

# Announced Care Inspection Report 16 February 2018



## Livability

**Type of Service: Domiciliary Care Agency**  
**Address: 37 Movilla Street, Newtownards BT23 7JQ**  
**Tel No: 02891826862**  
**Inspector: Joanne Faulkner**

[www.rqia.org.uk](http://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

Livability (10880), is a supported living type domiciliary care agency located in Newtownards. The agency's aim is to provide care and support to service users in their own homes; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting service users to live as independently as possible and maximising quality of life.

### 3.0 Service details

<b>Registered organization/registered provider:</b> Livability	<b>Registered manager:</b> Charlotte Light
<b>Responsible Person:</b> Stuart Dryden	
<b>Person in charge of the agency at the time of inspection:</b> Locality Manager	<b>Date manager registered:</b> 11 October 2015

### 4.0 Inspection summary

An announced inspection took place on 16 February 2018 from 9.50 to 16.50.

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 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 induction, supervision and appraisal; provision of care and support in an individualised manner, communication with service users and other relevant stakeholders and the agency's quality monitoring processes.

One area requiring improvement was identified in relation to the storage of records.

Comments made by service users are included within the report.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 4 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 July 2016.

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

## 5.0 How we inspect

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

- discussion with the person in charge
- examination of records
- consultation with staff and service users
- evaluation and feedback

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

- previous RQIA inspection report and QIP
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the locality manager, senior support workers, a support worker, administrative staff and one service user.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

During the inspection the inspector viewed a number of the agency's policies and procedures; the majority of those viewed were noted to be in accordance with regulations, legislation and minimum standards. It was noted that the agency is currently reviewing a number of policies and procedures.

At the request of the inspector, the person in charge was asked to display a poster within the agency’s registered premises. The poster invited staff to provide feedback to RQIA regarding the quality of service provision via an electronic means; three responses were received.

Two of the staff who completed the survey indicated that they were satisfied that care was safe, effective, compassionate and well led. Comments made by one staff member in relation to staffing and management arrangements were discussed with the registered manager prior to issuing the report. The inspector advised the registered manager as to the ‘very unsatisfied’ response and as there were no contact details for staff, the registered manager agreed to discuss at the next team meeting for local resolution.

Questionnaires were provided for service users; eight questionnaires were received prior to the issuing of this report responses received are included within the report.

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

The inspector would like to thank the staff and service users for their support and co-operation during the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 4 July 2016

The most recent inspection of the agency was an unannounced care inspection.

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

### 6.2 Review of areas for improvement from the last care inspection dated 4 July 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 7(a) <b>Stated:</b> First time	The registered person shall (a)keep under review and, where appropriate, revise that statement of purpose and the service user’s guide;	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed that agency’s statement of purpose and the service user’s guide; it was	

	noted that they had been reviewed and updated since the previous inspection.	
<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b> <b>Ref:</b> Standard 9.1 <b>Stated:</b> Second time	<p>It is recommended that policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.</p> <p>This recommendation relates specifically to the agency's induction and supervision processes.</p> <p><b>Action taken as confirmed during the inspection:</b>  The inspector viewed a number of the agency's policies and procedures and noted that induction and supervision policies were in place.</p>	<b>Met</b>
<b>Recommendation 2</b> <b>Ref:</b> Standard 9.5 <b>Stated:</b> Second time	<p>It is recommended that the agency's policies and procedures are subject to a systematic three yearly review.</p> <p>This recommendation relates specifically to the agency's Appraisal Policy.</p> <p><b>Action taken as confirmed during the inspection:</b>  The inspector noted that the agency's appraisal policy had been reviewed and updated.</p>	<b>Met</b>
<b>Recommendation 3</b> <b>Ref:</b> Standard 9.5 <b>Stated:</b> First time	<p>It is recommended that the agency's policies and procedures are subject to a systematic three yearly review.</p> <p>This recommendation relates specifically to the agency's recruitment and selection, and data protection policies.</p> <p><b>Action taken as confirmed during the inspection:</b>  The inspector noted that the agency's recruitment and selection, and data protection policies had been reviewed and updated.</p>	<b>Met</b>

## 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 inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The agency's recruitment policy details the procedures for the completion of staff pre-employment checks prior to commencement of employment. The agency's recruitment process is managed by the organisation's Human Resources (HR) department. The person in charge could describe the process for receiving confirmation that pre-employment checks have been satisfactorily completed and that staff are ready to commence employment.

