

Announced Care Inspection Report 11 January 2018



Abbots Court Supported Living Scheme

Type of Service: Domiciliary Care Agency
Address: 10 Abbots Court, Newtownabbey, BT37 9RL
Tel No: 02890360690
Inspectors: Aveen Donnelly and Amanda Jackson

www.rqia.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

Abbots Court Supported Living Scheme is a supported living domiciliary care agency which provides personal care and housing support for thirteen service users who have learning disabilities and complex needs. The service is provided across eleven houses/apartments.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible individual: Dr Anthony Baxter Stevens	Registered Manager: Mrs Rosemary Alida Wray
Person in charge at the time of inspection: Mrs Rosemary Alida Wray	Date manager registered: 19 November 2012

4.0 Inspection summary

An announced inspection took place on 11 January 2018 from 09.30 to 14.15 hours.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. Care records were well maintained and there was evidence of regular review. Communication between service users, agency staff and other key stakeholders was well maintained. The culture and ethos of care in the agency promoted treating service users with dignity and respect. There were also good governance and management arrangements in place. It was evident that the service was delivering safe, effective and compassionate care and that the service was well led.

There were no areas for improvement identified during this inspection.

Service users indicated that they were generally happy with the care and support provided by the service.

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
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 Rosemary Wray, registered 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 07 February 2017

No further actions were required to be taken following the most recent inspection on 07 February 2017.

5.0 How we inspect

Prior to inspection we analysed the following records:

- previous inspection report
- records of notifiable incidents
- correspondence with RQIA

During the inspection process the inspectors spoke with the registered manager, deputy manager, three support workers and two service users. There were no relatives present during the inspection; however, following the inspection, two relatives and one professional spoke with the inspectors by telephone.

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Questionnaires were also distributed for completion by service users/representatives.

The following records were examined during the inspection:

- staffing arrangements for the service
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- accident and incident records
- records relating to adult safeguarding
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three service user records regarding review, reassessment and quality monitoring
- a range of communications to trust professionals/keyworkers regarding changes to service users' needs
- annual quality report
- RQIA registration certificate
- a selection of governance audits
- a selection of policies and procedures

- complaints and compliments records
- minutes of staff, tenants and relatives' meetings held since the previous care inspection
- the agency's service user guide/tenants agreement
- the agency's statement of purpose
- monthly quality monitoring reports

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

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 February 2017

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

6.2 Review of areas for improvement from the last care inspection dated 7 February 2017

There were no areas for improvement made as a result of the last care 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 registered manager confirmed the planned daily staffing levels for the service. A review of the staffing rota for week commencing 11 January 2018 to 24 January 2018 evidenced that there were sufficient staff available to ensure that these planned staffing levels could be met. No concerns were raised from staff, service users or their representatives in relation to the staffing arrangements.

The agency's staff recruitment processes were managed in conjunction with the organisation's human resources department, located at the organisation's head office. Prior to the inspection, RQIA undertook an assessment of the agency's recruitment records and these were deemed to be robust.

Discussion with support workers and review of two records evidenced that newly appointed support workers completed a structured induction programme at the commencement of their employment or where they had moved into a more senior position within the agency. It was also noted that the induction process incorporated the NISCC standards and the completion of competency and capability assessments subsequent to the induction process to ensure that their learning objectives had been met.

There were systems in place to monitor support worker performance and to ensure that they received support and guidance. This included group supervisions, mentoring through one to one supervision and completion of annual appraisals. An on call system also ensured that staff could avail of management support 24 hours a day.

Discussion with support workers and a review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. Additional training in areas such as promoting respect, managing finances and alcohol awareness was also provided.

There was a robust system in place to monitor the registration status of support workers in accordance with NISCC.

Specific training had also been provided to service users in relation to keeping themselves safe, managing money, home safety, stranger danger and how to make a complaint. This is good practice and is commended.

A safeguarding champion for the service had been identified and support workers consulted with were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding and how they should report any concerns that they had. Where staff had identified that they required additional support in relation to identifying safeguarding incidents, additional training had been provided. A review of safeguarding records confirmed that any actual or potential safeguarding incidents had been managed appropriately. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The inspectors were aware that the current policy on adult safeguarding was in the process of being updated, to reflect the roles and responsibilities of the adult safeguarding champion. This was submitted to RQIA by email on 16 January 2018.

All staff consulted with were aware of the whistleblowing policy and were confident in describing how they would raise concerns.

Assessments of needs and risk assessments reviewed reflected the views of service users and their representatives; and informed the care and support planning process. The review of the records confirmed that the agency worked collaboratively with professionals to maximise independence of service users and manage potential risk.

Care reviews were held annually or as required. The review of the records confirmed that care and support plans were updated to reflect changes agreed at the review meetings. The care review reports were presented in easy-read formats, according to the service users' level of understanding. This is good practice and is commended.

A review of the daily records indicated that service users were fully involved in day to day decision making about their care and the activities they wished to partake in.

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 in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The full nature and range of service provision was laid out in the Statement of Purpose and Service User Guide. It was noted that the service user guide was also presented in a user friendly format. The agency's arrangements for appropriately assessing and meeting service users' needs were examined during the inspection.

A review of three service users' care and support plans confirmed that that they were developed with the service users and their representatives in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. Examination of these care and support plans indicated that information from the risk assessments was incorporated accurately into care and support plans. Care and support plans reviewed had a strong person centred focus, were up to date, and clearly detailed service users' needs and how they wished these to be met.

A review of the records identified a small number of entries by staff which were not consistently recorded in keeping with best practice. This was raised with the registered manager who agreed to address this matter with staff.

