The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Shaftesbury Lisburn**

Provider: **Livability**

Date of Inspection: **12 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:	Livability
Responsible Individual/Responsible Person	Mr Stuart Dryden
Registered Manager:	Miss Nadine Bond

Service Profile:

Shaftesbury Lisburn is a supported living type domiciliary care agency providing care and support to service users living at various locations in the Lisburn area. The office is located in Comber.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting service users to live as independantly as possible and maximising quality of life. The agency seeks to enable people to achieve autonomy and choice in the support they receive and the lives they pursue.

2.0 Inspection summary

An unannounced inspection was undertaken on 12 November 2024, between 10.30 a.m. and 2.45p.m. by a care Inspector.

The inspection was undertaken to evidence how the domiciliary care agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 19 May 2023.
No areas for improvement were identified and as a result of this inspection the areas for improvement previously identified, by RQIA were assessed as having been addressed by the provider.

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.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Shaftesbury Lisburn uses the term 'people we support' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 the previous areas for improvement issued, 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 review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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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 User Friendly questionnaires and an electronic survey.

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

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of living, visiting or working in this agency.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

The inspector spoke to a range of service users, relatives and staff to seek their views of living within, visiting and working within Shaftesbury Lisburn.

Service users spoke positively about their experience of the agency; they said they liked living there and that the staff were good to them. One service user said “They treat me respectfully; I have no complaints.”

Two relatives contacted by telephone were pleased with the care provided by the agency one relative mentioned, “There can be some hiccups but we can usually get it sorted.”

Staff spoke very enthusiastically with regard to the care delivery and management support in the agency. One told us that, “I got such a good induction, it is a really nice environment to work in” while another stated, “I really do feel the service users are well looked after.”

Returned questionnaires indicated that the service users were very satisfied with the care and support provided.

There were no responses to the electronic survey.

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 19 May 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 19 May 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13(d) Schedule 3 **Stated:** First time **To be completed by:** 31 August 2023	The registered person shall ensure that all pre-employment checks are to be completed prior to a start date being provided. This relates, but is not limited, to reasons for leaving previous employment to be identified or explored with the applicant.	**Met**
	Action taken as confirmed during the inspection: Evidence reviewed on inspection confirmed this area for improvement has been assessed as met, further detail provided in section 3.4.1.	
Area for improvement 2 **Ref:** Regulation 22(8) **Stated:** First time **To be completed by:** 31 August 2023	The registered person shall ensure that every complaint is fully investigated and robust records are retained. This should include all actions taken and the outcome of the investigation.	**Met**
	Action taken as confirmed during the inspection: Evidence reviewed on inspection confirmed this area for improvement has been assessed as met, further detail provided in section 3.4.5.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 **Ref:** Standard 12.7 **Stated:** First time **To be completed by:** 31 August 2023	The registered person shall ensure that induction records for agency staff are retained in the registered office and signed by the manager.	**Met**
	Action taken as confirmed during the inspection: Evidence reviewed on inspection confirmed this area for improvement has been assessed as met, further detail provided in section 3.4.1.	

3.4 Inspection findings

3.4.1 Staff recruitment, induction and training.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), references, reasons for leaving and gaps in employment were completed and verified before staff members commenced employment and had direct engagement with service users. A recruitment checklist was in use and evidence of checking of recruitment files was consistent across all files reviewed.

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, induction programme which also included shadowing of a more experienced staff member.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. Following the inspection, the manager emailed confirmation of training for specific staff which was not available on the day of inspection.

3.4.2 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. The organisation had an identified Adult Safeguarding Champion (ASC).

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.

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 in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

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

Service users 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. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with 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. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

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 made 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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (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.

3.4.3 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. Service users were provided with easy read reports which supported them to fully participate in all aspects of their 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 services 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 good 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. Some matters discussed included:

- New staff
- Any changes
- Repairs

3.4.4 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. It was good to note that all staff must sign to confirm that they have read and understood all the information and guidance available to them about safe eating and drinking for service users.

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

There were monitoring arrangements in place. 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 Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The organisation has developed a complaints app to record and monitor progress when dealing with complaints. This app includes all actions taken and the outcome of the investigation.

It was established that there are current investigations into a complaint which had been notified to RQIA. The manager will notify RQIA of the outcome of the investigation.

The Statement of Purpose required updating with RQIA's contact details. The manager submitted the revised Statement of Purpose to RQIA within two weeks of the inspection.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

Where staff are unable to gain access to a service users home there is a system in place that ensures that the service has an operational policy, procedure or protocol that clearly directs staff from the Agency as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Nadine Bond (Manager), as part of the inspection process and can be found in the main body of the report.

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