

# Announced Care Inspection Report 26 February 2018



## East Coast Supported Living Service

**Type of Service: Domiciliary Care Agency**  
**Address: 65-67 High Street, Bangor, BT20 5BE**  
**Tel No: 02891475390**  
**Inspector: Aveen Donnelly**

[www.rgia.org.uk](http://www.rgia.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**

East Coast Supported Living Service is a domiciliary care agency which provides a range of supported living services, housing support and personal care services to individuals living in the Bangor area.

### 3.0 Service details

|   |   |
|---|---|
| <b>Organisation/Registered Provider:</b><br>Positive Futures<br><br><b>Responsible Individuals:</b><br>Ms Agnes Philomena Lunny | <b>Registered Manager:</b><br>Mrs Julie Elizabeth Dickenson |
| <b>Person in charge at the time of inspection:</b><br>Mrs Julie Elizabeth Dickenson   | <b>Date manager registered:</b><br>23 November 2017         |

### 4.0 Inspection summary

An announced inspection took place on 26 February 2018 from 10.10 to 14.45 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. The inspection assessed if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to recruitment practices, staff development, adult protection and risk management. The care records were well maintained and evidenced a very person-centred approach to care delivery. The culture and ethos of the agency promoted the values of treating the people they supported with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place. A number of areas of good practice were commended by the inspector and are reflected in the main body of the report.

No areas for improvement were identified during this inspection.

At the request of the people who receive care from Positive Futures, the organisation has requested that RQIA refer to these individuals as 'the people supported'.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and the experience of the people supported.

### 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 the registered manager and the managing director, 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 6 February 2017

No further actions were required to be taken following the most recent inspection on 6 February 2017.

## 5.0 How we inspect

Prior to inspection we analysed the following records:

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

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.

During the inspection process the inspector spoke with the managing director, the manager, the deputy manager, two support workers, two people supported by the agency, five relatives and one Health and Social Care (HSC) Trust representative. Questionnaires were also provided for distribution to the people supported or their representatives. Any comments from returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

The following records were examined during the inspection:

- staff induction and training records
- supervision and appraisal records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- the care record of one of the people supported (person centred portfolio)
- records relating to potential adult safeguarding incidents
- incident records
- support worker meeting' minutes
- complaints and compliments records
- monthly quality monitoring reports
- annual quality report (2016/17)
- the Statement of Purpose
- the Service User Guide.

Prior to the inspection, an assessment had been undertaken of the agency's recruitment records at the organisation's head office, 2b Park Drive, Bangor. RQIA were satisfied that the recruitment processes were robust.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 6 February 2017

The most recent inspection of the agency was an unannounced inspection. There were no areas for improvement made as a result of the inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 6 February 2017

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

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The agency's registered premises are located at 65-67 High Street, Bangor and were suitable for the purposes of the agency.

At the time of the inspection, the agency was being managed by the service manager, with the support of a deputy service manager, senior support staff and a team of support staff. Discussion with staff and the people they supported confirmed that the required staffing levels were consistently adhered to. The agency's staffing arrangements were discussed and the inspector was advised that recruitment of staff was in progress and that any agency staff usage was kept to a minimum, to ensure continuity of staff. Two relatives consulted with commented in relation to inconsistent staffing. Following the inspection, these comments were relayed to the manager for review and action, as appropriate.

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. Prior to the inspection, RQIA undertook an assessment of the agency's recruitment records and were deemed to be robust. The inspector was also informed that, the people supported were encouraged to be involved in the staff interviewing process, where possible. This is good practice and is commended.

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

A review of records confirmed that all staff, including staff from another domiciliary care agency, had received a structured induction programme in line with the timescales outlined within the Regulations. A review of records also confirmed that the people supported were also involved in the induction process. This is good practice and is commended.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. This included mentoring through formal supervision meetings, observation of practice and completion of annual appraisals. These areas were monitored by the management team as part of their quality monitoring processes.

Discussion with staff and a review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. Additional training in areas such as positive behaviour support, makaton sign language, epilepsy awareness and forensic training had also been provided. One staff member described the training as being 'second to none'.

Competency and capability assessments were undertaken with staff, relevant to their roles and responsibilities.

Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the organisation's operations director holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. Discussion with staff confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. Discussion with the manager and a review of records confirmed that any actual or potential safeguarding incidents had been managed appropriately. It was also noted, that where concerns had been raised, systems were put in place to prevent future recurrence. This is good practice and is commended.

The care record examined included assessments of needs and risk; and a range of personalised plans of care, based on the needs and preferences of the individual. A review of the person centred portfolio also evidenced that the staff took measures to ensure the safety of the people they supported.

A review of the accident and incident records confirmed that the relevant risk assessments and care plans were reviewed following each incident and that care management and patients' representatives were notified appropriately.

Discussion with the management team also evidenced that regular safety checks were undertaken to ensure that the houses where the people supported lived were safe and free from hazards.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult protection 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         |

## 6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting service users' needs were examined during the inspection.

The people supported had been asked to consent to the inspector examining their care records. Where this was not provided, their wishes were respected by the staff. The inspector reviewed one person centred portfolio and found this to be very detailed, personalised and reflective of the individuals' preferences. A range of person centred tools has been developed by the organisation to support effective communication, appropriate staff matching, and how best to support the person.

Care reviews with the HSC Trusts were noted to be held annually or as required. The inspector also noted that the care review reports were presented in easy-read format, which facilitated the people supported in having a better understanding of any changes made to their care plan.

