed in conjunction with the agency's human resources department. Discussion with the person in charge identified that they were knowledgeable in relation to safe recruitment practices. Staffing levels were consistently maintained. Rotas for weeks ending the 4, 11 and 18 May 2019 were reviewed and show that sufficient staff would be available to meet service user needs.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The review of three induction records verified that staff are provided with an induction period which exceeded the timescales outlined within the regulations. This was verified by a staff member who met with the inspector.

There was a rolling programme of training supervision and appraisals systems in place. However, the registered provider is required to review and update the staff training records that must show all training completed by staff. An area for improvement has been identified.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that there is an identified ASC within the organisation and a number of deputy ASC's. The Annual position report will be completed and forwarded to RQIA in 2020.

The inspector reviewed a sample of incident records and confirmed that they had been managed appropriately.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. The inspector was advised that there were no restrictive practices in use within the agency.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding and risk management.

Areas for improvement

One area for improvement was identified in this domain. The registered person shall ensure that each employee of the agency receives training which is appropriate to the work he is to perform.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information and risk assessments. There was some evidence of positive risk taking in collaboration with the service users and/or their representative, the agency and the Health and Social Care (HSC) trust.

Care review records were reviewed and it was noted that service users were involved in the care review process.

The care plans reviewed identified that consideration had been given to the service users' human rights. This related particularly in relation to the service users right to maintain contact with their family and friends; choice in all aspects of their daily living; and autonomy. It was good to note that the care plan focused on the service user's right to determine the level of support they wished to avail of.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Service user' and staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The inspector confirmed that a number of monthly quality monitoring reports were not available for review from the last care inspection. As reports of quality monitoring were not available for review, the agency could not provide adequate assurances in relation to the assessment of the quality of service provision. This was discussed with the manager. An area for improvement has been identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users.

Areas for improvement

One area for improvement has been identified in this domain in relation to Regulation 23 Monthly

quality monitoring.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 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 inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity.

Discussions with the service users, staff and the person in charge provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person-centred care
- Individualised risk assessments
- Disability awareness.

Records of service user meetings indicated the agency had systems for regularly engaging with service users.

The organisation's principles of care were included in the staff induction. This clearly identified to staff, the organisations' expectation in relation to treating service users as individuals, promoting their human rights and respecting their right to privacy, dignity and respect, promoting independence and maintain confidentiality. This information was also included within the current service user guide, so that the service users were also aware of how staff should treat them. Information was also included in relation to advocacy services, which they could access, if required.

The inspector was provided with a number of examples which demonstrated that the staff had achieved an appropriate balance between promoting autonomy and maintaining safety, resulting in positive outcomes for the service users. One staff member described how the staff supported users to shop using local taxi services. This resulted in the service users progressing towards more independence where they could hopefully buy their own groceries independently.

Service users consulted with during the inspection gave examples of the different ways the staff treated them with respect and dignity, whilst promoting their independence.

Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users with the aim of promoting the safety of service users and improving the quality of the service provided. The agency promoted the involvement of service users, particularly in relation to care and support provided.

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 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 is managed on a day to day basis by the manager, with the support of senior support workers and a team of care staff. It was identified that the agency has effective systems of management and governance in place.

The inspector reviewed both the current Statement of purpose and Service user guide. Both documents require be reviewed and updated. An area for improvement has been identified.

All staff providing care and support to service users are required to be registered with The Northern Ireland Social Care Council (NISCC). The person in charge confirmed that information regarding registration and renewal dates were maintained by the agency. A review of (NISCC) records confirmed that all staff were currently registered. The person in charge described the system in place for monitoring renewal of (NISCC) registrations and confirmed that all staff are aware that they are not permitted to work if their (NISCC) registration has lapsed.

There had no complaints received from the date of the last inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and in electronic format and were accessible to staff. The inspector noted the following polices in place:

- Safeguarding 2019
- Whistle blowing 2019
- Confidentiality 2017
- Complaints 2019

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff.

