

Inspection Report

10 July 2024



North Down & Ards Supported Living Service

Type of Service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)</p> <p>Responsible Individual: Ms Roisin Coulter</p>	<p>Registered Manager: Mrs Kellyann McCormick Registration pending</p>
<p>Person in charge at the time of inspection: Mrs Kellyann McCormick</p>	
<p>Brief description of the accommodation/how the service operates:</p> <p>This is a supported living type domiciliary care agency which provides care and support to adults with learning disabilities who live at a number of properties located in the North Down and Ards area. Staff support service users to live as independently as possible and encourage them to be part of the community they live in.</p>	

2.0 Inspection summary

An unannounced inspection took place on 10 July 2024 between 9.50 a.m. and 5.15 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

During the inspection it was established that the agency may have operated outside their Statement of Purpose in respect of one individual. RQIA later met with HSC Trust senior managers to discuss this matter and assurances were obtained that this was a temporary arrangement. RQIA will keep this matter under review.

Two areas for improvement identified at the previous inspection were assessed as not met and have been stated for a second time. Additional areas for improvement identified related to medicines management.

Good practice was identified in relation to service user involvement. There was evidence of good management arrangements in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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 individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "Like it."
- "All good."

- “I am fine, all okay.”

Staff comments:

- “Love working here, I enjoy my job. The manager is really good.”
- “We can raise issues and have done, the manager dealt with them well and discreetly.”
- “Service users’ quality of life is pretty good; I feel they are safe.”
- “Service users have a good life, they are very capable and have choice.”
- “Staff work really hard to give people the best life; it is all about them and what they want.”
- “Love my job.”
- “No concerns. Really difficult to recruit staff and retention of staff.”

No questionnaires were returned.

One staff member responded to the electronic survey. They indicated that they were satisfied that care provided was safe, effective and compassionate and that the service was well led.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 18 July 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 18 July 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (2)(a)(b)(c) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure the service user’s care plan reflects the care to be provided and is consistent with SALT assessment and guidance. Action taken as confirmed during the inspection: The inspector confirmed that service user’s care plans reflected the care to be provided and were consistent with SALT assessment and guidance.	Met

<p>Area for improvement 2</p> <p>Ref: Regulation 23</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the system for monitoring the quality of the service provided includes a review of the agency as a whole.</p> <p>The report proforma should be updated to include details of the review of DoLS and Finance matters.</p> <p>There should be evidence that the report has been reviewed and verified by the registered person or a delegated individual with appropriate oversight.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that there was a system for monitoring the quality of the service provided which included the review of DoLS and finance.</p> <p>However, it was not evident that the reports had been reviewed and verified by the registered person or a delegated individual with appropriate oversight.</p> <p>This area for improvement has been assessed as partially met and will be stated for a second time.</p>	<p>Partially met</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff are trained for their roles and responsibilities.</p> <p>This relates specifically to Adult Safeguarding, Medicines Management, DoLS and Dysphagia training.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that this area for improvement had been met.</p>	<p>Met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing since the date of inspection</p>	<p>The registered person shall ensure that a register is developed and maintained of any practices that may be deemed as restrictive.</p> <p>Response by registered person detailing the actions taken: The inspector confirmed that this area for improvement had been met.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing since the date of inspection</p>	<p>The registered person shall ensure that there are policies and procedures in place that direct the quality of the care and services.</p> <p>This relates specifically to a policy and procedure to direct staff of the actions required in the instance that they are unable to gain access to the home of a service user.</p> <p>Response by registered person detailing the actions taken: This area for improvement was assessed as not met and is stated for a second time.</p>	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

It was identified that staff, including ancillary staff, were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records indicated that these had been managed appropriately.

Service users who spoke with us said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any adult safeguarding incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. The review of information indicated that incidents had been managed appropriately.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures, and minutes of the meetings had been provided in an easy read format. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

Staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management dated August 2023 identified that it did not include direction for staff in relation to the administration of liquid medicines orally with a syringe. An area for improvement has been identified. There was no evidence that staff had completed specific training or had their competency assessed in regard to the administration of liquid medication via a syringe. An area for improvement has been identified.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any taken on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Minutes were recorded in an easy read format. Some matters discussed included:

- Food
- Staff support
- Outings

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were undertaken to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. A spot check completed during the inspection indicated that staff were appropriately registered. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers supporting within the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a structured induction programme lasting at least three days which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. From records viewed it was noted that no complaints had been received since the last inspection. A number of compliments had been received. Comments included:

- "Staff member is passionate about her role and knowledgeable about care plan."
- "Manager has shown professionalism, flexibility and value base."

The Statement of Purpose required updating with RQIA's contact details and the name of the agency. The manager was signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The manager submitted the revised Statement of Purpose to RQIA following the inspection.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

6.0 Quality Improvement Plan (QIP)/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 and The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	1*	3*

* the total number of areas for improvement includes two that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with Kellyann McCormick, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 23 Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	The registered person should ensure that there is evidence that the quality monitoring report has been reviewed and verified by the registered person or a delegated individual with appropriate oversight. Ref: 5.1 Response by registered person detailing the actions taken: Manager will ensure signature when action plan has been provided by the monitoring officer. Any actions will be documented as completed
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 9 Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that there are policies and procedures in place that direct the quality of the care and services. This relates specifically to a policy and procedure to direct staff of the actions required in the instance that they are unable to gain access to the home of a service users. Ref: 5.1 Response by registered person detailing the actions taken: Local procedures have been completed and updated to include staff direction if they have no response at a property
Area for improvement 2 Ref: Standard 7.5 & 7.6 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the medication policy and procedures cover each of the activities concerned with the management of medicines. The policy and procedures should clearly identify the parameters and circumstances for care workers administering or assisting with medication. Ref: 5.2.1 Response by registered person detailing the actions taken: Policy is being reviewed by Nursin Lead to include medication being administered via syringe. This will include competency of staff also

<p>Area for improvement 3</p> <p>Ref: Standard 7.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person should ensure that staff required to administer liquid medicines orally via a syringe are trained and competent. A record should be retained of training and competency assessments completed.</p> <p>Ref 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Competencies have been completed by Community Nursing team with staff.</p>

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