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

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

There was evidence of effective communication with the people supported and relevant HSC Trust professionals, as required. Staff meeting' minutes reflected that there was effective communication between all grades of staff. Relatives spoken with also indicated that they had good working relationships with the staff. However, two relatives spoken with commented that they felt that the communication between staff and relatives was not good. Following the inspection, these comments were relayed to the manager for review and action, as appropriate.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the people supported.

### 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 care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the agency's ability to treat service users with dignity and respect; and to fully involve service users/their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the staff attitudes and the delivery of the service. The inspector noted that staff had received training in human rights and restrictive practices.

Agency staff had prepared a range of documentation in 'easy read' formats for the people supported and care records were noted to be colourful, pictorial and personalised to meet the needs of the individuals. This is good practice and is commended.

The staff had a good knowledge of the people they supported. For example, they worked collaboratively to identify what was important to them and how best they could provide support. Each person supported had their life history recorded, which enabled the staff to have a better understanding of the people's life experienced. This is good practice.

The people supported were involved in identifying their own personal attributes (gifts) and how these attributes could be developed, to contribute to community life and/or relationships. Other useful tools included in the care portfolio included a relationship/community circles and a hospital passport, for use in the event of emergency hospitalisation. The inspector was also informed that in one identified person's case, the hospital passport and information on their specific communication needs, were communicated to the emergency services, in advance. This ensures that the important information was available immediately to emergency staff, thus ensuring that the person supported would be communicated with appropriately. This is good practice and is commended.

The people supported had a decision-making profile in place; it included details of how they liked their information presented, how choice should be presented to them, how the staff could help them understand the choices and the best times for them to be asked about decisions.

It was evident from discussion with relatives and staff that the agency promoted the independence, equality and diversity of the people they supported. For example, the support provided was directed by detailed opportunity plans, which identified different activities of daily living the people supported could be encouraged to carry out independently. This evidenced that the people supported were assisted in areas such as managing their own finances, ordering their own medicines or choosing what clothes they wanted to wear.

Participation in activities in the local and wider community were encouraged, with appropriate staff support as appropriate. The staff spoke with discussed various activities including farm work, stable work, attending discos, train journeys, cinema, pantomimes, swimming, games. A number of the people supported also attended day centres and work placements, as appropriate. The hopes and dreams of the people supported were also explored by the staff;



and where practicable, the staff rota was managed to ensure that the hopes and dreams were realised. This was commended by the inspector.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertained and included the views of service users and their representatives. This included a system called 'what our people think', where the people supported were asked for their views on the care and support on a monthly basis. It was noted that support workers were also encouraged to contribute, as appropriate.

During the inspection, the inspector met with two people supported by the agency. Both people supported appeared relaxed and comfortable in the company of the staff members who supported them. The inspector also spoke with one HSC Trust professional, four staff and five relatives. Some comments received are detailed below:

### **Staff**

- "There is a great ethos and person centred care and support."
- "This organisation has very high values and the people we support are at the centre of everything. There are good opportunities for people to live ordinary lives."
- "I have no complaints."

### **Representatives**

- "The care is second to none, just great, they go the extra mile and the staff show genuine affection to (my relative)."
- "They are doing what we as a family could not do, just tremendous, they really go over and above the call of duty."
- "The level of care is ok."
- "We are very happy, I have no issues."

As discussed in previous sections, two representatives of the people supported provided comment in relation to the staffing arrangements and in relation to the level of communication between them and the staff. Following the inspection these comments were relayed to the manager for review and action, as appropriate.

### **HSC Trust Professional**

- "I have no concerns."

At the request of the inspector, the manager was asked to issue ten questionnaires to the people supported by the agency and their representatives. Five questionnaires were returned, within the timeframe for inclusion in this report. All respondents indicated that they were 'very satisfied' that the care and support provided by the agency was safe, effective and compassionate; and that the agency was well-led. No written comments were received.

Four staff provided electronic feedback to RQIA regarding the quality of service provision. The majority of respondents indicated that they either felt 'satisfied' or 'very satisfied' that the care provided was safe, effective and compassionate and that the service was well led. One written comment received was relayed to the manager for review and action as appropriate.

**Areas of good practice**

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

**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         |

**6.7 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 management and governance systems in place within the agency to meet the needs of the people supported; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide and was well understood by staff. The day to day operation of the agency was overseen by a manager, deputy service manager, senior support workers and a team of support workers. In addition the agency’s on call system ensured that staff could avail of management support 24 hours a day.

Staff spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms; comments included “(the manager) is approachable’ and ‘they are very supportive’. One staff member described how management would always contact them to check on their welfare, if they had raised any concerns.

There was a policy in place relating to the management of complaints. Although the review of the records confirmed that there had been no complaints received from the last care inspection, there were procedures in place to ensure that any complaints received would be managed in accordance with regulation, standards and the agency’s own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

There was a process in place whereby the people supported were encouraged to speak up. Staff spoken with described how they regularly read through the complaints form with the people supported. This is good practice.

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; discussion with the management team and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

There was a system in place to ensure that the agency’s policies and procedures were reviewed at least every three years. Policies and procedures were maintained on an electronic system accessible to all staff, and paper policies were retained in the office used by staff daily.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. There were no incidents which required to be notified to RQIA.

Discussion with the manager confirmed that the annual quality review report was not yet completed. This will be reviewed at future inspection.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, the people supported and staff. The agency had received positive feedback through the quality monitoring report from HSC Trust professionals regarding the ability of the agency staff to work in partnership to meet the needs of service users.

On the date of inspection the registration certificate was up to date and displayed appropriately.

**Areas of good practice**

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

**Areas for improvement**

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

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <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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