

# Unannounced Care Inspection Report 3 December 2019



## Mid and South Antrim Supported Living Service

**Type of Service: Domiciliary Care Agency**

**Address: 2 - 4 The Courtyard, Off Main Street, Ballytromery, Crumlin,  
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**Inspector: Kieran Murray**

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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

Mid and South Antrim Supported Living Service is a domiciliary care agency supported living type which provides personal care and housing support to 18 service users with mental ill-health within the Northern Health and Social Care Trust (NHSCT) area. Service users are supported by 34 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group	<b>Registered Manager:</b> Mrs Bronagh McCaw
<b>Responsible Individual(s):</b> Mr Andrew James Mayhew	
<b>Person in charge at the time of inspection:</b> Mrs Bronagh McCaw	<b>Date manager registered:</b> 9 November 2018

### 4.0 Inspection summary

An unannounced inspection took place on 3 December 2019 from 09.40 to 17.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

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 be seeking 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.

The inspection assessed progress with any areas for improvement identified during and 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.

#### Evidence of good practice was found in relation to:

- staff recruitment
- care reviews
- staff training and development
- staff supervision and appraisal
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC) and Nursing Midwifery Council (NMC)

No areas for improvement were identified during the inspection.

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 Mrs Bronagh McCaw, 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 16 August 2018

The completed QIP was returned and approved by the care inspector.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 August 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report and quality improvement plan (QIP)
- record of notifiable incidents
- all correspondence with RQIA since the previous inspection

During the inspection the inspector met with the registered manager, assistant manager, four staff, two service users and a telephone conversation with one service users' relative.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the 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 provide their views electronically to RQIA regarding the quality of service provision; no responses were received for inclusion in the report.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

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

There were comments made by service user/relatives on returned questionnaires. As there were no contact details recorded for the service user/relatives the inspector spoke to the manager on the 18 December 2019 and discussed the comments received. The inspector has been assured by the manager that service users/relatives would be given the opportunity to discuss any concerns or worries in the forum of tenant meetings and during contact with relatives and a record retained which can be reviewed at the next inspection.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the registered manager, head of operations, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 16 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 5.6 <b>Stated:</b> First time	The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.  Ref: 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed records and found them to be legible, accurate, up to date, signed and dated by the person making the entry.	

## 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 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 manager and assistant manager identified that they were knowledgeable in relation to safe recruitment practices.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations; it was evidenced that staff attend the Praxis Care Group (PCG) corporate induction programme. However on the day of the inspection the inspector noted that two new staff's induction booklets were not available for inspection. Following the inspection and within an agreed timeframe the manager forwarded the two induction booklets to RQIA. The inspector reviewed the information and found them to be satisfactory.

Staff who spoke to the inspector stated that they are required to shadow other staff members during their induction and probation period. The inspector spoke to two staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the management team.

It was positive to note that the induction programme included training on attitudes, values and human rights and working in partnership with service users.

Staffing levels were consistently maintained and there were no concerns raised with the inspectors by staff, service users in relation to their needs not being met. The manager, assistant manager and staff advised that the agency uses a small number of relief staff who are currently employed by PCG and staff from an employment agency which is also a domiciliary care agency to meet the needs of service users.

The manager and assistant manager provided the inspector with a detailed list of domiciliary care agency staff, their photographic evidence, and evidence of their NISCC and NMC registrations and the induction programme provided to them.

The inspector reviewed the agency's training plans which indicated compliance with the Regulations and Minimum Standards and that staff had appropriate training to fulfil the duties of their role. There was evidence that staff have attended training additional to that outlines within the Minimum Standards such as Personality Disorder, Autism Awareness and Wellness Recovery Action Plan (WRAP) training.

It was positive to note that all staff had completed Deprivation of Liberty Safeguards (DoLs) e-learning training.

**Staff comments:**

- “I got an induction for two weeks.”
- “Good thorough induction.”

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with their policy has been maintained

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) this was the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted that records relating to safeguarding training completed by staff were up to date. The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role. Staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability.

On the day of the inspection the inspector noted that there had been a number of safeguarding referrals to the NHSCT since the last inspection on 16 August 2018. These referrals had been made appropriately in conjunction with the NHSCT as evidenced by the inspector.

A discussion took place with the manager and assistant manager in relation to the ASC completing an adult safeguarding position report by 31 March 2020. This can be reviewed at the next inspection.

Staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

**Service user comments:**

- “It’s alright here.”
- “The staff are okay.”

**Relative’s comments:**

- “They look after my XXXX very well.”

The inspector noted that staff had received training in restrictive practices. On the day of the inspection it was noted that the restrictive practices register was in place and restrictive practices implemented were of the least restrictive nature considered necessary in conjunction with the service user, relative, NHSCT and agency staff and these practices were reviewed regularly and evaluated.

