



The Regulation and
Quality Improvement
Authority

Lisburn Supported Living Service
RQIA ID: 12180
Thompson House Hospital
19-21 Magheralave Road
Lisburn
BT28 3BP

Inspector: Audrey Murphy
Inspection ID: IN022268

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**Announced Care Inspection
of
Lisburn Supported Living Service**

15 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on from 14.00 to 17.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

The management arrangements have changed since the previous inspection and RQIA have met with representatives of the registered person to discuss the management arrangements. Correspondence with the registered person in relation to this matter is ongoing.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: South Eastern HSC Trust/Hugh McCaughey	Registered Manager: Clare McStay (Acting)
Person in charge of the agency at the time of Inspection: Clare McStay	Date Manager Registered: 22 May 2015
Number of service users in receipt of a service on the day of Inspection: 14	

Lisburn supported living service is a domiciliary care agency which provides care and support to service users to live as independently as possible within the local community. Services are provided at a number of addresses in the greater Lisburn area.

The agency works in partnership with the NIHE's Supporting People Programme, the South Eastern Health and Social Care Trust and with a number of housing associations.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

4. Methods/Process

Specific methods/processes used in this inspection include the following:
Prior to inspection the following records were analysed:

- The previous inspection report and quality improvement plan
- Notifiable events forms submitted to RQIA by the agency.

A number of incidents relating to the administration of medicines and to the management of service users' behaviours had been reported to RQIA since the previous inspection. The records of these provided evidence of appropriate immediate actions taken.

The inspector gave the agency two hours' notice of the inspection and therefore it was not possible for service users or agency staff to participate in the inspection. The inspector requested that RQIA questionnaires were distributed to staff and service users and three service users and a member of staff returned a questionnaire to RQIA after the inspection visit.

During the inspection the registered manager forwarded a list of service users' representatives and relevant HSC Trust professionals who had agreed to be contacted by RQIA for the purposes of obtaining their views on the quality of service provision. The inspector contacted the relatives of two service users after the inspection and received very positive feedback from them in relation to the quality of the service provided to their relatives. The inspector spoke with two HSC Trust professionals after the inspection, both of whom reported high levels of satisfaction with the overall quality of the service. The HSC Trust professionals commented on the commitment and dedication of agency staff and highlighted their professionalism.

The following records were examined during the inspection:

- The alphabetical index of staff
- The staff duty rota (current and archives)
- Service user meeting records
- Monthly quality monitoring reports
- Staff induction records
- Staff handbook
- Staff supervision and appraisal schedules
- Agency policies on recruitment, induction, supervision, whistleblowing.

The Inspection

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 30 May 2014. The completed QIP was returned and approved by the inspector.

4.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 23 (1)	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>This requirement refers to the agency's monthly quality monitoring visits and reports which must not be undertaken by staff who have day to day operational responsibility for the service.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The reports of the monthly quality monitoring visits undertaken since the previous inspection were examined and had been completed by a member of HSC Trust staff on behalf of the registered person.</p> <p>The reports had been completed monthly and contained action plans with identified timescales for completion.</p>	
Requirement 2 Ref: Regulation 5 (1)	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as "the statement of purpose") which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>This requirement refers to the areas for development of the statement of purpose as outlined within the report.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The agency's statement of purpose was examined and had been updated to reflect the requirements of Regulation 5.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 14 (d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement refers to the charges made to service users for utility costs associated with agency staff use of areas of the premises to which service users have little access to and do not have exclusive possession of.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The acting manager confirmed that service users can access the sleep over area of their home at all times when not in use by staff.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 16 (2)</p>	<p>The registered person shall ensure that each employee of the agency—</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The agency's staff training records were examined and reflected uptake in all of the mandatory areas.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 21 (1)</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This requirement refers to the agency's staff training records.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The agency's training records were examined and reflected uptake in training in all of the mandatory areas. The records were presented clearly and included an update analysis to support adherence to the mandatory timescales.</p>		

Previous Inspection Recommendations	Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 8.11</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This recommendation refers to the inclusion within the monthly quality monitoring reports of the views of professionals involved in the service.</p> <p>Action taken as confirmed during the inspection: The reports of the monthly quality monitoring visits undertaken on behalf of the responsible person were examined and included the views of professionals involved with the service users including social work and behaviour support staff.</p>
<p>Recommendation 2</p> <p>Ref: Regulation 8.15</p>	<p>There are written accounting and financial control procedures that meet professional standards of good practice and legislative requirements and provide safeguards against errors or fraud.</p> <p>This recommendation refers to the further development of agency financial policies and procedures with regard to the accountability arrangements for staff in lone working situations.</p> <p>Action taken as confirmed during the inspection: The agency's Service User Financial Support Policy/Procedure was examined and reflected the responsibilities of each staff member in relation to their role in handling service users' finances. The policy outlines the safeguarding, recording and reporting procedures for all staff involved in handling service users' finances.</p>