The inspector viewed staff records and noted that they contained evidence of required pre-employment checks having been completed. It was identified that the agency requires all staff to complete an Access NI check on a three yearly basis.

The agency's induction programme is noted to be in accordance with the timescales as outlined within the domiciliary care agencies regulations. The person in charge stated that staff are required to complete an induction booklet during the six month induction period; staff completed a range of mandatory training and to shadow other staff employed by the agency. It was identified that the induction programme is based on the Northern Ireland Social Care Council (NISCC) standards.

The agency retains a record of the induction provided to staff; the inspector viewed the induction records for two staff recently employed by the agency; they provided evidence of the induction programme provided.

Discussions with the person in charge, staff and service users, and observations made during the inspection indicated that staff had the required knowledge and skills to fulfil the requirements of their job.

The person in charge stated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. It was identified that levels of staffing can fluctuate to meet the individual needs of the service users.

The agency's supervision and appraisal policies outline the timescales and procedures for staff supervision and appraisal. It was identified that the agency aims to provide staff with 8 weekly supervision and annual appraisal; a record of supervision and appraisal is retained. Documentation viewed by the inspector indicated that staff had received supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that staff are required to complete induction training, a range of mandatory training and in addition training specific to the needs of individual service users.

The person in charge could describe the process for identifying the training needs of staff and for ensuring that required training updates are completed. The inspector viewed the agency's electronic record of staff training; records viewed indicated that all staff had received required training in accordance with the agency's policy relating to mandatory training.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The agency's policy and procedures reflect information contained in the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The policy outlines the responsibilities of the Adult Safeguarding Champion (ASC) and the procedure for staff in relation to reporting concerns.

The agency has a system for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the person in charge indicated that the agency has made a number of referrals in relation to adult protection since the previous inspection; and that they had acted in accordance with their policy. It was noted that the agency retains a comprehensive electronic record of details of referrals made, actions taken and outcomes. The person in charge stated that the organisation's safeguarding officer reviews and monitors the information.

Staff are required to complete safeguarding vulnerable adults training during their induction programme and an annual update; records viewed indicated that staff had received training in accordance with the agency's policy. Staff who spoke to the inspector demonstrated that they had an understanding of adult safeguarding matters and the process for reporting concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. It was noted from records viewed that the agency requires a range of relevant assessments and information relating to individual service users prior to them receiving care and support. There are risk assessments in place relating to individual service users and any restrictive practices in place. It was noted that best interest meetings had taken place in relation to any practices deemed to be restrictive and that they are reviewed at least annually.

Staff describe how they support service users to be involved in the development and review of their care plans. Staff record daily the care and support provided to service users; staff stated that they support service users to participate in an annual review involving their HSCT keyworker, attend any appointments relating to their health and wellbeing and in best interest meetings. Care plans are reviewed and updated six monthly or as required.

It was identified that the agency has provided an emergency bag containing relevant information in a number of the homes of the service users to support staff in the event of an emergency.

The agency's registered office is located in Newtownards; the office is suitable for the operation of the agency as described in the Statement of Purpose. It was noted that the agency has increased the security of the building following a suspected attempted unauthorised entry.

Eight service user questionnaires were returned to RQIA; they indicated that service users were very satisfied that care was safe.



**Comments received during inspection.**

**Staff comments**

- “Training and induction is good.”
- “Staff meetings are good; you can speak up and are listened to.”
- “We support service users to maintain their independence and to be safe.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s staff induction, supervision, appraisal, adult protection and risk management.

**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.**

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

The agency’s data protection policy and operational policy outline the procedures for the creation, storage and retention of records. The majority of records viewed by the inspector during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. During the inspection the inspector observed documentation which was required to be archived was located under a desk in the office; this was discussed with the person in charge and the records were immediately stored securely. The inspector discussed with the person in charge the need to ensure that all records pertaining to the agency are retained in a secure manner at all times. An area for improvement was identified.

