

Unannounced Care Inspection Report 11 April 2019



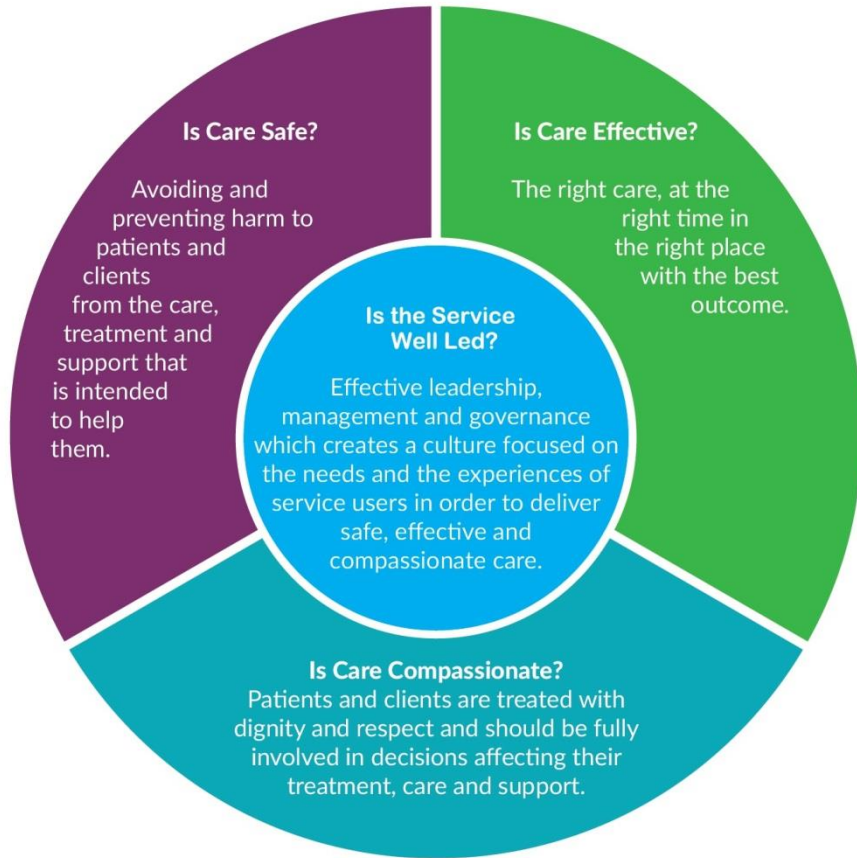
West Belfast Living Options

Type of Service: Domiciliary Care Agency
Address: 151 Glen Road, Belfast, BT11 8BS
Tel No: 02890300609
Inspector: Aveen Donnelly

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

West Belfast Living Options is a domiciliary care agency operated by the Cedar Foundation which provides a supported living service to adults with a learning disability, who may have additional physical disabilities and mental health problems.

The agency provides domiciliary care and housing support up to 43 service users living in individual or shared accommodation in the West Belfast area. Service users may receive up to 24 hour care and support from agency staff, dependent on needs assessed by the Belfast Health and Social Care (HSC) Trust.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Eileen Marian Thomson	Registered Manager: Susan McCartney.
Person in charge at the time of inspection: Head of Living Options	Date manager registered: 12 November 2018

4.0 Inspection summary

An unannounced inspection took place on 11 April 2019 from 09.30 to 16.30.

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

As a public-sector body, RQIA have duties 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.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff 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, particularly in relation to its Service User Forum and in relation to the appointment of a Social Inclusion Officer. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

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

No areas for improvement were identified during this inspection.

Staff interactions observed by the inspector were noted to be very warm and caring. Service users consulted with during the inspection 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 a senior manager within the organisation, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 30 April 2018

No further actions were required to be taken following the most recent inspection on 30 April 2018.

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 the body of the report.

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

Questionnaires were also provided for distribution to the service users and their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. Nine were returned and are included within the report.

The inspector spoke with seven service users, three staff members and three relatives. Comments received are included within the body of the report.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 April 2018

The most recent inspection of the agency was an unannounced care inspection. No areas for improvement were identified.

6.2 Inspection findings

6.3 Is care safe?

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

The agency's staff recruitment processes were noted to be managed in conjunction with the 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. It was noted that the organisation had introduced 'value based' interviewing techniques, which helped them recruit staff who they felt had the right values and attitudes to work with the client group. Those consulted with informed the inspector that 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 were 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. The review of the induction records verified that staff were provided with an induction period which exceeded the timescales outlined within the Regulations. A new induction workbook had also been developed, which included the 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 human rights, equality and diversity, communicating effectively, confidentiality and data protection. A poster was displayed in the office, in relation to the new International Dysphagia Diet Standardisation Initiative (IDDSI). All staff consulted with spoke positively in relation to the training and the support they received.

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 had also been completed.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes. The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector was advised that plans are underway to implement arrangements for managing such accidents and that this will be reviewed on an ongoing basis.

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.

