

Unannounced Care Inspection Report 13 May 2019



Rossmore SLS

Type of Service: Supported Living Service
**Address: 21 Rossmore Drive, Rossmore Avenue,
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Tel No: 02890491310
Inspector: Jim McBride

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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

Rossmore Supported Living Service is a supported living type domiciliary care agency which provides domiciliary care and housing support to adults. The agency's office is located in another of the organisation's registered facilities situated adjacent to the service users' homes.

The agency's aim is to provide care and support to six 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 maximising quality of life. Staff are available to support tenants 24 hours per day.

3.0 Service details

Organisation/Registered Provider: BHST Inspire Disability Services Responsible Individual: Louise Smith	Registered Manager: Lorraine Carr
Person in charge at the time of inspection: Deputy Manager	Date manager registered: 29 June 2017

4.0 Inspection summary

An unannounced inspection took place on 13 May 2019 from 11.00 to 14.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

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

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promoted the involvement of service users. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

No areas for improvement were identified during this inspection.

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 the Deputy 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 12 April 2018

No actions were required to be taken following the most recent inspection on 12 April 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

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

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within report.

At the request of the inspector, the person in charge 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. Seven responses were received and all were very satisfied.

Six questionnaires were also provided for distribution to the service users and their representatives; four questionnaires were returned and are included within the report.

Comments:

"It's good."

During the inspection the inspector spoke with two staff members. No service users were available for discussion. Comments received from staff are included within the report. Staff spoken with gave a comprehensive overview of the service.

Staff comments:

- "Good staff communication."
- "Both supervision and appraisal is good."
- "The induction is effective."
- "Outcomes for service users in relation to dignity and respect is always important."

- “We share good practices with other Inspire services.”
- “Management are helpful and supportive.”

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 April 2018

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

6.2 Inspection findings

6.3 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 arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

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. Discussion with the person in charge identified that they were knowledgeable in relation to safe recruitment practices. Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users’ needs not being met. A number of staff rotas for w/e 19/5/19, 26/5/19 and 2/6/19 were reviewed. They outlined staff working times and highlighted the person in charge.

New employees are required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. Induction has been developed to include the Northern Ireland Social Care Council (NISCC) Induction Standards. The inspector noted that a number of staff had availed of the (NISCC) learning log on-line and had completed the following training: RESPECT and Dignity at work and Equality of opportunity. Some of the comments made following training/learning included:

- “More focussed working with service users.”
- “Protecting service user’s dignity.”
- “Applying policy and procedures to everyday use.”
- “De-escalation techniques.”

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. It was noted that additional training had been provided to staff in areas such as Person centred care.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been managed appropriately. 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 they were aware of what action to take if they had concerns about a person being abused and that they had been empowered to do so. The Annual Position Report will be completed in 2020. The person in charge stated that this will be forwarded to RQIA.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed in conjunction with service users and their representatives.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with data protection guidelines. It was noted that General Data Protection Regulations (GDPR) training had been completed by all staff recently.

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 during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant Trust representative.

Care plans were noted to be comprehensive and person-centred while clearly and concisely describing service users' needs. Care review records were reviewed and it was noted that follow up action had been taken in response to identified actions. This supported the service user and agency to review and measure outcomes for the service users. Where trust professionals had made recommendations in relation to service users' care plan, there was a good system in place.

The inspector noted some of the comments made by service users during their annual review:

- "Staff are here all the time if I need them."
- "It's great here."
- "I love it here and my own house."
- "They always check with me that I'm alright."

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care support plans had been reviewed, the updated documents had been signed.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with and were applicable other key stakeholders.

Service user and staff meetings were held on a regular basis and minutes were available for those who were unable to attend. The staff and service users had the opportunity to discuss the following agenda items during meetings:

Service users:

- Health and Safety
- Activities
- New staff
- Communication
- RQIA
- Complaints and compliments.

Staff:

- Medications
- Training
- RQIA
- Keyworkers
- NISCC
- Service user updates.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and HSC Trust representatives. The inspector noted some of the comments made by individuals:

Service users:

- “I love having my own home.”
- “I enjoy having staff support me.”
- “I enjoy living here and want to develop my skills.”

Staff:

- “The standard of care is high.”
- “Staff provide a person centred holistic approach.”
- “Staff receive good training linked back to supervision.”

Relatives:

- “***** is very content and happy.”
- “Good work in supporting service users.”
- “***** is happy living here, staff are friendly and approachable.”

HSC Trust Staff:

- “Staff have good communication skills and do keep me updated.”
- “The care and support for my client has been excellent.”
- “The family of my client are impressed with the level of communication.”

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 service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner.

Discussions with the staff and the person in charge provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection include:

- Effective communication
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- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person-centred care
- Individualised risk assessment
- Disability awareness.

Records of service user meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users and where appropriate relevant stakeholders. The inspector noted that the agency had completed their annual quality survey with positive results from both service users and other stakeholders.

The service users had the opportunity to comment on the following:

- Staff support me in my house
- I'm happy with my house and the support I receive
- I feel safe in my own home and where I live
- I can understand the information given to me. It is easy to read and in another format
- Staff ask me what's important to me and what I like.
- Staff talk to me about changes within Inspire or in my own service
- Staff treat me fairly and with respect
- Staff talk to me if something is bothering me, or if I want to make a complaint, when I need to
- Staff support me to attend activities in my local area
- Staff support me to do the thing I want to do on my own.

The inspector noted some of the comments received from service users and other stakeholders:

- "I am very happy living in my Supported Living in Rossmore."
- "I like living in Rossmore, its good. I like staff"
- "I find the staff very helpful!"
- "The staff in Rossmore have continued to help me skills up to prepare to live alone...the staff make me feel safe and help me when I need it.."
- "We are very happy with the support given to X and for all the help given with shopping etc."

- “We appreciate the phone calls made when necessary re transport or medication and for helping with the transition into supported living which is a huge change for her.”
- “We enjoy visiting X, most staff are friendly while ensuring she has time with her family”
- “Always able to talk to staff if necessary”
- “Absolutely, everyone is very friendly and helpful.”

It was good to note that agency staff were promoting the autonomy of service users. Staff spoken with were aware of issues relating to consent. Staff members gave examples of the importance of involving service users in making decisions about their own care.

Areas of good practice

The agency promoted the involvement of service users within the service. There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 service users; the agency is managed on a day to day basis by the manager, with the support of senior project workers and, project workers. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that there were good working relationships and that the manager was responsive to any suggestions or concerns raised.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). The person in charge confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records confirmed that all staff were currently registered or on the process of registration, in line with NISCC guidelines. The person in charge described the system in place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

There had been no complaints received from the date of the last inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

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 and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- Care and support records
- Accidents and incidents
- Complaints
- NISCC registrations
- Training and supervision.

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user survey.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held online and were accessible to staff.

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

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships. It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Areas for improvement

No areas for improvement were identified 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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