

Inspection Report

26 September 2023



East Coast Supported Living Scheme

Type of service: Domiciliary Care Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Positivve Futures	Registered Manager: Mrs Anne Magee (Acting)
Responsible Individual/s: Mrs Agnes Lunny	Date registered: Not Applicable
Person in charge at the time of inspection: Ms Lindsay Blaney, Service Manager	
Brief description of the accommodation/how the service operates: East Coast Supported Living Service is a domiciliary care agency (supported living type) which currently provides a range of personal care services to 15 people living in their own homes. The people supported have a range of needs and require support to live as independently as possible in a range of accommodation types.	

2.0 Inspection summary

An unannounced inspection took place on 26 September 2023 between 9.10 a.m. and 2.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also reviewed.

An area for improvement relating to recruitment was identified.

Good practice was identified in relation to annual reports. There were good governance and management arrangements in place.

East Coast Supported Living Scheme uses the term 'people who we support' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will 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 individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I like all the staff."
- "My co-ordinator is good; she is taking me to the Gateway."
- "I like where I live."
- "The staff help me to put on my bra and to tie my laces."

Staff comments:

- "I enjoy my job and I am always learning."
- "I get great support from my manager, she will always make time for me."
- "The service users are well cared for."
- "I am confident to raise any concerns."
- "I am registered with NISCC."
- "My training is all up to date."

- “I am supported in my role.”
- “I raised a concern and it was dealt with appropriately.”

Many positive comments were contained within the annual report. One of the comments included:

- The staff that care for my family member and the organization as a whole, I feel because of their ethos, they provide a safe and secure environment.

There were no responses to the questionnaires.

A number of staff responded to the electronic survey. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “From my own personal experience, management from East Coast Supported Living Service show a lot of caring towards staff and I have found them to be a great support to me.”
- “The management team have worked with me and helped me and I would say went above and beyond for me.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 8 September 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also

describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to raising concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

The person in charge reported that none of the service users currently required the use of specialised mobility equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. The restrictive practice register was viewed and was found to be satisfactory.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Full employment histories and reasons for leaving previous employment are not explored during the recruitment of staff. Gaps in employment are not explored in a meaningful way. An area for improvement has been made. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. This system is in the process of being changed and will be reviewed at future inspections. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, at least three-day induction programme which also included shadowing of a more experienced staff member.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Ms Lindsay Blaney, Service Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13 (d) Schedule 3 (8) Stated: First time To be completed by: Immediately from the date of inspection	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters to include a full employment history, together with a satisfactory written explanation of any gaps in employment and details of any current employment other than for the purposes of the agency.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Following the inspection, the Registered Manager communicated with the Human Resources Director to identify the key priorities to ensure the identified area for improvement was corrected.</p> <p>The following actions were taken to address each point: Full employment history - a requirement for all applicants to complete a full employment history was reinstated to our</p>

	<p>application process on 27.09.23 for all new applicants to the organisation. Remedial action has been taken to ensure a full employment history has been gathered for those employees for whom this information was missing.</p> <p>Gaps in employment - The term “one month” in reference to employment gaps was removed on 27.09.23. All employment gaps are being reviewed as part of the recruitment process.</p> <p>The area for improvement and details of the QIP have been reviewed and included in the Quality Monitoring Report for September and October 2023.</p>
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