<p>Recommendation 3</p> <p>Ref: Regulation 8.16</p>	<p>Services are delivered in accordance with the statement of purpose as approved by the Regulation and Quality Improvement Authority at the time of registration.</p> <p>This recommendation refers to the arrangements in place to support service users to receive and pay their household bills.</p> <p>Action taken as confirmed during the inspection: The inspector was advised of work that has been undertaken to promote the independence of service users in the area of household bills. The deputy manager has undertaken work with a number of service users who were noted to have increased independence in this area.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Regulation 12.8</p>	<p>It is recommended that there is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the agency.</p> <p>This recommendation refers to the arrangements in place for ensuring that all staff receive mandatory and other relevant training.</p> <p>Action taken as confirmed during the inspection: The agency has in place a training and development plan which outlines the mandatory areas. The uptake of mandatory training is monitored monthly and referenced in the agency's monthly quality monitoring reports.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Regulation 1.1</p>	<p>It is recommended that the values underpinning the standards inform the philosophy of care and staff of the agency consistently demonstrate the integration of these values within their practice.</p> <p>This recommendation refers to the use of a door monitoring system in a service user's home. It is recommended that this is reviewed with the HSC Trust and that the impact on all service users of an audible alarm sounding is evaluated.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The door monitoring system referred to in the previous inspection was discussed and the inspector was advised that this practice is no longer required.</p>		

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's recruitment policy was examined and reflects the requirements of the regulations in relation to pre-employment checks.

The agency maintains an alphabetical index of staff and the inspector was advised that only permanent and bank staff are supplied to work with service users.

The agency's induction policy was examined and referenced both a corporate and a local induction. The induction policy is due a review in 2015. The Lisburn Adult Supported Living Services induction records contained evidence of a range of areas to be covered. The induction records also included a section on identified training needs and booking arrangements for such training.

The timescales for staff inductions were discussed and the inspector was advised that new staff are given at least a three day structured induction period and are supernumerary during this period. The structured induction records were examined and had been signed by the new member of staff and the member of staff completing the induction.

The arrangements for short notice supply for staff were examined and there is a policy in place for this. The practice of short notice staff supply was reported to be very infrequent.

Staff supervision is provided by the manager, the deputy manager and the senior support staff. The agency's staff supervision policy was examined and had been produced in 2012.

The policy sets out the frequency of supervision and appraisal and the agency's records indicated that staff were receiving supervision in accordance with the policy. The inspector was advised that record of supervision are maintained and the inspector examined a template for recording the outcome of direct observations of practice.

The agency's records provided evidence that annual appraisals have been completed in accordance with agency procedures.

Is Care Effective?

The agency's management arrangements had changed since the previous inspection and the manager at the time of the inspection (Clare McStay) advised that the recruitment of a permanent manager was underway.

The staffing levels across the service were examined and staff are supplied to work across three areas where care and support is provided to individuals and households where service users share their accommodation.

The staffing arrangements for each household were described and were consistent with the supply on the duty rotas. The inspector was advised that while staffing generally remains static, there is flexibility in the supply of staff in the event of service users' needs changing. Service users who returned a questionnaire to RQIA indicated that they are very satisfied that agency staff know how to meet their needs and that staff levels are appropriate at all times.

The agency's staff handbook was examined and was in accordance with the regulations. The agency's Whistleblowing policy was examined and was summarised within the Staff Handbook. The policy outlines the arrangements for agency staff to raise concerns about practices in the workplace. The policy also makes reference to a range of organisations externally that can be contacted when there are concerns about poor practice.

There is a process in place for evaluating staff inductions and the inspector was advised that overall the feedback from staff in relation to their induction is positive. Agency staff are encouraged to identify training needs during their induction period and there is system in place for recording these and for booking the relevant training. HSC Trust professionals who contributed to the inspection advised that communication between agency staff and Trust professionals is very effective.

Is Care Compassionate?

There was evidence during the inspection of staffing arrangements being discussed with service users. Staffing changes in one of the households where a number of service users receive a service had been discussed and service users had been supported by members of the multi-disciplinary team in this regard.

Staff attitudes and behaviour have also been discussed with service users and there was evidence of regular service user meetings across the range of households where people receive their support.

Service users have been provided with copies of the staff duty rota and where appropriate, this has been provided in a pictorial format. The inspector was advised that service users request this information and that it allows them to anticipate who will be providing their care and support.

A service user's relative who contributed to the inspection described the staff as caring and responsive to the needs of their relative; the service user's relative also advised the inspector that they wouldn't hesitate to speak with staff or management if they had any concerns about the quality of the service.

In relation to agency staffing, a HSC Trust professional commented:
"I couldn't commend them enough; they go the extra mile".

Number of Requirements:	0	Number of Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Clare McStay	Date Completed	28.7.15
Registered Person	Bria Mongan	Date Approved	29.7.15
RQIA Inspector Assessing Response	Audrey Murphy	Date Approved	29/07/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to agencies.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.