



Unannounced Care Inspection Report 11 February 2019



Church Lane Mews Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 1-16 Church Lane Mews, Churchwell Avenue, BT45 6FE
Magherafelt,
Tel No: 028 7936 6819
Inspector: Kieran Murray

www.rqia.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

Church Lane Mews Supported Living Service is a supported living type domiciliary care agency located in the Northern Health and Social Care Trust (NHSCT) area which provides personal care and housing support to up to 14 service users with a learning disability and complex needs. The service users are supported by 15 staff.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Dr Anthony Baxter Stevens	Registered Manager: Mrs Heather Mabel Lynch
Person in charge at the time of inspection: Mrs Heather Mabel Lynch	Date manager registered: 2 October 2014

4.0 Inspection summary

An unannounced inspection took place on 11 February 2019 from 10.00 to 17.00.

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 during and 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:

- staff inductions
- care reviews
- supervision and knowledge skills framework (KSF)
- professional body registrations
- management of complaints
- management of incidents

An area requiring improvement was identified in relation to monthly quality monitoring reports.

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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Heather Lynch, Registered 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.

4.2 Action/enforcement taken following the most recent care inspection dated 20 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 February 2018.

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 and QIP
- record of notifiable incidents
- record of complaints
- correspondence with RQIA since the previous inspection

During the inspection the inspector met with six service users, the registered manager and three staff.

The following records were examined during the inspection:

- four service users' care and support plans
- service users' care review records
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- daily reporting records
- a sample of monthly quality monitoring visit reports
- a sample of staff meeting minutes
- a sample of family and carer meeting minutes
- records relating to staff training, including induction training
- records relating to service user training
- records relating to staff supervision
- records relating to appraisals
- complaints records
- incident records
- records relating to adult safeguarding
- staff rota information
- a range of policies relating to the management of staff
- Safeguarding adults in need of protection policy
- Whistleblowing policy
- Data Protection policy
- Statement of Purpose
- Service User Guide

The registered manager was asked to distribute 10 questionnaires to service users and/or relatives'. Nine service user questionnaires were returned to RQIA within the timeframe for inclusion in this report.

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. Five responses were received by RQIA within the timeframe for inclusion in this report.

The feedback received from the service users and staff will be reflected in the body of the report.

The inspector requested that the registered manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. One response from a family member was received prior to the issue of the report is detailed below:

'XXX is very happy living there and XXX has no complaints about the care and support XXX receives.'

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 February 2018

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.3 Stated: First time	The registered person shall ensure that a robust governance process is implemented and monitored to ensure that staff are trained for their roles and responsibilities through the completion of mandatory training at required	Met

	<p>intervals.</p> <p>This area for improvement relates to the registered manager ensuring that governance records regarding mandatory training is completed in an accurate, consistent manner and available for inspection.</p> <p>Ref: 6.4</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust governance system is in place in relation to monitoring the completion of mandatory training.</p> <p>The following should be evidenced in the records maintained:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the training event or evidence of completion of online training • the date(s) of the training • the name and qualification of the trainer or training agency; and • content of the training programme <p>This area of improvement relates to the registered manager ensuring these records are maintained and available for inspection.</p> <p>Ref: 6.4</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that copies of training certificates, course handouts, names of trainers or training agencies and an up to date training matrix was available for inspection.</p>	

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.

The inspector reviewed staffing arrangements during the inspection. The agency has a mechanism in place to ensure that appropriate pre-employment checks are completed prior to staff commencing work and these are satisfactory.

The agency has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of these checks are retained by the HR department.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations. Staff stated that they are required to shadow other staff members during their induction and probation period. The inspector spoke to three staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the registered manager.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The registered manager advised the inspector that any gaps in the rota are covered by the existing agency staff.

Service users' comments:

- "It's a lovely wee place."
- "I never had any complaints."

Staff comments:

- "The training is good and prepares you for the job."
- "I get professional supervision."

Examination of records indicated that a system to ensure that staff supervision and knowledge skills framework (KSF) are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and knowledge skills framework (KSF) in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Deprivation of Liberty, Wellness Recovery Action Plan (WRAP) and autism Awareness.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) that was in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance.

It was positive to note that staff spoken to on the day of the inspection were able to name the Adult Safeguarding Champion in the agency.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that there had been a number of safeguarding referrals made to the HSCT since the last inspection 20 February 2018. The referrals were made appropriately and management plans were made in conjunction with the HSCT as evidenced by the inspector.

The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

Discussions with the registered manager confirmed that a number of practices which are deemed restrictive namely service users under Guardianship are in place to support service users. Practices implemented were of the least restrictive nature considered necessary in conjunction with the service users; representatives and HSCT community Trust professionals and were reviewed regularly and evaluated.

The inspector noted that evidence of review of service users' needs took place on an annual basis or sooner if required.

On the day of the inspection the inspector reviewed the reporting and management of incidents within the agency. It was noted that a number of accident/incidents had taken place since the last inspection 20 February 2018. The inspector examined these records and found that the agency had dealt with them in accordance with its procedure and policy.

The inspector noted that the agency had received a number of complaints since the last inspection 20 February 2018 and that these complaints were managed in accordance with the agency's policy and procedure. The inspector noted the complainants were fully satisfied with the outcomes. The inspector noted that the agency had devised a more detailed and comprehensive complaints log since the last inspection 20 February 2018.

The inspector also noted a number of thank you letters from relatives, community professionals and students who were on placement in Church Lane Mews Supported Living Service.

