

Announced Care Inspection Report 30 April 2018



West Belfast Living Options

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

www.rqia.org.uk

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 to 43 tenants living in individual or shared accommodation in the West Belfast area. Tenants may receive up to 24 hour care and support from agency staff, dependent on needs assessed by the HSC Trust.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Eileen Marian Thomson	Registered Manager: Jeanette Marie McGeown
Person in charge at the time of inspection: Jeanette Marie McGeown	Date manager registered: 02 October 2015

4.0 Inspection summary

An announced inspection took place on 30 April 2018 from 09.30 to 13.15 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. The inspection sought 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 throughout the inspection in relation to recruitment practices, staff development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the tenants with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place. A number of areas of good practice were commended by the inspector and are reflected in the main body of the report.

No areas for improvement were identified during this inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and tenants' 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 Jeanette McGeown, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 21 September 2017

No further actions were required to be taken following the most recent inspection on 21 September 2017.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- any correspondence received by RQIA since the previous inspection

At the request of the inspector, the manager 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. Responses are included in the body of the report.

During the inspection process the inspector spoke with the manager, one senior carer and two carers. Following the inspection, the inspector spoke with nine relatives by telephone on 17 May 2018. Comments are included within the body of the report.

The following records were examined during the inspection:

- recruitment checklist
- staff induction and training records
- supervision and appraisal matrix
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- incident records
- staff meeting' minutes
- tenants' meeting' minutes
- complaints and compliments records
- a selection of policies and procedures
- monthly quality monitoring reports
- the annual quality report
- the Statement of Purpose
- the Service User Guide.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 September 2017

The most recent inspection of the agency was an announced care inspection. There were no areas for improvement identified.

6.2 Review of areas for improvement from the last care inspection dated 21 September 2017

There were no areas for improvement made as a result of the last care inspection.

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 agency's registered premises are located at 151 Glen Road, Belfast and were suitable for the purposes of the agency.

At the time of the inspection, the agency was being managed by the manager, with the support of two deputy managers, five team leaders and a team of support staff. Discussion with staff confirmed that the required staffing levels were consistently adhered to. The agency's staffing arrangements were discussed and the inspector was advised that there were currently eleven staff vacancies. These vacancies were being filled by relief staff or agency staff who were familiar with the agency and the tenants. Recruitment efforts were discussed with the manager, who advised that a number of staff had recently been recruited and were awaiting the required checks before starting in post.

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. A recruitment checklist was available for inspection and this verified that the recruitment processes were in keeping with Regulation and minimum care standards.

There was a system in place to monitor the registration status of staff in accordance with NISCC. The manager also advised that the staff were supported financially to register with NISCC.

A review of records confirmed that all staff, including staff from other domiciliary care agencies, had received a structured induction programme in line with the timescales outlined within the Regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance. This included mentoring through formal supervision meetings, observation of practice and completion of annual appraisals. These areas were monitored by the management team as part of their quality monitoring processes.

Discussion with staff and a review of the training records confirmed that training had been provided in all mandatory areas. The training matrix was in the process of being updated on the day of the inspection. The manager confirmed to RQIA, by email on 01 May 2018, the training dates of a number of identified staff members. Additional training in areas such as epilepsy awareness, professional boundaries, housing support, learning disability, brain injury awareness, complaints management and personal safety had been provided. The manager

advised that team leaders were provided with training in completing supervisions and appraisals, in addition to coaching and mentoring training.

Discussion with the manager evidenced that any potential safeguarding incidents had been managed appropriately. The inspector was advised that there had been no safeguarding referrals made to the HSC Trust or RQIA from the last inspection. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. 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 knowledgeable about their specific roles and responsibilities in relation to adult safeguarding and how they should report any concerns that they had.

Safeguarding was also noted to be discussed at the tenants’ meetings. The manager advised that this was a ‘standing agenda item’ for all tenants’ meetings and that ‘see and say’ cards were also given to the tenants. This is good practice and is commended.

A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols. It was also noted that reports were also completed to reflect ‘near misses’. This is good practice.

The inspector noted that staff had received training in restrictive practice awareness. Discussion with the manager indicated that any restrictive practices used, were considered and agreed in conjunction with the tenants and their relevant representatives. 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.

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

6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency’s arrangements for appropriately assessing and meeting the needs of the tenants were examined during the inspection.

A review of the care records identified that they were maintained in accordance with the legislation and standards.

Care reviews with the HSC Trusts were noted to be held annually or as required. Discussion with the manager indicated that care and support plans were updated to reflect changes agreed at the review meetings.