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

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place, which focused on improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, privacy, dignity, confidentiality and service user involvement.

Areas for improvement

One area for improvement was identified within this domain. The current Statement of purpose and Service user guide require be reviewed and updated.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Patrick Robinson, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration

of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 23.1 & (3)</p> <p>Stated: First time</p> <p>To be completed from the inspection date:</p>	<p>The manager has agreed to forward to RQIA an update on the areas highlighted above once they have further discussions with staff. The inspector was satisfied with the agency's responses.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff have been updated on the QIP report. Bank staff meeting also completed to update staff on QIP. Patrick Robinson with the support of Cate Price have completed a set of rotas to be shared with staff w/b 29.07.19 in an effort to improve working relationships within the team and promote increased staff recruitment and retention.</p> <p>Recruitment for band 3 staff is active at present. The team is supported by a core group of bank staff who have long term good working relationships with the service users, working in other facilities with them.</p> <p>If staff agree to the proposed rotas, this will enable Mr Robinson to immediately progress e-rostering implementation which will significantly improve staff working relationships.</p> <p>The HR Department and the Organisational Workforce Development Team are progressing a Working Well Together framework for improving staff communication and relationships. In regards to the completion of monthly monitoring reports a need was identified to improve the level of compliance following the yearly audit by Mr Robinson and subsequent inspection by RQIA at another facility.</p> <p>An action plan was devised and is working very well aiming to achieve 100% compliance for 2019 for all the regulated services. Diana McIntyre Patel has been recruited as the new Band 6 Governance / Monitoring Officer and she is now responsible for completing all the monitoring visits/ reports for Supported Living and Residential Services. This post is expected to evidence improved level of governance and monitoring of these services and therefore increased quality of care and better outcomes for service users. See details of action plan below which was confirmed with Amanda Jackson Senior Inspector RQIA on 19/04/19;</p> <ul style="list-style-type: none"> • All monitoring visits and subsequent reports by allocated monitoring officers to be completed by the 14th of each calendar month.

	<ul style="list-style-type: none"> • Each monitoring officer to forward their report to the Regulated Services Manager by the 14th of each calendar month for maintaining a database to ensure 100% compliance is being adhered to. • The Regulated Services Manager, will be able to identify any monitoring visits/reports not completed by the target date as an early indicator of issues around delay. • Each monitoring officer will be required to inform the Regulated Services Manager if there will be any delay in completion of their monitoring visit / report by the 14th of each calendar month. Alternative arrangements to have the monitoring visit undertaken will be actioned. • Registered Managers and Monitoring Officers to be reminded that monitoring visits are mandatory • Adult Disability Services will continue to audit compliance for this area of work for the 2019 calendar year.
<p>Area for improvement 2</p> <p>Ref: Regulation 7 (a)</p> <p>Stated: First time</p> <p>To be completed from the inspection date:</p>	<p>The registered person shall keep under review and, where appropriate, revise the Statement of purpose and the Service User guide. These documents are required to be update and reviewed and forwarded to RQIA.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Both the Service User Guide and the Statement of Purpose for Lisburn Supported Living have been updated and shared with RQIA. Mr Jim McBride, inspector, confirmed by phone to Patrick Robinson on 18/07/19 that he was satisfied with both these updated reports.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (2) (a)</p> <p>Stated: First time</p> <p>To be completed from the inspection date:</p>	<p>The registered person shall ensure that each employee of the agency receives training which is appropriate to the work he is to perform. Training records are to be updated and forwarded to RQIA.</p> <p>Ref 6.2</p> <p>Response by registered person detailing the actions taken: The Matrix has now been successfully accessed and is in the process of being updated to a new format which is the same as the Matrix used by the other regulated services within the programme of care. Mr Mc Bride was made aware of the delay by Mr Robinson by telephone on 18.07.19. This updated Matrix will be forwarded to Mr McBride by 02.08.19</p>

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



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