Of the nine questionnaires returned by service users, nine indicated they were 'very satisfied' that care was safe. Of the five responses returned by staff, all respondents indicated that they were 'very satisfied' that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal, adult safeguarding and risk management, management of incidents/accidents and complaints.

Areas for improvement

No areas for improvement were identified in this domain 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 agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2018) and Service User Guide (2018). However, the inspector noted that the Statement of Purpose and Service User Guide did not contain details on independent advocacy organisations to support service users in completing a complaint and some contact details needed to be updated. The registered manager updated the Statement of Purpose and Service User Guide on the day of the inspection to include all relevant information and contact details. The inspector reviewed the Statement of Purpose and Service User Guide and found the information to be satisfactory.

The inspector reviewed four service users' care and support plans. The inspector was informed that care and support plans are reviewed on a monthly basis or sooner if required. The records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined six monthly and annual reviews and the records were satisfactory. The agency maintains daily contact records for each service user.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The staff described effective verbal and written communication systems within the staff team, including the use of a diary and verbal handovers. Staff spoken with or consulted on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff indicated that service users have a genuine influence on the content of their care plans.

Service Users' comments:

- "I can come and go as I like."
- "I like my own space."

Staff comments:

- "We look at where they are at in their recovery journey."
- "Good place to work in."

On the day of the inspection the inspector noted that the agency had not maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users and governance systems in the agency. An area for improvement has been made in relation to the regulations.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including speaking with service users routinely on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that team meetings took place on a bi monthly basis; the registered manager and staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good.

Review of the service users (tenants) meeting records indicated that they took place on a bi monthly basis. The inspector noted that service users were updated on issues such as hoax email and text messages, activities, bills and healthy eating.

The inspector examined the service user (tenant) questionnaires 2017/2018 and noted positive results within questionnaires. The annual quality report 2018/2019 was not finalised on the day of the inspection. The registered manager forwarded the annual quality report to RQIA following the inspection. It was positive to note that the agency had been highly commended by the Northern Ireland Amenity Council Best Kept Awards for Best Kept Health and Social Care Facility Awards 2018.

Advocacy services were recorded in the service user guide and the inspector noted that an Inspire Advocate visited the agency on a monthly basis.

Of the nine questionnaires returned by service users, eight indicated they were 'very satisfied' that care was effective and one indicated that they were 'satisfied' that care was effective. Of the five responses returned by staff, all respondents indicated that they were 'very satisfied' that care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection .

	Regulations	Standards
Total number of areas for improvement	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.

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to speak to the inspector were provided with privacy as appropriate.

The inspector was invited to visit a number of service users in their homes. The inspector evidenced photographs of service users and their families enjoying social events. A service user informed the inspector how staff supported them in the caring of their pet.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Feedback/observation from the service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

Service users advised the inspector that they had attended events in the local community, gyms and night classes. On the day of the inspection the inspector noted a number of service users preparing to attend a local cafe for Monday breakfast.

The inspector noted circulars on the noticeboard advising service users of up and coming sports events in Belfast.

Service users' comments:

- "I go to the gym 2-3 times a week."
- "I go to night class once a week."
- "I have my life in a wee line now, I think positive about things."

Staff comments:

- "We get great job satisfaction."

Of the nine questionnaires returned by service users, eight indicated they were 'very satisfied' that care was compassionate and one indicated that they were 'satisfied' that care was compassionate. Of the five responses returned by staff, all respondents indicated that they were 'very satisfied' that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers. Feedback from staff indicated that they are confident that managers would listen and respond to their concerns. In addition staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The inspector viewed evidence of approaches to review information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

The inspector discussed the monitoring arrangements as outlined in Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. While a sample of reports examined evidenced that monthly monitoring was found to be in accordance with the

regulations with regard to consultation with service users, relatives, staff members and professionals, some inconsistencies were evidenced in respect of other matters. The inspector highlighted that information recorded on the reports needed to be more detailed in relation to the completed audits to ensure a comprehensive review of all records over a period of time. An area for improvement has been stated regarding submission of monthly reports to RQIA post inspection for review.

The agency maintains a comprehensive range of policies and procedures. Policies and procedures are maintained electronically and in paper format and accessible to all staff.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager could discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the referral information received from the HSCT.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

Service users' comments:

- "I know the registered manager along time."

Staff comments:

- "Our manager is very approachable."

Of the nine questionnaires returned by service users, nine indicated they were 'very satisfied' that the service was well led. Of the five responses received by staff, four indicated that they were 'very satisfied' and one indicated that they were 'satisfied' that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in regards to the submission of monthly quality monitoring visit reports.

	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 Mrs Heather Lynch, Registered 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.

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 (2)(3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and on-going</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the service which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p style="padding-left: 20px;">(i) what services to offer to them, and</p> <p style="padding-left: 20px;">(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) 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>Ref: 6.7</p>
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Response by registered person detailing the actions taken:

The registered person will ensure that the Monthly Quality Monitoring Report visit shall, when taking the views of the service user and their representative, detail clearly, using coding, which service user has been spoken with. This will ensure as much as possible that a different view is obtained on each visit.

The person completing the Monthly Quality Monitoring Report will also endeavour to view different records of training, supervision, etc each month, clearly recording the coding of each record so there is a comprehensive view of records over a period of time.

"Actions from previous visit" will record Areas for Improvement until deemed met at next Inspection.

All of this will be achieved by having a dedicated monitoring individual assigned to Church Lane Mews.

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



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