

Announced Care Inspection Report 19 June 2019



Livability North Down and Ards

Type of Service: Domiciliary Care Agency
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Tel No: 028 9812 6862
Inspector: Bridget Dougan

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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

Livability North Down and Ards is a domiciliary care agency (supported living and conventional type) 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

Organisation/Registered Provider: Livability Responsible Individual(s): Mr Stuart Dryden	Registered Manager: Ms Jill Houston
Person in charge at the time of inspection: Ms Maria Waugh, deputy manager	Date manager registered: 30 January 2019

4.0 Inspection summary

An announced inspection took place on 19 June 2019 from 10.45 to 16.30.

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 Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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.

There were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding and the management of accidents/incidents. The care records which were available were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality and choice.

Four areas for improvement were identified in relation to the management of practices deemed to be restrictive (lap straps on wheelchairs), the availability and storage of care records and the management of personal data.

Service users and their representatives indicated that they were happy with the care and support provided. Comments received from two members of staff were discussed with the manager and responsible person for follow up as appropriate.

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	3	1

This inspection resulted in one for improvement being identified. Findings of the inspection were discussed with the person in charge at the time of the inspection and with the manager following the inspection, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 12 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 March 2019.

5.0 How we inspect

Prior to the inspection the inspector reviewed the following records:

- previous RQIA inspection report and QIP
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

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

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Sixteen staff responded; analysis of feedback is included within the report.

Questionnaires were also provided for distribution to the service users and their representatives; none were returned prior to the issuing of the report.

The inspector spoke with two service users, one relative and four staff members. Comments received are included within the body of the report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 March 2019

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 12 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 13.3 Stated: First time	The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures.	Met
	Action taken as confirmed during the inspection: Review of a sample of four staff files evidenced that staff received six - eight weekly supervisions in accordance with the agency's supervision and appraisal policy.	
Area for improvement 2 Ref: Standard 13.5 Stated: First time	The registered person shall ensure that staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.	Met
	Action taken as confirmed during the inspection: Review of a sample of four staff files evidenced that staff received annual appraisals in accordance with the agency's supervision and appraisal policy.	

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 agency's staff recruitment process is managed by the organisation's Human Resources (HR) department; it was noted that information is forwarded to the manager prior to a staff member commencing employment confirming that all required checks have been satisfactorily completed. The manager provided assurances in writing following the inspection that staff are not provided for work until confirmation of pre-employment checks has been received.

The person in charge stated that the agency is currently recruiting staff to fill a number of vacancies. Relief staff were accessed from a number of registered domiciliary care agencies and were block booked where possible to ensure continuity of care.

One member of staff who completed a questionnaire post inspection indicated that at times the staffing levels were not sufficient to meet the needs of the services users. This was discussed with the manager following the inspection for follow up as appropriate. The manager provided assurances that the staffing levels were satisfactory to meet the needs of the service users.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the agency and the organisation's policies and procedures. The review of the induction workbook verified that staff were provided with an induction period which exceeded the timescales outlined within the Regulations. This was confirmed with the staff spoken with following the inspection.

Staff are required to complete training in a range of mandatory areas and in addition training specific to the individual needs of service users. It was good to note that additional training had been provided to staff in areas such as Deprivation of Liberty Safeguards (DOLS) and the Management of Actual or Potential Aggression (MAPA). The manager confirmed, following the inspection, that further training in Human Rights had been arranged for staff for later in 2019.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been referred appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that there is an identified ASC within the organisation. The Annual Position Report had not yet been completed and the person in charge was advised that RQIA will wish to review evidence of the report following the implementation date of 01 April 2020.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes. The inspector discussed the recent changes the Northern Ireland Ambulance Service (NIAS) has implemented 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 manager was advised to identify any potential

challenges to this and to liaise with the relevant Health and Social Care Trusts (HSCT), as appropriate.

During the inspection the inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users’ health, welfare and safety.

