

# Unannounced Care Inspection Report 17 October 2017



## Rossmore Supported Living Service

**Domiciliary Care Agency**  
**21 Rossmore Drive, Belfast BT7 3LB**  
**Tel No: 02890491310**  
**Inspector: Joanne Faulkner**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 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.

The inspector would like to thank the registered manager and agency staff for their feedback, support and co-operation throughout the inspection process.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Inspire Wellbeing Ltd/Peter Arthur James McBride	<b>Registered manager:</b> Lorraine Carr
<b>Person in charge of the agency at the time of inspection:</b> Deputy Manager	<b>Date manager registered:</b> 29/06/2017

### 4.0 Inspection summary

An unannounced inspection took place on 17 October 2017 from 09.30 to 13.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

Evidence of good practice was found in relation to staff recruitment, staff supervision, the agency's quality monitoring processes and engagement with Health and Social Care Trust (HSCT) representatives. No areas requiring improvement were identified.

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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lorraine Carr, registered manager, as part of the inspection process and can be found in the main body of the report. An assistant director from within the organisation and the person in charge were also present during feedback.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the pre-registration inspection dated 5 September 2016

No further actions were required to be taken following the pre-registration inspection on 5 September 2016.

## 5.0 How we inspect

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager, person in charge and assistant director
- Examination of records
- Consultation with staff
- Evaluation and feedback

Prior to inspection the following records were analysed:

- RQIA pre-registration inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed prior to or during the inspection:

- Service user care records
- Monthly quality monitoring reports
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Staff Handbook
- Training and Development Policy
- Induction Policy
- Confidentiality Policy
- Quality Management Policy
- Recruitment Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Data Retention and Disposal Policy
- Complaints Procedure
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with the registered manager, the deputy manager and a staff member.

The inspector requested that the registered manager display a poster which provided staff with an electronic means of providing feedback to RQIA regarding the agency; two staff completed the online survey.

A questionnaire was provided by the inspector for completion by the service user; no questionnaire was returned.

Details of responses received from staff surveys and feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 5 September 2016**

The most recent inspection of the domiciliary care agency was announced pre-registration inspection.

### **6.2 Review of areas for improvement from the pre-registration inspection dated 5 September 2016**

There were no areas for improvement made as a result of the pre-registration inspection.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The inspector reviewed the agency's processes in place to avoid and prevent harm to service users which includes staffing arrangements within the agency.

Staff recruitment is co-ordinated and managed by the organisation's human resources (HR) department. The agency's recruitment policy outlines the process for ensuring that required checks are completed prior to commencement of employment.

As part of the pre-registration inspection process the inspector visited the organisation's HR department and reviewed a number of individual staff personnel records. Records viewed were noted to include details of the recruitment processes and evidence of the pre-employment checks completed. Records viewed and discussions with HR staff indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work prior to required pre-employment checks as outlined within the minimum standards having been satisfactorily completed and verified.

The agency's training and development policy includes details of the induction programme provided which was noted to be in excess of the three days which is in accordance with the regulations. It was noted from discussions with staff and records viewed that staff are required to attend corporate induction training and to complete an induction competency workbook. The person in charge stated that new staff are required to shadow other staff employed by the agency at the commencement of employment.

It was noted that staff are expected to complete the full induction programme within their probationary period. Staff stated that they are provided with the agency's staff handbook and could describe how to access to the agency's policies and procedures online.

A record of the induction programme provided to staff is retained by the agency; records viewed contained details of the information provided during the induction period. Staff indicated that they had the required knowledge and skills to fulfil the requirements of their individual job roles.

It was identified that relief staff are not accessed from any other domiciliary care agencies; the inspector noted that if required additional staff can be accessed from a group of relief staff employed by the organisation. The person in charge could describe the process for ensuring that staff provided at short notice have the required knowledge and skills to carry out the requirements of the role.

Staff are currently providing care and support to one service user; discussions with the person in charge and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service user. The agency's staff rota information viewed by the inspector reflected staffing levels as described by the person in charge.

The agency's supervision and appraisal policies outline the timescales and procedures to be followed. Staff are provided with a supervision contract and a record is maintained of individual staff supervision. It was noted that staff appraisals have not been completed as the agency has only recently become operational. Records viewed by the inspector indicated that staff had been provided with supervision in accordance with the agency's policies and procedures. Staff who met with the inspector confirmed that they had received appropriate supervision and could describe the benefits.

The inspector noted that staff are required to complete training in an range of mandatory areas and in addition training specific to the needs of individual service users; staff are required to complete a reflective account of training completed. The agency maintains an electronic record of training completed by staff; there is a process for highlighting gaps in training in conjunction with the organisation's training department.

The inspector viewed the agency's training records; those viewed indicated that staff had completed relevant training. Discussions with staff indicated that they felt their training had equipped them with the required knowledge and skills for their roles.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The organisation has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC). The agency's policy and procedures outline the procedure for staff in reporting concerns.

The inspector viewed the agency's records maintained in relation to adult protection; it was identified that the agency has a system for recording referrals made to the HSCT adult safeguarding team in relation to alleged or actual incidences of abuse. Discussions with the person in charge and documentation viewed evidenced that the agency has made no referrals in relation to adult safeguarding.

Training records viewed provided evidence that staff had received training in relation to safeguarding vulnerable adults. It was noted that staff are required to complete safeguarding vulnerable adults training during their induction programme, an annual update. Staff who spoke to the inspector demonstrated that they had knowledge of the agency's safeguarding procedures and whistleblowing policy.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the procedure for assessing and reviewing risk; it details that staff are required to complete risk assessments and care plans in conjunction with service users. The inspector viewed a range of comprehensive risk assessments and care plans in place relating to the service user; it was noted that care plans were clear and concise. The inspector viewed a risk assessment in place relating to an agreed practice that may be deemed as restrictive. The person in charge stated that service users will be supported to participate in a review involving their HSCT keyworker.