The inspector noted that staff had received training in restrictive practices. A review of the records confirmed that restrictive practices were reviewed on a regular basis and were overseen by the manager, as part of the agency's governance audits. Any restrictive practices used, were considered and agreed in conjunction with the service users and their relevant representatives. However, the review of the restrictive practice register identified that there were a small number of restrictions that could possibly have impinged upon the service users' co-tenants. The inspector discussed the potential human rights implications of the restrictive practices being implemented and the person in charge welcomed advice given and undertook to ensure that human rights considerations would be documented alongside each restrictive practice.

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) had been discussed during the staff meetings.

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 in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant Trust representative. A number of service users were unable to understand written information in their care record due to their individual needs. Care plans had been developed in 'easy read' (pictorial) format so that the care plan would be provided in a more meaningful way. However, there was little evidence that these had been signed by the service users or by someone authorised to sign on their behalf. This was discussed with the person in charge, who agreed to address the matter.

Care review records were examined 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, whereby all staff signed a memo, confirming that they had read and understood the directive.

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

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

The 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, relatives, staff and where provided, HSC Trust representatives.

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 in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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

Discussions with the service users, staff and the person in charge provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Plans were also in place to support the service users in attending Learning Disability Pride which will take place in the summer.

JAM cards allow people with learning difficulties, autism or communication barriers, tell other people that they need 'Just a Minute' discreetly and easily. The Social Inclusion Officer described how she had helped every one of the service users apply for a JAM card. Service users had also been involved in a focus group to collate their opinions on how to improve the JAM cards, possibly leading to the development of a JAM app.

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 meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users and where appropriate relevant stakeholders. Easy read questionnaires had been developed to ensure that service users who had difficulty communicating could be included in the annual quality review process.

It was good to note that agency staff were promoting the autonomy of service users. Staff spoken with were aware of issues relating to consent. It was noted that consent had been sought from all service users, for staff to enter their homes, if the service users were unable to answer the door. One staff member spoken with also gave an example 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. Advice was given to the person in charge in relation to developing a decision making tool that would benefit staff in identifying the best ways to support service users in making decisions about their care and support.

A review of the compliments recorded within the annual quality report identified that all those consulted with had commented positively in relation to the quality of the care and support

provided. There was an overall satisfaction rate of 95 percent and it was noted that the questionnaire used to ascertain the service users' views focused on fairness, respect and the provision of choice.

It was good to note that the organisation operated a service 'User Forum'. Two of the service users who lived in the West Belfast Living Options scheme actively participated in this. The inspector was advised of ways in which the User Forum members connected with other service users, as advocates for them. They were also involved in policy development for the organisation and in the development of 'easy read' questionnaires.

A Social Inclusion Officer had started in post since the date of the last inspection. The review of the quarterly report reflected that they had prioritised service users who did not attend day centres, to encourage them to participate in local activities. Examples were given of how the service users were helped to do price comparison shopping at various local shops and supporting them to use the self-service tills or to pack their own shopping. The Social Inclusion Officer had supported a service user in getting a voluntary position within another charitable organisation. This supported the ethos of autonomy that was central to the care and support provided by the agency.

The inspector spoke with seven service users, three staff members and three relatives. Some comments received are detailed below:

Staff

- "This is a fabulous place and it has grown and got better over the years."
- "It is brilliant here, all staff are on the same page regarding reaching the same goals. Everyone here knows how important confidentiality is."
- "I think the care and support provided is outstanding."

One staff member commented that they would like to receive additional training in the use of Makaton sign language; this was relayed to the person in charge, who agreed to review the need for this within the agency.

Service users' representatives

- "I am happy enough."
- "Absolutely happy, (service user's name) smiles as soon as we turn the corner to come back here, she loves the banter. The (staff) are very aware of her needs and keep me in the loop all the time."
- "No concerns whatsoever, I am more and more impressed by the quality of care and the consistency of the quality. I consider the care to be of a high standard, there is good communication, the staff are efficient and always transparent in reporting any concerns."

Service users

- "They are very good to me."
- "It is amazing here, they look out for me and I love them for it. All the staff are legends and they are heroes to me, Cedars is my life."

Service users consulted with during the inspection gave examples readily 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.

The returned questionnaires from service users and relatives indicated that that they were 'satisfied' or 'very satisfied' that the care was safe, effective and compassionate; and that the service was well led.

Areas of good practice

The agency promoted the involvement of service users, particularly in relation to its Service User Forum and in relation to the appointment of a Social Inclusion Officer.

There were other 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 in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The agency is managed on a day to day basis by the manager, who also manages the service with the support of a deputy manager, two team leaders and a team of support assistants. It was confirmed that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that there had good working relationships with management who were 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 were currently registered. The person in charge described the system in place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Plans were in place to arrange workshops for staff, where they could meet with NISCC representatives, to ensure that they had an understanding of their roles. The manager and staff had also been involved in piloting the 'Open Badge' development scheme, operated by NISCC, which aims to award care workers with a 'badge' when they have completed online training.

There had been a small number of complaints received from the date of the last inspection and these were deemed by the inspector to have been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. 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
- service user' finances
- accidents and incidents
- complaints
- NISCC registrations
- restrictive practices
- 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 surveys.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and were accessible to staff.

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

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

Areas of good practice

There were good governance and management arrangements in place, which focused on 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 restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

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

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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