The person in charge stated that service users are supported to participate in a review involving their HSCT community keyworker at least annually and that care plans are reviewed as required. It was noted that a number of multi-disciplinary meetings had been facilitated in relation to practices that may be deemed restrictive and records viewed made references to the choices and human rights of the service user.

The inspector viewed a range of risk assessments in place relating to individual service users. The agency has risk assessments in place for the majority of practices deemed to be restrictive. Discussion with the person in charge confirmed that a number of service users required the use of wheelchair lap straps during transit and whilst stationary to maintain their safety. It was confirmed that risk assessments and care plans were not in place for these interventions which were deemed to be restrictive. This was discussed with the person in charge and an area for improvement has been identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, and management of accidents, incidents and adult safeguarding.

Areas for improvement

One area for improvement was identified in relation to the completion of risk assessments and care plans for practices deemed to be restrictive.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The review of the care records identified that they were person-centred and the risk assessments and care plans were maintained electronically in an organised and secure manner. The person in charge advised that the daily records of the care and support provided were maintained in paper format by staff and retained in the service users’ homes (both supported living and conventional domiciliary care services). The inspector was unable to view these records as there was not a system in place to transfer the records from the service users’ homes to the office in a timely manner. The transfer and storage of service user records was discussed with the manager following the inspection. The manager agreed that the information governance policy was not specific with regard to the transfer of service user records. Two areas for improvement have been identified.

Care review records were reviewed and it was noted that service users and/or their representatives were involved in the care review process.

The inspector reviewed the agency’s systems to promote effective communication between service users, staff and relevant stakeholders. Discussions with the person in charge, staff and service users/their representatives indicated that staff members communicate effectively and appropriately with service users.

Service user meetings are facilitated monthly in their homes and service users are supported to comment on a range of matters. In addition the agency facilitates service user group meetings regularly. A sample of service users views are obtained monthly and included in the monthly monitoring reports completed by the manager.

Staff meetings are facilitated bi-monthly and a record is maintained of matters discussed.

The agency had quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. This included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the agency’s engagement with the service users, their families and other relevant stakeholders.

Areas for improvement

Two areas for improvement were identified in relation to the management of service user care records.

	Regulations	Standards
Total number of areas for improvement	1	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 organisation’s philosophy of care was included in the statement of purpose and service user guide. This clearly identified how service users’ human rights would be upheld, including their right to privacy, dignity and respect, promoting independence and maintaining their confidentiality.

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 equality and diversity.

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

Staff could describe the methods used to support and provide care to services users in an individualised manner. Discussions with service users, their relatives, staff, and records viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation.

Participation in activities in the local and wider community was encouraged, with appropriate staff support provided as required. It was good to note that the service users were involved in planning the activities they wished to partake in. Staff provided examples of individual service users who were supported to go to day centres, work placements, cafes, shops and their places of worship in accordance with their individual wishes and preferences.

Engagement with service users is maintained through the agency's monthly meetings, complaints process, keyworker meetings and care review meetings involving their HSCT representatives. Service users stated that they are encouraged to make choices regarding their daily routines and activities and can choose to do what they want.

The inspector spoke with two service users, one relative, four staff members and one Trust representative. A sample of comments received is detailed below.

Service user comments:

- "I'm happy here."
- "Staff are good to me."
- "The staff take the time to listen to me."

Relative comments:

- "We find this service to be flexible and responsive to our needs."
- "We are delighted with the care."
- "There have been a few issues in the past and the management were very quick to respond and the issues were resolved very quickly."
- "Staff are very committed."

Staff comments:

- "It's great working here. I got a good induction which included face to face training in a number of areas including moving and handling, COSHH, safeguarding and MAPA. I also received a handbook and was directed to the policies and procedures online. I have been fantastically looked after"
- "I do enjoy my job. The management are very good and helpful. I have no concerns. Anything the client asks for, they get"
- "It's a good service. The clients are treated with dignity and respect at all times".