The agency's registered premises are located in another of the organisation's registered facilities situated adjacent to the service users' homes. The premises include an office that is suitable for the operation of the agency as described in the Statement of Purpose.

### **Staff comments**

- 'I feel service users are safe.'
- 'Supervision is good; I feel supported.'

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's staff recruitment processes, supervision, risk management and adult safeguarding.

### **Areas for improvement**

No areas for improvement were identified during the inspection.



	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection and retention policies outline the procedures for the creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely and in an organised manner. Staff have received training relating to record keeping, confidentiality and data protection.

Staff could describe how the service user had been supported to be involved in the completion of their individual risk assessments and development of their care plans. During the inspection the inspector viewed the care records for one service user; it was noted that staff record daily the care and support provided.

The inspector noted that the agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered; monthly quality monitoring visits are completed by the agency's assistant director and an action plan developed.

Records of quality monitoring visits viewed by the inspector indicated that the system is effective; it was noted that comments made by the service user, and where appropriate their representatives were included. The record includes information relating to the auditing of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation and of any practices which may be deemed as restrictive.

Discussions with staff indicated that the agency has systems to promote effective communication between service users, staff and were appropriate relevant stakeholders. The person in charge could describe a range of ways in which the agency is maintaining effective working relationships with HSCT representatives and other stakeholders. The agency provides service users with details of advocacy services available and the agency's complaints process.

The agency plans to facilitate service user meetings; bi-monthly staff meetings are facilitated. The person in charge stated that the agency plans to undertake service user and stakeholder surveys on an annual basis.

#### Staff comments

- 'I feel comfortable raising issues.'
- 'Staff support the service user with a range of activities in their home and in the community.'



## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to record keeping, auditing arrangements and effective communication with relevant stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 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 and respect and to effectively involve service users in decisions affecting their care and support.

The agency has in place confidentiality and equal opportunities policies; discussions with staff indicated that values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff described the methods used to support service users to take positive risks. It was evidenced that staff have been provided with training in relation to confidentiality and diversity during their induction programme; the agency has provided service users with easy read information relating to human rights.

Staff could describe how they endeavour to provide care in a manner to meet the needs and choices of the service user. The organisation can access a range of information in an alternative format to support service users if required. Staff described that processes used for supporting the service user to engage with HSCT representatives and in making decisions regarding the care and support they receive. It was noted that service user meetings have not taken place as yet; staff could describe how they engage daily with the service user. The person in charge stated that the agency plans to facilitate meetings when additional service users are in receipt of care from the agency.

The inspector noted that comments made by the service user and where appropriate their representatives were detailed throughout a range of the agency's documentation. The agency has processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are achieved through the agency's complaints process, one to one keyworker meetings with service users, monthly quality monitoring visits, care review meetings involving HSCT keyworkers and proposed service user meetings. The agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying learning outcomes and areas for improvement.

Discussions with staff indicated that service users are to be encouraged to live as independently as possible and to be supported in making choices regarding their individual routines and activities.

## Staff comments

- 'XXXX can make decisions about their care and support.'
- 'We take the service user out at weekends for coffee and shopping.'

## Areas of good practice

There were examples of good practice identified in relation to the agency's processes for engaging with relevant stakeholders and in endeavouring to provide care and support in an individualised manner.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 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 management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented effective systems of management and governance. The agency is managed on a day to day basis by the deputy manager, supported by a team of team leaders and support staff.

The agency has in place a range of policies and procedures in accordance with those detailed within the minimum standards; they are retained in both an electronic and paper format and staff have access as required. A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The agency's complaints policy outlines the processes and timescales for receiving and managing complaints. Discussions with staff indicated that they have an understanding of the actions to be taken in the event of a complaint being received; they stated that they have received training in relation to complaints management during their induction. The organisation has developed a leaflet for service users detailing the process for making a complaint. It was identified from records viewed that the agency has received no complaints to date. The agency's quality monitoring system audits complaints on a monthly basis.

There are management and governance systems in place within the agency to promote quality improvement.

Discussions with the person in charge provided evidence that the agency's governance arrangements promote the identification and management of risk; these include the provision and review of relevant policies and procedures, the monthly audit of compliments and

complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. During the inspection the inspector viewed records that indicated that staff have received appropriate induction, supervision, appraisal and relevant training.

The inspector identified from records viewed and discussion with staff that the agency has developed processes encourage effective collaborative working relationships with relevant stakeholders. The person in charge could describe the ongoing liaison with HSCT representatives in order to achieve positive outcomes for the service user currently in receipt of services and for potential service users.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details clear lines of accountability; it was identified that the information had been developed in an easy read format for service users.

Discussions with staff indicated that they had a clear understanding of the requirements and responsibilities of their job roles; they could describe the process for obtaining guidance and support including arrangements for out of hours.

The agency's staff are required to be registered with NISCC or other regulatory bodies as appropriate; it was noted that the agency has a policy which details the procedure for effectively managing this process. Discussions with the HR manager previous to the inspection, the person in charge and information contained within the agency's policy provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered. Records viewed by the inspector indicated that staff provided by the agency are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were updated following the inspection and are reflective of the service provided.

### Staff comments

- 'We have a close team; we communicate well.'
- 'The manager and deputy manager are very supportive.'
- 'I feel listened to.'

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements and monitoring of staff registration with regulatory bodies.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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