Unannounced Care Inspection Report
04 July 2016

Lisburn Supported Living Service

Type of Service: Domiciliary Care Agency – Supported Living
Address: Thompson House Hospital, 19-21 Magheralave Road, Lisburn, BT28 3BP
Tel No: 02892633316
Inspector: Audrey Murphy

1.0 Summary

An unannounced inspection of Lisburn Supported Living Service took place on 04 July 2016 from 10:00 – 16:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. One area for quality improvement was identified in relation to the review of the agency's recruitment and selection policy and adult safeguarding policy.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. There were two areas for quality improvement identified during the inspection; these referred to the content of the annual quality report and to the ongoing review of a care practice in the homes of several service users.

Is the service well led?

On the day of the inspection there were quality improvements identified in relation to the management of the agency. The current acting manager also manages a residential home and provides management support to the agency on an infrequent basis. A requirement has been made in this regard.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Claire Hughes, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation / registered provider: South Eastern HSC Trust/Mr Hugh Henry McCaughey	**Registered manager:** Ms Claire Hughes (acting)
Person in charge of the agency at the time of inspection: Ms Claire Hughes	**Date manager registered:** 23 May 2016

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Records of notifiable events.

During the inspection the following processes were used:

- Discussions with the acting manager and staff
- Examination of records
- File audits
- Discussions with service users
- Observations
- Evaluation and feedback.

The following records were examined during the inspection:

- The Statement of Purpose and Service User Guide
- Reports of quality monitoring undertaken
- Lisburn Supported Living Service Improvement Plan
- Care records
- Incident records.

A range of policies and procedures relating to:

- Recruitment and Selection
  Staff Induction
- Supervision
- Safeguarding Vulnerable Adults
- Whilstleblowing
- Complaints
- Confidentiality
- Risk assessment.

4.0 The inspection

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.

At the time of the inspection there were 14 individuals in receipt of a service.

During the inspection the inspector met with three service users at the day care setting they attend and with one service user in their own home. In addition to meeting the acting manager and acting deputy manager, the inspector met with a member of staff at the agency's registered office. The inspector also met with a member of staff supporting a service user in their own home and had the opportunity to observe some care practices.

At the request of the inspector, the acting manager was requested to distribute some questionnaires to staff and service users for return to RQIA. Five questionnaires were returned by staff and five were returned by service users. Further details of feedback received from staff and service users can be found throughout this report.

The inspector would like to thank the staff and the service users for their warm welcome and full co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection dated 15 June 2015

No requirements or recommendations resulted from the last care inspection dated 15 June 2015.

4.3 Is care safe?

The agency's registered premises are at Thompson House, Lisburn and are suitable for the purposes of the agency, as set out in the agency's Statement of Purpose.

The agency's recruitment processes were examined during the inspection and this included a review of the agency's Recruitment and Selection procedures; it was noted that these were dated April 2011 and didn't appear to have been reviewed in accordance with Minimum Standard 9.5.

The agency provides staff with a structured induction and records examined evidenced the provision of induction lasting at least three days; the records had been signed by the new member of staff and the senior member of staff. The agency's induction programme has been developed in accordance with the Northern Ireland Social Care Council's (NISCC) induction standards. The inspector was advised that staff from other agencies are not supplied to work with service users and that the agency has access to a bank of staff.

The agency's staffing levels were discussed and the duty rotas were examined. These provided evidence of the staffing levels outlined by the acting manager and it was noted that there was some flexibility in the staffing provision, in accordance with the changing needs of service users. All of the service users who returned a questionnaire indicated that staff are trained to meet their needs and service users who met with the inspector spoke very positively about their relationships with staff. One service user commented "I can tell her anything".

Two staff who returned a questionnaire indicated that staffing levels require some improvements in order to allow for more administration time and to facilitate more outings for service users.

The arrangements for the provision of staff supervision were examined and discussed with staff who reported that they receive regular supervision and that this is supportive. All of the staff who returned a questionnaire indicated that they receive supervision, appraisal and training appropriate to their role.

The agency's safeguarding arrangements were examined and it was noted that safeguarding training has been received by all staff and is included in the staff induction programme. The agency's adult safeguarding policy was examined and is due to be reviewed in December 2016. The policy did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults policy issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the acting manager who advised that the agency had not obtained a copy of the new policy; it was recommended that the review of the agency's adult safeguarding policy and procedures takes account of the 2015 DHSSPSNI policy.

The agency's adult safeguarding records were examined and included a checklist detailing the actions taken by agency staff including referrals made to the Trust and a record of the outcome of the referral. There were two such matters referred to the Trust which had no outcome noted and agency staff on the day of the inspection were unable to provide further information regarding the outcome of the screening process. However, this information was forwarded to the inspector following the inspection.

A number of care records were examined during the inspection and these contained detailed referral information, risk assessments, person centred care plans and references to the service users' human rights. It was noted that several service users were experiencing some restrictions in their access to certain food items, in accordance with Speech and Language assessments of risk. The arrangements in place for considering and balancing the service users' rights to access their own property and their right to be protected from harm were discussed with agency staff who were knowledgeable and reported they had received training in this regard.