Trust representative comments:

- "There had been a high turnover of staff in the past, but this has been resolved now."
- "I'm very happy with the service provided and the house has recently been decorated and is looking good."
- "My client is very content with the service."

Sixteen staff completed an electronic survey post inspection. The majority of staff were either satisfied or very satisfied that the agency was delivering safe, effective and compassionate care and if the service was well led. One staff member indicated that they were very unsatisfied across all the areas identified above. Eight staff members indicated that they were undecided as to whether the agency was providing compassionate care and if the service was well led.

Comments received via the staff questionnaires:

- “I think the service our company provides is excellent and person centred to each individual.”
- “Service users need one to one time and don’t always get it due to there being not enough staff on duty which means if they don’t get their one to one, service users are unhappy”.
- “We have a new deputy manager who seems very capable. She will need time to show her true potential, but she seems excellent.”

The results of this survey were discussed with the manager post inspection who agreed to address the issues identified by staff. The manager stated that all contracted hours were provided and there were no deficits in staffing levels. An issue was raised by staff which related to the support provided to staff and this was discussed with the responsible person for follow up as appropriate.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care to meet the diverse needs of individual service users and the effective engagement with service users and where appropriate other relevant stakeholders. It was positive to note that service users are encouraged to make their own decisions in relation to their daily routines and supported by staff to develop new skills.

Areas for improvement

No areas for improvement were identified 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.

The inspector reviewed the agency’s management and governance arrangements in place to meet the needs of the service users. The agency is managed on a day to day basis by the manager with the assistance of a deputy manager.

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

No complaints were received by the agency from the date of the last inspection. All those individuals consulted with were confident that staff/management would manage any concern raised by them appropriately.

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

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

- care and support records
- accidents/incidents
- complaints
- safeguarding concerns

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The monthly quality monitoring reports were noted to include a number of comments made by staff, service users, their relatives, and on occasions HSCT representatives. They included details of the review of the previous action plan, review of complaints, accidents, incidents and safeguarding referrals; staffing arrangements and care records. The inspector noted that the initials of service users and, on occasions, the names of staff and other professionals had been included in the report. The inspector discussed with the manager the need to ensure that this information is anonymized. An area for improvement has been identified.

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

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 in hard copy and in electronic format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSCT representatives, families of the service users and staff.

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

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

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in relation to the management of personal data. .

	Regulations	Standards
Total number of areas for improvement	1	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 deputy manager, at the time of the inspection and with Jill Houston, registered manager, following the inspection, 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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 15 (11) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that appropriate risk assessments and care plans are in place and kept under review for practices deemed to be restrictive. This relates to the use of lap straps on wheelchairs. Ref: 6.4 Response by registered person detailing the actions taken: Support plans and risk assessments for the use of lap strap belts have been developed.
Area for improvement 2 Ref: Regulation 21.(1)(c) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the records specified in Schedule 4 are maintained and that they are at all times available for inspection at the agency premises by any person authorised by the Regulation and Quality Improvement Authority. This relates to a detailed record of the prescribed services provided to the service user. Ref: 6.5 Response by registered person detailing the actions taken: Daily records relating to the people we support will be transferred from the home of the person supported to the registered office and so will be available to the RQIA.
Area for improvement 3 Ref: Regulation 14.(e) Stated: First time To be completed by: 17 July 2019	The registered person shall ensure that the principals of The General Data Protection Regulation (GDPR) are adhered to with regard to the management of personal data. The identity of service users should be protected in reports regarding the quality of the service. Ref: 6.7 Response by registered person detailing the actions taken: Future quality reports will not refer to the people supported using their initials.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 5.7 Stated: First time	The registered person shall ensure that the information governance policy has been updated to reflect the requirement for service user records to be transferred from the service user's home to the agency in a timely manner in accordance with best practice. Ref: 6.5

To be completed by: 17 July 2019	Response by registered person detailing the actions taken: The information governance policy will be reviewed to reflect the records required to be transferred from the home of the people we support to the registered office.
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Please ensure this document is completed in full and returned via Web Portal



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