The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **WHSCT Learning Disability Supported Living Service**

Provider: **Western HSC Trust**

Date of Inspection: **19 May 2025**

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

1.0 Service information

Organisation:	Western HSC Trust
Responsible Individual:	Mr Neil Guckian
Registered Manager:	Mrs Moira Millar
Service Profile: WHSCT Learning Disability Supported Living Service is a supported living type domiciliary care agency which supports 20 service users with learning disability needs. The service users live in individual and shared housing across the Londonderry and Limavady areas.	

2.0 Inspection summary

An unannounced inspection took place on 19 May 2025, between 9.30 am and 3.30 pm by a care Inspector.

The last care inspection of the agency was undertaken on 16 June 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as access to records, staff induction, training and supervision. There was also a need for the medicines management arrangements to be reviewed to promote and support service users to self-administer medicines safely and confidently.

Service users said that the care and support provided by staff was a good experience.

Full details, including areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; the staff who work for the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they like 'everything' and 'everybody' in the supported living service. Comments received described how the service users feel 'safe and supported' and there is always someone there if the service users need them. Service users said that they are supported to make choices as to how they spend their day and they 'really enjoy' living there. One service user stated that they feel 'very thankful for the staff' and they feel 'that they can't ask for anything (better)'. All responses indicated that the service users enjoyed getting 'out and about'.

Staff responses included concerns regarding the over reliance on agency staff. However, there was no evidence that this impacted on the service users. This is further discussed in section 3.3.1.

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

Service users said that there was enough staff available to help support them; and that they were provided with a choice on how they wished to spend their day. However, it was identified that there was an overreliance on agency staff supplied from recruitment companies, due to staff shortages. Staff said that they felt that the long standing staff shortages has 'put pressure on staff causing stress, sickness and low moral'.

This was discussed with the person in charge who advised of the ongoing efforts made to recruit substantive staff. Given that there was no evidence of any impact on service users, the Inspector was satisfied that the use of agency staff was being actively reviewed as part of the monthly quality monitoring process. This will be reviewed at a future inspection.

Whilst there was a system in place for staff recruitment, it was not possible to verify that pre-employment checks, were completed before staff members commenced employment because the person in charge was unable to access the Trust's electronic system for recruitment. An area for improvement has been identified.

Newly appointed staff, including those supplied by recruitment agencies, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. However, review of the induction process identified that it required to be further developed to ensure that it was reflective of the needs of the service users that are currently being supported by the agency. An area for improvement has been identified.

Review of staff training records identified that a number of training elements were significantly out of date or had not been completed. Staff said that they were using 'a considerable number of agency staff who are not trained to do some of (their) role' and that they felt that they ended up 'doing double (their) work load' as a result. Comments also reflected an increase in service users who have forensic histories, which staff expressed they were not trained to deal with. An area for improvement has been identified.

It was noted that medicines competency assessments had been completed for all staff who are responsible for administering medicines to service users; advice was given in relation to reviewing the frequency that these are undertaken with staff.

A review of the records confirmed that all staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC). Information regarding NISCC registration details and renewal dates were monitored by the manager. Advice was given in relation to retaining records of the NMC checks.

Procedures were in place for appraising staff performance and a review of records confirmed that all staff appraisals had taken place. However, review of records identified that the staff did not regularly receive individual supervisions in keeping with the agency's policy and procedure. An area for improvement has been identified.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users care, that the staff needed to assist them in their roles. Staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. Service users' needs were met through a range of individual and group activities such as attending events in the Millennium Forum, bowling, upcycling furniture, gardening and physical activities. Service users also were supported to have barbeques, go for drives and celebrated each other's birthdays.

Service users' meetings were held on a regular basis. It was good to note that the matters discussed included household issues; health and safety issues and future planning.

3.3.2 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this, initial assessment care plans were developed to direct staff on how to meet service users' needs.

The agency had recently commenced using a new electronic records management system, Encompass. Not all records were available on the new system, however, they were available in hard copy format. The implementation of Encompass should address the issue of daily records and other documents not being returned to the registered office in a timely manner. This will be reviewed at a future inspection.

Discussion took place regarding the need for confidentiality of certain aspects of service user information. The person in charge described how Encompass can protect this information, ensuring that it is only accessible to relevant staff, as appropriate.

Advice was also given regarding the need for any safeguarding referral documents (APP1s) to be retained centrally, as these documents would no longer be viewable by staff, should a service user no longer be in receipt of care and support. These matters will be reviewed at a future inspection.

Sometimes service users may require assistance with eating and drinking; this may include their diet to be of a specific consistency. Review of records confirmed that the care plans reflected the recommendations included in the Speech and Language Therapy (SALT) care plan.

There was a system in place to ensure that care reviews were held on an annual basis.

Records pertaining to consent were available.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained the appropriate authorisation documents.

The use of restrictive interventions was discussed. Advice was given in relation to developing a restrictive practice register which would ensure that restrictions were appropriately identified and reviewed on a regular basis. For example, a review of records and discussion with the person in charge highlighted that there were no effective systems in place so as to regularly review service users' capacity to become more independent, with regard to their own medicines management, and focus on enabling them to self-administer their medicines, as appropriate. An area for improvement has been identified.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Moira Millar has been the manager in this agency since 5 December 2019.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. Whilst we were assured that the visits had been undertaken on a monthly basis, advice was given in relation to the timeliness of the reports being completed. This will be followed up at a future inspection.

There was a system in place to manage any complaints; none had been received since the date of the last inspection.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process and that any identified learning was shared with staff on a regular basis.

The annual quality report was reviewed and noted to include stakeholder feedback.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	4	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, 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 21 (1)(c) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that all records are available for inspection; this refers specifically to recruitment records on the Amiquis electronic system; or otherwise via human resources, as requested. Ref: 3.3.1
	Response by registered person detailing the actions taken: Community Service manager (CSM) has also gained access to Amiquis, in addition the registered mangagers current access. There is an additional system of Pre-employment checks in place to ensure a record of these are retained and available for inspection.
Area for improvement 2 **Ref:** Regulation 16 (2)(a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that all staff complete mandatory training requirements; awareness training in respect of service users with forensic histories should also be provided to staff; records of this training, by whatever means it is provided, should be retained for inspection purposes. Ref: 3.3.1
	Response by registered person detailing the actions taken: There are two systems in place to record Training : An excel database and HSC learn. Both are available for inspection. All staff have attended or, are booked for mandatory training and additional training in, Fundamentals of Learning disabiltiy,and Forensic training. There is Senior Manager oversight to ensure compliance
Area for improvement 3 **Ref:** Regulation 16 (4) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that all staff are provided with supervision in keeping with the agency's policy and procedures. Ref: 3.3.1
	Response by registered person detailing the actions taken: There is system in place to ensure that staff including agency staff have regular supervison and that this is recorded. There is a system to capture the dates of supervison and additional Senior Manager oversight in this area.

Area for improvement 4 **Ref:** Regulation 14 (c) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that service users are assessed in relation to their ability to self-administer medicines safely; and where appropriate, they should be supported to do so; this information should also be reflected within the care plan. Ref: 3.3.2
	Response by registered person detailing the actions taken: Assessments in regards to Self-adminstration of Medicines have been undertaken for all service users. They all have support plans and there is a system in place for oversight and review by senior management
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the induction process is further developed to ensure that it is reflective of the needs of the service users currently being supported by the agency; this includes the induction of substantive staff and the induction of agency staff. Ref: 3.3.1
	Response by registered person detailing the actions taken: The induction process has been developed to include the relevant needs of individual service users. This includes additional information on Mental health needs and Forensic needs

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