All those consulted with provided feedback to the inspectors which indicated that the provision of care and support by the agency had resulted in positive outcomes for service users.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service. Quality monitoring reports included consultation with a range of service users, relatives, staff and as appropriate HSC Trust professionals.

There was evidence of effective communication with service users and their representatives, including complaints, quality monitoring reports, and monthly support plan reviews between keyworkers and service users. Staff meeting minutes reflected that there was effective communication between all grades of staff. Relatives commented that they had good working relationships with staff, including appropriate communication.

Examination of documentation and discussion with staff indicated that the agency promoted good working relationships with allied health care professionals, and referred to or consulted with them when appropriate. This was particularly evident where the agency required support in managing a complex situation which involved the well-being and safety of service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews; communication between service users, agency staff and other key stakeholders was well maintained.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 inspection sought to assess the agency’s ability to treat service users with dignity and respect; and to fully involve service users/their representatives in decisions affecting their care and support. There was a culture and ethos of care which promoted dignity, respect, independence, rights, equality and diversity. This was reflected throughout staff attitudes and the delivery of the service.

Discussion with the registered manager, deputy manager and support workers showed that they understood and respected the needs and wishes of service users. For example, service users were supported to buy their own groceries and the staff were familiar with the types of foods and specific brands, the service users preferred. One support worker spoken with described the agency as being ‘the loveliest place to work’.

It was evident from discussion with the service users, relatives and staff that the agency promoted the independence, equality and diversity of service users. Service users were encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Service users’ care plans were person centred and reflected the service users’ wishes or needs. The likes and dislikes of each service user were noted in detail in their care record, alongside information about preferred means of communication and delivery of care and support. It was evident that the staff supported service users to participate in a range of activities. These included art therapy, pet therapy and flower arranging. Service users were also supported to attend a number of social clubs, where they were able to get involved in arts and crafts, games and music. Two service users consulted with spoke of their involvement in snooker/pool tournaments and how the support workers enabled them to do this. The possibility of service user’ holidays was discussed with the registered manager, who described how the agency

managed this. Examples were provided of how service users had overnight stays in hotels and used the spa facilities. This is good practice and is commended.

From discussion with the registered manager, deputy manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the service users in a kindly manner. Feedback from service users' representatives was reviewed. One comment from a relative described the services and care as 'fantastic' and reflected that the quality of care was of an 'excellent standard'.

There were no relatives present during the inspection; however, following the inspection, two relatives spoke with the inspectors by telephone. During the inspection, we met with two service users who indicated that they were generally happy with the care and support provided by the service. We also met with three support workers. Some comments received are detailed below:

Staff

- "I have no concerns whatsoever, this is a great place to work."
- "I have no complaints, everything is fine."
- "We are well supported here and the service users get everything they need."

Service users' representative

"The care is outstanding, we could not fault them at all."

"The staff are excellent and the (service) is well run".

One service users' representative spoke positively in relation to the transition arrangements when there was a change in the key worker system. This demonstrated that the staff placed importance on the relationships built between service users and staff. Both service users' representatives consulted with spoke highly of one identified staff member. These comments were relayed to the registered manager.

Following the inspection, the inspector spoke by telephone, with one professional who commented positively on the quality of care provided to the people living at the service.

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Four responses were received. The outcomes were as follows:

Staff respondents indicated that they were either 'satisfied' or 'very satisfied' that the care and support provided was safe, effective and compassionate; and that the agency was well-led. No written comments were received.

We also issued ten questionnaires to service users and relatives. No questionnaires were returned, within the timeframe for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing service users and their representatives.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

We examined the management and governance systems in place to meet the needs of service users. Robust systems of management and governance had been implemented at the agency.

The organisational structure of the service was clearly reflected in the service user guide and was well understood by staff. The day to day operation of the agency is overseen by a registered manager, deputy manager, senior support workers and a team of support workers.

Support workers spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. The management team were available for consultation out of hours, had a working knowledge of the service and were respected by staff. Support workers consulted with described the management team as being 'absolutely brilliant' and stated that they were 'always available' if needed.

The agency maintained and implemented a policy relating to the management of complaints. A review of the agency's complaints record evidenced that no complaints had been received from the last care inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. The complaints procedure was up to date and included in the service users' agreements.

Discussion with the registered manager and review of records evidenced that 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 areas for improvement; discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed. Compliance with training was also monitored as part of the quality monitoring visits.

There was a system in place to ensure that policies and procedures were reviewed at least every three years and discussion with staff confirmed that they knew how to access the policies, if required.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed and reported appropriately to RQIA in keeping with regulation.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertained and included the views of service users, their representatives and visiting professionals.

Discussion with the registered manager confirmed that service users had been supported by a student social worker to complete the annual service user evaluation survey. We also reviewed the annual quality report, which included an analysis of the surveys; this reflected a high level of satisfaction regarding the care and support service users received and the manner in which staff treated them. Family members' feedback was included in the annual quality report and included descriptions of the care as being 'excellent' and 'fantastic'. Discussion took place in relation to queries made by staff, as part of the survey process. Assurances were provided by the registered manager that this would be addressed.

This report was confirmed as appropriately detailed and had been shared with service users/relatives in a user friendly version, as appropriate. Actions had been taken in response to matters raised.

There was evidence of effective collaborative working relationships with key stakeholders, relatives and staff. The agency had received positive feedback through the quality monitoring report from Health and Social Care (HSC) Trust professionals regarding the ability of the agency staff to work in partnership to meet the needs of service users. It was evident that effective partnership working with trust professionals has resulted in positive outcomes for service users.

The registration certificate was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain 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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