Electronic and paper records retained in the agency’s office were noted to be presented in an organised manner. Staff personnel records were noted to be maintained in a secure and organised manner.

Staff could describe how they support service users to participate in the development of their care plans; copies of care plans are stored in the homes of service users.

The agency’s arrangements to monitor, audit and review the effectiveness and quality of care provided to service users were reviewed. The agency’s system for monitoring the quality of the service on an ongoing and monthly basis was noted to include a quality audit being completed and an electronic system which is updated regularly by the locality manager.

Records of monthly quality monitoring visits viewed included details of the review of the agency's processes and a detailed action plan. The records was noted to include details of the review of complaints, compliments, staffing arrangements, accidents, incidents or safeguarding referrals and practices deemed to be restrictive.

Records of the monthly quality monitoring process were noted to include feedback from service users, relatives and other relevant stakeholders in relation to the quality of the service provided.

The inspector viewed a comprehensive service quality improvement plan for the agency and noted that it contained detailed information in relation to complaints, safeguarding matters, accidents, incidents and risk. The person in charge stated that the information stored on the electronic system is regularly monitored and reviewed by senior staff within the organisation. It was noted that it is scored in relation to risk; the person in charge stated that they are required to update the system regularly and may be required on occasions to attend a meeting to discuss any matters not resolved or identified as a high risk.

## **Comments from quality of care questionnaires**

### **Service users**

- "Staff explain things to me until I understand."
- "Staff take me to church."
- "Staff don't come in to my room without asking."
- "Staff help me very well."
- "Yes I do the things I want."
- "Staff look after me during seizures."
- "I pick my own food."
- "Staff take me to events in the community."
- "I get help with shopping."
- "I was at a review and able to say what I wanted."
- "Sometimes staff are late."

### **Relatives**

- "It is a very good service."
- "XXXX is content around staff and gets out and about."

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Discussions with staff and a service user indicated that staff communicate appropriately with service users and provide care and support in a caring and respectful manner.

Staff who spoke to the inspector demonstrated that they had a good understanding of the individual needs of service users; they could describe the processes used to support service users to remain as independent as possible and to live a fulfilling life. Staff could describe the various ways in which they support service users to participate in a wide range of chosen activities within the local community.

The agency aims to facilitate monthly staff team meetings; records viewed indicated that a range of standard items are discussed at each meeting including policies and procedures,

staffing arrangements and service user issues. Service user house meetings are facilitated monthly; service users are supported to express their views and preferences. Records of meetings viewed were noted to include a range of comments made by service users and choices made in relation to a range of household matters. In addition a service user forum is held twice yearly.

Discussions with the person in charge indicated that the agency’s staff endeavour to develop and maintain effective working relationships with HSCT representatives and relevant stakeholders. The inspector viewed evidence of engagement between the agency’s staff and HSCT community keyworkers.

Eight service user questionnaires were returned to RQIA; they indicated that service users were very satisfied that care was effective.

**Comments received during inspection.**

**Service user comments**

- “Staff are pleasant.”
- “Staff are good; if I am worried I ring the office.”
- “I have no problems with the staff.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and communication with service users and relevant stakeholders.

**Areas for improvement**

One area for improvement was identified during the inspection in relation to the storage of records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**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 reviewed the agency’s ability to treat service users with dignity, respect and compassion and to engage service users effectively in decisions relating to the care and support they receive. It was noted that staff receive training in relation to confidentiality.

Staff described the ways in which they support service users to be involved in making decisions and how their views are respected. It was noted from discussions with service users and staff that staff provide care and support in a manner that promotes values such as choice, dignity and respect. It was noted that when required Best Interest meetings are facilitated in the

decision making process. Staff indicated that they had good knowledge of the needs and preferences of individual service users.

The agency has processes in place to promote engagement with service users and where appropriate their representatives. They include the agency's monthly quality monitoring process, the compliments and complaints process, care review meetings. One to one keyworker meetings and service user meetings. The agency's monthly quality monitoring process was noted to assist in the evaluation of the quality of the care and support being provided.

