

Inspection Report

17 February 2022



Lisburn Supported Living Service

Type of service: Domiciliary Care Agency

Address: Thompson House Hospital, 19-21 Magheralave Road,
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: South Eastern Health and Social Care Trust	Registered Manager: Mrs Kathie McCall
Responsible Individual: Ms Roisin Coulter – registration pending	Date registered: Registration pending
Person in charge at the time of inspection: Mrs Kathie McCall	
Brief description of the accommodation/how the service operates: Lisburn Supported Living Service is a supported living type domiciliary care agency which provides personal care and housing support to 12 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 (SEHSCT) and with a number of housing associations.	

2.0 Inspection summary

An unannounced inspection was undertaken on 17 February 2022 between 10.30 am and 3.45 pm by the care inspector.

The inspection focused on the review of staff recruitment and the agency's governance and management arrangements. It also focused on registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, service users' finances, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to the governance and management arrangements within the agency, training of staff and appropriate pre-employment checks being undertaken before staff started to provide care and support to the service users.

Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

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.

The inspection focused on:

- contacting the service users, their relatives, 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 staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of the services being provided by the agency. This included service user/relative questionnaires and an electronic questionnaire for staff.

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Six returned questionnaires showed that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “xxxx (named care worker) is a good key worker for me. Xxxx (named care worker) is a good help, getting my products.”
- “xxxx (named care worker) makes me laugh.”

On the day of inspection, we spoke with one service user and two staff. In addition, feedback was received from two relatives in the questionnaires returned to RQIA. No HSCT representatives provided feedback. No staff responded to the electronic questionnaire.

Service users' comments:

- "It's very good."
- "I feel safe as I lock the doors."
- "Staff do menus with me and give me choices."
- "Things have improved with the friendliness of staff."
- "I like the new staff."
- "I picked my own furniture."

Service users' representatives' comments:

- "I am very appreciative of the care and attention provided by staff. There is always a very happy atmosphere in their accommodation and needs are well catered for."

Staff comments:

- "Staffing levels are low but bank workers are doing a lot of shifts so there are safe staffing levels."
- "It's a better place to work now. The correct procedures are now being followed."
- "Staff meetings include the bank workers which is beneficial."
- "A constant manager has benefitted the service."
- "The service users are now being given choices, which is really good."
- "I really enjoy my job."
- "It's not structured or routine based, it's their home."
- "It's nice that there is a consistent manager who is very kind."
- "Staff are listened to."

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

The last inspection of the agency was undertaken on 8 October 2020 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 8 October 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 23 (1) and (3) Stated: Second time	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph and in the form and manner required by the Regulation and Improvement Authority.</p> <p>The service to submit the monthly quality monitoring reports to RQIA by the fifth of every month until further notice.</p>	Met
	<p>Action taken as confirmed during the inspection: The monthly quality monitoring reports were being submitted as requested and were assessed as being compliant with this regulation. The quality of the reports have been consistent in the level of robustness and the service is now deemed compliant.</p>	
Area for Improvement 2 Ref: Regulation 16 (2)(a) Stated: Second time	<p>The registered person shall ensure that each employee of the agency receives training which is appropriate to the work he is to perform.</p>	Met
	<p>Action taken as confirmed during the inspection: Training for staff was up to date and every staff member had undertaken Dysphagia and DoLS training appropriate to their job roles.</p>	
Area for Improvement 3 Ref: Regulation 16 (4) Stated: First time	<p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>This relates specifically to spot checks of staff.</p>	Met
	<p>Action taken as confirmed during the inspection: The manager had a schedule of supervision and spot checks for every staff member which is in accordance with Regulation 16.</p>	

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 service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. It was noted that two adult safeguarding referrals had been made since the last inspection. It was noted that these referrals had been managed in accordance with the agency's policy and procedures.

There were systems in place to ensure that complaints and notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Two complaints had been received since the last inspection. It was noted that complaints and incidents were managed in accordance with the agency's policy and procedures and to the satisfaction of the complainant.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

It was further noted that where restrictive practices were in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

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

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The manager reported that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that the service users had regular contact with family.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within their home environment. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was identified that staff have completed training with regard to Dysphagia and SALT swallow assessments and recommendations. There are currently a number of service users who have been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. Staff demonstrated that they have a clear understanding of the needs of individual service users with regard to eating and drinking. Care plans viewed clearly reflect the recommendations of the SALT team.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in conjunction with the agency's Human Resources (HR) Department and was in accordance with the regulations and minimum standards, and that pre-employment checks were completed before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the HR Department, the manager and through the monthly monitoring visits; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

5.2.5 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 service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

We noted some of the comments received:

Service users' representatives' comments:

- "I can honestly say that the staff are one in a million."
- "The staff who are there are brilliant, especially xx (named worker) who goes way over and above her job. She cannot do enough."
- "I am very happy with the care and support received by my relative and I can tell she is happy. Knowing this, gives me peace of mind."

Staffs' comments:

- "Staff consistency appears to be helping a service user who has been very distressed recently."
- "I was redeployed at the beginning of the pandemic and have chosen to say on as back when the redeployment finishes."

HSCT representatives' comments:

- "I have always found the staff friendly and approachable."
- "Communication is always good with all staff."
- "All staff were kind and caring and the support was person centred."

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs), Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

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

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Kathie McCall, manager, as part of the inspection process and can be found in the main body of the report.



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