Areas for improvement

The agency's recruitment and selection policy and adult safeguarding policies and procedures should be reviewed in accordance with Minimum Standard 9.5.

Number of requirements	**0**	**Number of recommendations**:	**1**

4.4 Is care effective?

The agency's record keeping arrangements were discussed and staff advised the inspector of a Safety, Quality and Experience (SQE) initiative underway in which service users have become more involved in the documentation of daily interventions and contact with staff. The revised recording templates were examined and reflected person centred and individualised recording which had been completed by staff in conjunction with service users.

The agency's statement of purpose and service user guide were under review at the time of the inspection and were adjusted to reflect the changes to the agency's organisational structure. The nature and range of services provided are outlined in full in the statement of purpose.

The inspector was advised that service users each have a 'key worker' who takes responsibility for developing service users' care plans and keeping them under review. The care records examined by the inspector reflected the regular review of needs and had been prepared in a user friendly format. The inspector was advised that service users had been consulted in relation to the use of symbols within care records and that these had been removed from the records on the basis of feedback received from service users. The inspector was also advised of the plans in place to commence auditing of care records.

The agency has a range of processes in place to seek the views of service users. These include daily contact with agency staff, service users' meetings, annual review meetings and monthly quality monitoring. Agency records reflected discussions with service users in relation to activities, outings, housing issues and home security. Service user meeting records also reflected discussions with service users relating to respecting others' privacy and supporting service users who share their accommodation to develop 'house rules'.

Service users' needs are reviewed regularly by care staff and a monthly summary report is prepared. The inspector was advised by a member of staff that the senior staff in the agency are very supportive and that supervision is provided at least six weekly. Staff meeting records reviewed during the inspection reflected discussions around the NISCC Standards of Conduct and Practice, communication, staff training, risk assessments, staff arrangements and service users' reviews.

All of the staff who returned a questionnaire indicated that overall, service users receive a satisfactory standard of effective care; two staff indicated that staffing arrangements do not always allow service users to receive the care/support they request at particular time.

Areas for improvement

No areas for improvement were identified.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.5 Is care compassionate?

The agency's Confidentiality Policy was examined and is referenced in the agency's Staff Handbook; staff have received training in confidentiality and discussions with staff during the inspection reflected their understanding of the importance of promoting confidentiality, privacy and dignity.

The needs of service users are reviewed regularly and multi-disciplinary referrals made, as appropriate. Service users progress notes were examined and were recorded on a user friendly template which included some pictorial content.

All of the service users who returned a questionnaire indicated that they are treated with dignity and respect and that their views and opinions are sought about the quality of the service.

The inspector visited a service user in their own home and observed staff providing support in a patient and respectful manner. It was noted that several service users were receiving support specifically relating to choking risks and the inspector observed a service user being supported to access a snack and drink of their choice. Service users' risk assessments in relation to choking risks were immediately available to staff in the form of personalised place mats and staff appeared knowledgeable in this area.

The arrangements in place to ensure that all risks associated with identified risks of choking were discussed and it was apparent that a loud audible alarm had been installed on the kitchen door of the service users' kitchen door. The activation of the alarm was evident during the inspection.

The inspector was advised that the alarm was installed following a multi-disciplinary assessment of needs and risks and that it was in the 'best interests' of the service users. The inspector noted that not all of the service users sharing the accommodation would present with choking risks and that the care records did not consistently reflect adequate consideration of the potential impact of this practice on the rights of all service users.

The inspector suggested that a more discreet system be implemented in order to promote the rights of all service users sharing the accommodation and It was recommended that this practice is kept under review.

The inspector was advised that the agency had recently provided service users and their representatives with questionnaires seeking their views on the quality of service provision. The outcome of these was not available at the time of the inspection.

The agency's annual quality report was not available during the inspection however this was forwarded to RQIA following the inspection. While the report made references to the systems in place for monitoring the quality of service provision, it had not been completed or presented in a manner that reflected any follow up action taken. Also, it was not clear if key stakeholders had been involved in the process.

Areas for improvement

There were two areas for quality improvement identified during the inspection.

It was recommended that the practice of activating an audible alarm in the home of service users is kept under review and that a more discreet system be implemented in order to promote the rights of all service users.

It was recommended that the quality of services is evaluated on at least an annual basis and follow up action taken and that key stakeholders are involved in this process.

Number of requirements	**0**	**Number of recommendations**:	**2**

4.6 Is the service well led?

At the time of the inspection the agency was being managed by Ms Claire Hughes who is also the registered manager of a residential home. Ms Hughes has submitted to RQIA an application to become the registered manager of Lisburn Supported Living Service and this remains under consideration. The inspector was advised by Ms Hughes that in light of her other responsibilities as the registered manager of the residential home she cannot provide a full time management presence within the agency. The inspector was concerned to note that Ms Hughes' presence within the agency was not evident from the staff duty rota. Ms Hughes advised the inspector that she had not been present at the agency's premises any more than once per week since assuming the role as 'acting manager'. The inspector also noted a change in the deputy manager arrangements within the agency since the previous inspection as the previous deputy manager had left the position.