A discussion took place with the manager and assistant manager in relation to the completion of DoLs where needed at services users next annual review.

The inspector reviewed records relating to incidents reportable to RQIA and non-reportable and found that the agency had managed these within policy and procedure.

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 General Data Protection Regulations (GDPR) data protection guidelines.

Of four responses returned by service users, three indicated that they were 'very satisfied' that care was safe and one indicated that they were 'satisfied' care was safe.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, supervision and appraisals, training, adult safeguarding referrals and risk management.

### Areas for improvement

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

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

#### 6.4 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 is detailed in the Statement of Purpose (2019) and Service User Guide (2019). On the day of the inspection the inspector noted that the details of the responsible individual were not up to date on both documents. Following the inspection and within an agreed timeframe the manager forwarded the updated version of both documents to RQIA. The inspector reviewed both documents and found them to be satisfactory.

The review of three 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, monthly reviews with agency staff and yearly care reviews with the relevant NHSCT representative, service users and relatives as appropriate.

Feedback received by the inspector from service users' and staff indicated that service users have a genuine influence on the content of their care plans.

#### Service user comments:

- "I am working with staff to get a beeper on the nearby traffic lights."

#### Relative comments:

- "I get great support from staff."
- "Very glad XXX is living in the courtyard."



**Staff comments:**

- “Shared spaces presents challenges at times.”
- “We could do so much more if the service user had their own places.”

This feedback was shared with the manager at the end of the inspection.

The agency maintains daily contact records for each service user. Records reviewed were completed in line with policy and procedure.

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 service users, relatives and other key stakeholders.

Review of team meeting records indicated that meetings took place on a monthly basis; the staff informed the inspector that they could contribute items to the agenda for these meetings. The inspector noted topics discussed included DoL's, GDPR and safeguarding.

The inspector reviewed tenant meeting records which indicated that they took place on a three monthly basis and that tenants views were being heard and addressed.

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 NHSCT representatives.

Of four questionnaires responses returned by service users, three indicated that they were 'very satisfied' care was effective and one indicated that they were 'satisfied' care was effective.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to reviews, communication between service users and agency staff and other key stakeholders.

**Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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. It was identified that staff had completed training on human rights, attitudes and values.

Discussions with the service users, manager, assistant manager and staff provided evidence that the agency supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Plans were also in place to support the service users in arranging and taking part in community activities.

Service users who wished to speak to the inspector were given privacy and dignity to do so. The inspector noted photographs of service users enjoying social events in the community.

It was evident that the agency staff and NHSCCT keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

### Service user comments:

- "I was in Dublin for the special olympics."

### Staff comments:

- "Each service user is treated with compassion, equality and diversity."

### Relative comments:

- "They go the extra mile."
- "They always treat me with respect and dignity."

Service users consulted with during the inspection gave examples readily of the different ways the staff treated them with respect and dignity, whilst promoting their independence.

Of four questionnaires responses returned by service users, three indicated that they were 'very satisfied' care was compassionate and one indicated that they were 'satisfied' care was compassionate.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

## Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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, assistant managers with the support of team leaders and a team of support assistants.

The staff members spoken with confirmed that there were good working relationships and that management were 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) and Nursing Midwifery Council (NMC). The registered manager confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC/NMC records confirmed that on the day of the inspection all staff were currently registered. The registered manager described the system in place for monitoring renewal of NISCC/NMC registrations and confirmed that all staff are aware that they are not permitted to work if their NISCC/NMC registration has lapsed.

There had been a number of complaints received from the date of the last inspection 16 August 2018. The inspector reviewed the records and found that the complaints were dealt with in accordance with policy and procedure. The inspector noted that complainants were satisfied with the outcome of the complaints.

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.

#### Service user comments:

- “There had been a number of incidents but XXXX and XXXX dealt with them.”

#### Staff comments:

- “Assistant manager is here consistently.”
- “It is good to see progression of staff through promotion.”

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
- service user' finances
- accidents and incidents
- complaints
- NISCC/NMC registrations
- restrictive practices

Process for engaging with and responding to the comments of service users was evident within the agency's annual quality service user survey 2019. The inspector reviewed the survey result and found it to be positive negative results with an action plan. The inspector reviewed the annual quality review of service report and found it to be satisfactory.

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 electronically which were accessible to staff.

Records of service user meetings and reports of quality monitoring visits indicated the agency's commitment to regularly engaging with service users and where appropriate relevant stakeholders.

There was evidence of effective collaborative working relationships with key stakeholders, including the NHSCT, service users, relatives and staff.

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

The inspector discussed the recent changes the Northern Ireland Ambulance Service (NIAS) has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the registered manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

Of four questionnaires responses returned by service users, three indicated that they were 'very satisfied' that the service was well led and one indicated that they were 'satisfied' that the service was well led.

### **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 restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

## Areas for improvement

No areas for improvement were identified in this domain 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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