

Unannounced Care Inspection Report 6 June 2019



Peter's Hill

Type of Service: Supported Living.
Address: 28 Lime Court, Peter's Hill, Belfast, BT13 1BA
Tel No: 028 90 315829
Inspector: Jim McBride

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

Peter's Hill is a domiciliary care agency (supported living type) provided by Inspire Wellbeing Limited. The supported living service has been developed in partnership with the Belfast Health and Social Care Trust, Choice Housing Association and the Northern Ireland Housing Executive's Supporting People Programme. The supported living service is provided to individuals with learning disability, mental health needs and some with a physical disability. At the time of the inspection there were 14 individuals in receipt of a service. Care and support is provided by 47 staff.

3.0 Service details

Organisation/Registered Provider: Inspire Disability Services Responsible Individual: Louise Anne Smith	Registered Manager: Marta Kukuryk
Person in charge at the time of inspection: Marta Kukuryk	Date manager registered: Marta Kukuryk - application received - "registration pending".

4.0 Inspection summary

An unannounced inspection took place on 6 June 2019 from 09.00 to 12.00.

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.

The inspection assessed progress since the last care inspection to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

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 seek 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.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promoted the involvement of service users. There were good governance and management arrangements in place, which focused on quality 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, decision making, privacy, dignity, confidentiality and service user involvement.

Staff interactions observed by the inspector were noted to be very warm and caring. Service users consulted with also spoke positively in relation to the care and support they received.

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	0	0

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

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- Previous RQIA inspection report
- 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 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. Two responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives; ten were returned and are included within the report. All respondents were very satisfied with the services provided to them.

The inspector spoke with three service users and six staff members. Comments received are included within the report. Staff spoken with gave a comprehensive overview of the service.

Staff comments:

- "Supervision is one to one and a safe place to discuss issues."
- "Staff communicate well with each other."
- "Good team support."
- "My induction was comprehensive and I was able to work with other experienced staff."
- "Good management support for all staff."
- "Training is regular and helps with your role."
- "Staff always focus on service user outcomes."

Service user comments:

- "It's good that staff are here for you during difficult times."
- "Staff communicate well and listen to your concerns."

- “I have no complaints.”
- “My keyworker is excellent.”
- “Staff help me socialise in the community.”
- “The management staff here are good.”
- “I’m aware of my rights and how I should be treated.”
- “I’m very happy living here and my new keyworker is great.”
- “I have no concerns about the staff working here. I know how to make a complaint.”

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

6.0 The inspection

The most recent inspection of the agency was an unannounced care 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 arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s human resources department, located at the organisation’s head office. Discussion with the person in charge identified that they were knowledgeable in relation to safe recruitment practices. Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users’ needs not being met.

New employees are required to go through an induction which included training identified as necessary, for the service and familiarisation with the service and the organisation’s policies and procedures. Induction has been developed to include the Northern Ireland Social Care Council (NISCC) Induction Standards.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. It was noted that additional training had been provided to staff in areas such as suicide and self-harm, dignity and equality of opportunity, RESPECT and suicide awareness. The inspector noted some of the comments from staff following review of their training:

- “I learned how to deal with possible disclosures.”
- “Training helped me improve my practice.”
- “I learned how to improve my RESPECT interventions.”
- “I have developed a better understanding of self-harm.”
- “I feel I’m able to recognise the signs of abuse.”

- “The importance of keeping data secure.”

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 a senior director within the organisation holds this responsibility and ensures that the organisation’s safeguarding activity is in accordance with the regional policy and procedures. Discussion with staff confirmed that they were they were aware of what action to take if they had concerns about a person being abused and that they had been empowered to do so. The Annual Position Report will be completed in 2020. The person in charge stated that this will be forwarded to RQIA.

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed in conjunction with service users and their representatives.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with data protection guidelines. It was noted that General Data Protection Regulations (GDPR) training had been completed by all staff recently.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

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

The agency’s arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection.

The full nature and range of service provision is detailed in the Statement of Purpose (2019) and Service User Guide (2019).

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, risk assessments, care/recovery plans and annual care reviews with the relevant Trust representative.