There are systems in place for recording comments made by service users and where appropriate their representatives. Records of service user care review meetings, service user meetings, keyworker meetings and monthly quality monitoring reports viewed by the inspector provided evidence that the agency strives to engage with service users stakeholders in relation to the quality of the service provided. It was noted that the agency recently facilitated a relative's forum to obtain feedback on the service.

The inspector viewed information provided by the agency in an alternative format to support service users in understanding the information being provided.

Eight service user questionnaires were returned to RQIA; they indicated that service users were very satisfied that care was compassionate.

### **Comments received during inspection.**

#### **Service user comments**

- "Staff are caring; they help me with my shopping and housework."
- "I have a keyworker; she is good."

#### **Staff comments**

- "Service users always have choice."
- "We help service users to menu plan."
- "We support service users to be involved in activities in the local community."
- "We take some service users to church."

### **Areas of good practice**

There were examples of good practice identified in relation to the agency's processes for engaging and communicating with service users and providing care in a caring, compassionate and individualised manner.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is currently managed on a day to day basis by the locality manager supported by a team of senior support workers. Staff could describe the process for obtaining support and guidance if required including arrangements for out of hours support.

It was noted that the agency policies and procedures are retained in the agency's office; the person in charge stated that the organisation is reviewing all policies to ensure that they are in accordance the regulations, minimum standards and legislation. Staff could describe how they access policies. The inspector viewed a number of the organisation's policies and procedures.

The agency's systems for auditing and reviewing information with the aim of promoting safety and improving the quality of service provided were reviewed. Documentation viewed and discussions with staff indicated that the agency's governance arrangements promote the identification and management of risk; these include the provision of required policies and procedures, the monthly audit of complaints, accidents, adult protection referrals, incidents notifiable to RQIA and any practices that may be deemed as restrictive.

The agency's complaints policy outlines the process for effectively managing complaints. It was noted that the policy was required to be updated to include details of RQIA and the Northern Ireland Ombudsman. The person in charge provided details of the revised complaints policy currently being reviewed by the organisation's senior management team. Staff who spoke to the inspector indicated that they had a good understanding of the actions required in the event of a complaint being received. Staff receive information relating to complaints management during their induction programme and the person in charge stated that complaints are discussed at staff meetings. The agency provides service users with information relating to the complaints process in an easy read format.

The agency retains a record of all complaints or compliments received. It was noted from records viewed that complaints are logged on an electronic system and reviewed regularly by the registered manager and the person completing the monthly quality monitoring. It was noted from discussions with staff and records viewed that complaints received since the previous inspection had been managed in accordance with the agency's policy.

From records viewed and discussions with the person in charge it was noted that the agency has implemented robust systems to monitor the quality of the service provided and to identify areas for improvement. They include systems for the ongoing and monthly review of accidents, incidents, safeguarding referrals and complaints by the person completing the quality monitoring visit, the registered manager and the locality manager. During the inspection the inspector viewed evidence of appropriate staff induction, supervision and appraisal and observed a number of staff attending the office for supervision.

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose.

Staff demonstrated that they had a clear understanding of their job roles; they are could describe the process for raising concerns and had knowledge of the agency’s whistleblowing policy. It was noted that staff are provided with a job description at the commencement of employment with the agency.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of effective collaborative working relationships with relevant stakeholders, including HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body as appropriate; details of individual staff member’s registration and renewal dates are retained electronically by the agency and monitored monthly by the locality manager. It was noted that registration status is also discussed with staff at supervision. Records viewed were noted to be maintained in an organised manner and provided evidence that staff were appropriately registered.

Discussions with the person in charge provided assurances that the organisation has a process for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

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 noted to have been reviewed and updated.

Eight service user questionnaires were returned to RQIA; they indicated that service users were very satisfied that the agency is well led.

### **Comments received during inspection.**

#### **Staff comments**

- “I like working here; I feel supported.”

#### **Areas of good practice**

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

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 10.6 <b>Stated:</b> First time	The registered person shall ensure that records are held securely for the period of time as specified in the regulations and disposed of in accordance with legislation.  Ref: 6.5
<b>To be completed by:</b> Immediate from the date of inspection	<b>Response by registered person detailing the actions taken:</b> Administrative staff have been signed up for Record Keeping training and issued with the Livability Policy.

*\*Please ensure this document is completed in full and returned via Web Portal\**



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