The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lisburn Supported Living Service**

Provider: **South Eastern HSC Trust**

Date of Inspection: **5 November 2024**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	South Eastern HSC Trust
Responsible Individual:	Ms Roisin Coulter
Registered Manager:	Mrs Lynette Marshall (Acting)
Service Profile – Lisburn Supported Living Service is a supported living type domiciliary care agency which provides personal care and housing support to up to 13 service users to live as independently as possible within the local community. Services are provided at a number of addresses in the greater Lisburn area. The agency works in partnership with the Northern Ireland Housing Executive's Supporting People programme, the South Eastern Health and Social Care Trust (SEHSCT) and with a number of housing associations.	

2.0 Inspection summary

A short notice follow up inspection was undertaken on 5 November 2024, between 9.45 a.m. and 3.45 p.m. by a care Inspector.

A number of deficits were identified at the previous inspection on 11 June 2024 in relation to the annual update of care plans; the inclusion of accurate Speech and Language Therapist (SALT) recommendations and Deprivation of Liberty (DoLs) information within care plans. Other deficits noted were the staffing arrangements and the completion of induction, supervision and appraisal processes.

RQIA convened an Enforcement Decision Making meeting on 20 June 2024 to decide if enforcement action was required. It was agreed that, due to the regulatory history and the assurances provided by the manager and the senior manager, no further enforcement action would be progressed, however, an Enhanced Feedback Meeting was convened on I July 2024 with RQIA. At this meeting the manager and senior SEHSCT staff outlined actions and plans to address the identified deficits and become compliant with regulations and standards.

This follow up inspection was undertaken to assess the level of compliance with regulations and standards in the areas identified within the Quality Improvement Plan.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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.

Throughout the inspection process inspectors will seek the views of those living, working and visiting the agency; and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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

3.2 What people told us about the service and their quality of life

A range of service users and staff discussed their views about living within and working within Lisburn Supported Living. The information provided indicated that there were no concerns in relation the service.

Service users spoke positively about their experience of the agency; they said they liked living there and that the staff were good to them.

Staff spoke very enthusiastically with regard to the care delivery and management support in the agency. One told us that, "things have really settled down and there is more staff on the floor" while another stated, that if they had any concerns "they would have no hesitation in reporting them". Staff spoken with confirmed that inductions were robust and were tailored to each separate house within the agency.

There was no response to the electronic survey and no questionnaires were returned.

3.3 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 11 June 2024 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection. Some areas for improvement identified at the previous inspection were not met and have been stated for the second time.

Areas for improvement from the last inspection on 11 June 2024		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 15 (3) (b) **Stated:** First time **To be completed by:** Immediate and ongoing.	The registered person shall ensure that every service user's care plan is kept under review. This should be completed on an annual basis or if the service users' needs change.	**Met**
	Action taken as confirmed during the inspection: It was evident from files sampled that a timetable of reviews had been made and actioned by staff.	
Area for improvement 2 **Ref:** Regulation 15 (2) (a) **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative and contain records associated with Deprivation of Liberty Safeguards (DoLS) decisions consistent with any plan prepared by any Health and Social Services Trust professionals.	**Met**
	Action taken as confirmed during the inspection: Service users' care plans and risk assessments were reflective of SALT guidelines and contained DoLS information as appropriate.	
Area for improvement 3 **Ref:** Regulation 16 (1) (a) **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency	**Partially met**
	Action taken as confirmed during the inspection: Staff spoken to said there were sufficient staff to meet the needs of the service. The manager confirmed there had been a recent recruitment drive which did not yield the expected results. The rotas examined reflected consistently frequent use of bank and agency staff. This area is stated for the second time.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 4 **Ref:** Standard 12.1 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure appointed staff complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.	**Met**
	Action taken as confirmed during the inspection: Induction records reviewed confirmed a thorough induction is completed for all new staff including agency workers**.**	
Area for improvement 5 **Ref:** Standard 13.3 **Stated:** First time **To be completed by:** 11 September 2024	The registered person shall ensure that staff have recorded supervision to promote the delivery of quality care and services.	**Met**
	Action taken as confirmed during the inspection: A review of staff files evidenced regular group and individual supervisions.	
Area for improvement 6 **Ref:** Standard 13.5 **Stated:** First time **To be completed by:** 11 September 2024	The registered person shall ensure that staff have their performance appraised to promote the delivery of quality care and services.	**Not Met**
	Action taken as confirmed during the inspection: The manager confirmed appraisal conversation paperwork had been distributed to staff but no appraisals had been completed. This area is stated for the second time.	

3.4 Inspection findings

3.4.1 Service user care plans

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

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.

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.

3.4.2 Staffing arrangements.

Staff spoken to said there were sufficient staff to meet the needs of the service. The manager confirmed there had been a recent recruitment drive which did not yield the expected results. The manager discussed ongoing measures to increase staffing including the use of bank and agency staff and rolling recruitment. The rotas reflected frequent use of bank and agency staff and it was evident that some individual agency staff are consistently rostered to work. This area for improvement will be stated for the second time.

The inspector noted that full names were not used on rotas and the manager agreed to ensure staff's full names were included. This matter will be reviewed at a future inspection.

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.

3.4.3 Governance and managerial oversight

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 robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. The manager discussed how, in addition to corporate and agency induction, each house within the service has a separate house induction process and staff spoken with confirmed they had completed house inductions.

Records of supervision were up to date and a matrix reviewed evidenced staff responsibilities in respect of supervisions. Although appraisal conversation paperwork had been distributed to staff no appraisals had been completed since the last inspection on 11 June 2024; this area for improvement will be stated for a second time.

There were peer 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.

RQIA is aware of a Serious Adverse Incident (SAI) being investigated by the SEHSCT. Whilst RQIA is satisfied that measures have been put in place to reduce the risk of recurrence, RQIA awaits the SAI report which will be available when the investigations are concluded. These will be reviewed at future inspection to ensure that any recommendations are embedded into practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

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

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Lynette Marshall, 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 15 (3) (b) **Stated:** Second time **To be completed by:** Immediate and ongoing	The registered person shall ensure that there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency Ref: 3.4.2
	Response by registered person detailing the actions taken: 3 staff have resigned from initial inspection, these positions have been filled with blocked booking of agency staff for consistency. Currently managing service with majority of agency staff, all of which have been inducted into service (corporate and local) and have had all relelvent safeguarding checks, NISCC reg and traininig for role. 90% of agency and bank staff used are regular staff to this service and known to our service users and staff team. On the rare occasion when an ad hoc staff is required to fill a void they will be acommpanied with an experienced staff. There is an on call system for all staff to access 24/7 should they require support. There is a B5 on call rota that escaltes to a B7 in turn escalates to Senior Manager on call. All this information is accessable to all staff. There is a trust wide recruitment for Adult Support Workers Band 3, closes 31/12/24 I have preapred and have 7 posts to fill. I have accrued 1 staff from last recuitment drive. I have a further full time Band 5 post going to advertisement.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 13.5 **Stated:** Second time **To be completed by:** 1 April 2025	The registered person shall ensure that staff have their performance appraised to promote the delivery of quality care and services. Ref: 3.4.3
	Response by registered person detailing the actions taken: On going, all planned and those not apprasied have now got a date. From follow up inpsection 57% of staff have been apprasied.

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