The agency had developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to the tenants. Monthly quality monitoring was undertaken by a senior manager within the organisation. Quality monitoring reports indicated consultation with a range of tenants, staff and as appropriate HSC Trust representatives.

There was evidence of effective communication with the tenants and their representatives and with relevant HSC Trust representatives, as required. Staff meeting' minutes reflected that there was effective communication between all grades of staff and this was supported by staff spoken with during inspection. Services users were also encouraged to attend meetings, which were held on a regular basis. The inspector also noted that a staff member acted as the 'service user forum champion' and that this role actively encouraged participation in the tenants' meetings.

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 tenants.

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 the tenants with dignity and respect; and to fully involve them/their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the staff attitudes and the delivery of the service.

The staff had a good knowledge of the tenants' needs and preferences. The review of the care records identified that the agency had obtained information that outlined their life histories, family and community relationship networks.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The manager discussed various activities including social outreach, movies, walking, football matches, shopping, hairdresser appointments. Tenants were also supported to plan weekends away or trips abroad, as appropriate.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertained and included the views of the tenants and their representatives.

A review of the compliments records identified a number of positive comments received by the agency. Comments reflected that relatives had spoken 'highly of the level of care given' and that the staff were 'doing a great job'.

During the inspection, the inspector spoke with three staff members. Some comments received are detailed below:

Staff

- "It is so good here, that when I left this job, I had to come back."
- "It is brilliant, the (tenants) get loads of care and attention. It is a lovely team."
- "They get more support here, than anywhere else I have ever worked."

30 staff members provided electronic feedback to RQIA regarding the quality of service provision. The majority of responses indicated that they felt either 'satisfied' or 'very satisfied' that the care provided was safe, effective and compassionate and that the service was well led. Three responses indicated that they were either 'unsatisfied' or 'very unsatisfied' in relation to the four domains. Written comments included:

- "I'm happy with the organisation that I work for and its care delivery."
- "There is a high morale among staff, I feel that I can talk with my colleagues on a personal level, which has built a strong team to support the tenants."
- "All tenants are treated with dignity and respect."
- "Well supported in my role."
- "I enjoy my job and love to see the tenants living independently and being part of the community, good atmosphere with staff and tenants alike."
- "Excellent service who exercise and promote tenant choice. Great training for staff, good managers."
- "I love working in west Belfast."

Following the inspection, the inspector spoke with nine relatives, by telephone on 17 May 2018. Comments are as follows:

- "No problems at all."
- "I am very pleased with the care, they have been very helpful to me and I really appreciate their kindness."
- "I am not displeased and am generally satisfied. The staff are pretty good and (my relative) is happy there."
- "They are very good."
- "The staff are kind and polite and (my relative) likes living there."
- "I have no problems, (my relative) is spoilt rotten and loves it there."
- "(My relative) is absolutely treated like a queen."
- "I could not thank them enough, they have really tried everything with a difficult situation."

Two relatives spoke with the inspector regarding a level of dissatisfaction with the care and support provided. Following the inspection, these comments were relayed to the manager, for review and action as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the tenants views and those of their' representatives.

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 inspector reviewed the management and governance systems in place within the agency to meet the needs of the tenants; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide. The day to day operation of the agency was overseen by the manager, two deputy managers and a team of care staff. In addition the agency's on call system ensured that staff could avail of management support 24 hours a day.

Staff spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms.

Discussion with the manager and a review of the records confirmed that any complaints received were managed in accordance with regulation, 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. A review of the training records also evidenced that all staff received additional training of managing complaints. Discussion with the manager and a review of records confirmed that tenants were encouraged to raise concerns, at the tenants' meetings.

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; discussion with the management team and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

The agency had an Equal Opportunities Policy, updated in May 2016. This outlined the agency's commitment to ensuring that the tenants were treated equally. The inspector discussed arrangements in place in relation to the equality of opportunity for tenants and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of tenants. The agency collected equality data on tenants such as; age, gender, race, disability, marital status via the commissioning trust referral information.

The annual quality report was reviewed and noted to require input from the agency's staff and from HSC representatives. This was discussed with the manager, who responded immediately by issuing staff with a survey. Assurances were provided that an amended annual quality report would be completed, to ensure that it reflected key stakeholders. This was submitted to RQIA, by email on 09 May 2018.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. A small number were noted to require updating. This was discussed with the manager who advised that plans were in place to ensure that this was addressed.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. There were no incidents which required to be notified to RQIA.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the tenants 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 tenants.

On the date of inspection the registration certificate was up to date and displayed appropriately.

Areas of good practice

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

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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