This supported the service user and agency to review and measure outcomes for the service users. It was good to note that outcomes are regularly audited by staff and service users relating to:

- Tenancy management
- Management of money and debt prevention
- Social inclusion including community facilities use
- Maintaining contact with family and friends.

Care plans/recovery plans were noted to be comprehensive and person-centred while clearly and concisely describing service users' needs. Care review records were reviewed and it was noted that follow up action had been taken in response to identified actions. Where trust professionals had made recommendations in relation to service users' care plan, there was a good system in place.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care support plans had been reviewed, the updated documents had been signed.

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 and were applicable other key stakeholders.

Service user/partnership meetings and staff meetings were held on a regular basis and minutes were emailed to those who were unable to attend. The staff and service users had the opportunity to discuss the following agenda items during meetings:

Service users:

- Activities
- Staffing
- Service user updates
- Security
- GDPR
- Keyworkers
- Day opportunities.

Staff:

- Service user updates/issues
- Staffing tasks
- RQIA
- Training
- Staff behaviours
- New staff
- Confidentiality.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, staff and HSC Trust representatives. The inspector noted some of the comments made by individuals:

Service users:

- “I’m happy with the staffs help as I get to things I want to.”
- “Staff are very good. You could not beat them for the help they give.”
- “Staff help me to go to town each week.”
- “I’m happy with the staffs support.”

Staff:

- “The standard of care is excellent.”
- “Management and staff have been very helpful.”
- “Good communication and direction.”
- “Good team working and good values.”

HSC Trust Staff:

- “I’m happy with the consistency of approach.”
- “Good communication with staff.”
- “I’m very happy that ***** needs are being met.”
- “Excellent. **** has progressed since being at Peters Hill.”

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their 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 assessment
- Disability awareness.

Records of service user /partnership meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users and where appropriate relevant stakeholders.

The inspector noted that the agency had completed their annual quality survey with positive results. The service users and other stakeholders had the opportunity to comment on the following:

- Care reviews
- Special events I want to do on my own
- Staff support to attend activities in my local area, that I enjoy
- Staff talk to me and support me make a complaint if I need to
- Staff treat me fairly and with respect
- I feel involved in improving services provided by Inspire
- Staff talk to me about changes within Inspire and in my own home
- Any information given to me is provided in an easy read format
- Staff ask me what is important to me
- Staff provide me with information to help me make decisions
- I am very happy with the care and support I receive from Inspire staff
- I feel safe in my own home
- I am happy with the people I share my home with
- I am very happy where I live in the community.

The inspector noted some of the comments received from service users and other stakeholders:

- "The staff are brilliant here."
- "***** has his own independence in his own self-contained flat."
- "Staff have a very good attitude towards *****."
- "I feel at ease coming and going at any time staff are very helpful."
- "Perfect setting for*****."

- “I’m happy living in Peters Hill.”
- “I’m happy with the care and support from Inspire staff.”
- “I can make my own decisions without the input of staff.”
- “I have no issues about the information given by staff.”
- “I’m very impressed with the support I’m given. This is the best placement I’ve been in”
- “They are very good staff and give support when needed.”

Staff spoken with were aware of issues relating to consent. Staff members gave examples of the importance of involving service users in making decisions about their own care. They spoke about respecting service users’ rights to decline care and support and in recognising the best times for service users to make certain decisions. It was good to note that agency staff were promoting the autonomy of service users.

Service users consulted with during the inspection gave good examples of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be very warm and caring.

Areas of good practice

The agency promoted the involvement of service users within the service. There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service 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 inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users; the agency is managed on a day to day basis by the manager, with the support of senior project workers and, project workers. It was identified that the agency has effective systems of management and governance in place.

The agency is currently managed on a day to day basis by the acting manager. The acting manager arrangements have been in place within the agency since 2019. The acting manager has provided assurances to RQIA that they will be in the position to make application to be registered as the manager of the agency within the next month.

The staff members spoken with confirmed that there were good working relationships and that the manager was responsive to any suggestions or concerns raised.

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 are 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 been 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.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- Care and support records
- Accidents and incidents
- Complaints
- NISCC registrations
- Training and supervision.

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user survey.

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 online and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

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 quality 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, decision making, privacy, dignity, confidentiality and service user involvement.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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