The inspector met with the current acting deputy manager who advised the inspector that they provide some management cover within the agency alongside providing direct care to service users.

A range of the agency's policies and procedures were examined and as stated earlier, some of these require review in accordance with the timescale outlined in Minimum Standard 9.5. The inspector was advised that in addition to being available to staff in the agency's registered premises, key policies and procedures are also available to staff within the homes of service users.

The agency's arrangements for assessing and managing risk were discussed in the context of a range of service users' needs. Agency staff were knowledgeable in this area and spoke confidently about their role in managing risks and highlighting to Trust colleagues any changes in the needs of service users.

The agency returned to RQIA a summary of complaints received between 01 January 2015 and 31 March 2016. The agency has received three complaints during this period, the records of these were examined and reflected a satisfactory resolution of each matter.

The agency maintains an incident policy and records of incident audits were examined during the inspection. These records correlated with a number of incidents reported to RQIA since the previous inspection, all of which had been managed appropriately. The incidents reviewed by the inspector referred to behavioural incidents, medication administration and adult safeguarding.

The incident audit information reflected a description of the incident, the outcome and any actions taken or to be taken.

Agency staff who returned a questionnaire indicated some areas for improvement in relation to the management and leadership within the agency. Two members of staff indicated improvements were necessary in relation to staffing. One member of staff provided very positive comments in relation to the acting deputy manager and stated "I would like her to be commended".

Staff who participated in the inspection indicated that they have received training and appraisal in accordance with their role and responsibilities and that they receive regular supervision and support.

The reports of quality monitoring undertaken on behalf of the registered person were examined and reflected a summary of the views of service users, agency staff, relatives and professionals. The reports also included references to incidents, complaints and ongoing improvement work underway. Training records were also reviewed during quality monitoring visits and there were action plans in place with progress noted.

Areas for improvement

There were several areas for improvement in relation to 'Is the Service Well Led'. The registered person is required to appoint an individual to manage the agency. As stated earlier in the report, the agency's policies and procedures require systematic review, in accordance with the timescale outlined in Minimum Standard 9.5.

Number of requirements	**1**	**Number of recommendations**:	**0**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Claire Hughes, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 (Insert Service Type). 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to agencies.team@rqia.org.uk by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 9 (1) Stated: First time To be completed by: 26 September 2016	9.—(1) The registered provider shall appoint an individual to manage the agency where— (a) there is no registered manager in respect of the agency; and (b) the registered provider— (i) is an organisation or a partnership; or (ii) is not a fit person to manage an agency; or (iii) is not, or does not intend to be, managing the agency himself. **Response by registered provider detailing the actions taken:** As it currently stands, the registered manager (pending) is accessiable and avaliable at all times during working hours. This is complemented by a full-time deputy manager position, albeit the post holder is currently on maternity leave, however the position has been appropriately backfilled on a 20hr basis. In the absence of the registered manager and the deputy manager a trust senior manager is available in order to support the service. The trust and the registered manager (pending) can confirm, for the purposes of clarity, that weekly presence at the agency registered premises varies from week to week but is more that once weekly. The registered manager is at all times available to provide managerial advice, guidance and support remotely whilst off trust premises. From 4th August the registered manager (pending) will ensure that the rota accurately reflects hours worked in the service. The trust is satisified and reassured that the current arrangements in place are surfice to meet the need, demands and size of the service.
Recommendations	
Recommendation 1 **Ref:** Standard 9.5 **Stated:** First time **To be completed by:** 26 September 2016	Policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures. **Response by registered provider detailing the actions taken:** The trust generic policies and procedures are currently going through the governanace process, due to the scale of the policies and procedures within the trust the process is not always completed within the timescale stated. The registered manager (pending) has contacted the governanace department and has been given assurances that this process is ongoing and that the reviewed policies willl be avaliable over the next few months and that the existing policies and procedures are current until the review/update is published.

Recommendation 2 **Ref**: Standard 8.10 Stated: First time **To be completed by:** 26 September 2016	Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary. This recommendation refers to the implementation of an audible alarm in the home of service users.
	Response by registered provider detailing the actions taken: The trust has identified the measures to have taken regarding the identified area to have been the least restrictive intervention that will ensure the safety and wellbeing of those at risk while respecting the human rights of all the service users within that property. The impact of this practice on all the service users within this property has been taken into account and this is reflected in the restrictive practice documentation in individual files. The service will again discuss with all the service users residing in the property the use of the alarm, and a review meeeting of the MDT involved is scheduled for September 2016. It is important to note that the current system is not a continous alarm sound and therefore minimising any disturbance to the service users.
Recommendation 3 **Ref**: Standard 8.12 Stated: First time **To be completed by:** 26 September 2016	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.
	Response by registered provider detailing the actions taken: A yearly questionaire is sent to the service users and their families to gain feedback for the service. A section has been added into the annual report to include an action plan for the service following the feedback from the questionaires. Going forward we will ensure to clearly reflect which key stakeholders have engaged/been offered engagement in the annual report feedback process.

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address

The Regulation and Quality Improvement Authority

9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews