

Unannounced Care Inspection Report 24 September 2020



Leonard Cheshire Disability – The Maples

Type of Service: Domiciliary Care Agency
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Inspector: Corrie Visser

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Leonard Cheshire Disability 'The Maples' is a supported living type domiciliary care agency. The agency provides care and support for adults with physical/sensory disabilities.

The agency aims to provide disabled people with care and support within their accommodation which is jointly managed by the agency and the housing provider Choice Housing Association. Staff promote empowerment and encourage service users to exercise choice and control over their lives, promoting their rights and supporting them to reach their full potential. The agency provides care and housing support to up to 17 service users, who live in a building which is divided into two floors. The Belfast Health and Social Care Trust (BHSCT) commission their services.

3.0 Service details

Organisation/Registered Provider: Leonard Cheshire Disability Responsible Individual: Fiona McCabe	Registered Manager: Danielle Saunderson
Person in charge at the time of inspection: Deputy manager	Date manager registered: 14 November 2019

4.0 Inspection summary

An unannounced inspection took place on 24 September 2020 from 10.30 to 16.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection raised concerns in relation to a number of matters relating to Leonard Cheshire services. The information received related specifically to staffing arrangements, induction and staff training for care workers. Concerns were also raised in relation to the supply of Personal Protective Equipment (PPE) and staff monitoring to ensure compliance with the Public Health Agency (PHA) guidance on Infection Prevention and Control (IPC). The information also highlighted matters relating to governance and management arrangements.

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, where RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the agency.

Following an assessment of information held by RQIA relating to the service and in light of the concerns raised, an inspection was undertaken on 24 September 2020 to examine the agency's current compliance with The Domiciliary Care Agencies regulations and standards. Due to the potential impact on service users, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

The inspection findings for The Maples did not substantiate any of the concerns raised within the information shared with RQIA. However, a number of areas for improvement were made which appeared to be indicative of the lack of governance and management oversight in The Maples. An area for improvement has been made to address this. A further area for improvement related to recruitment practices.

Areas of good practice were identified in relation to the completion of checks with Access NI and staff registration with the Northern Ireland Social Care Council (NISCC).

Good practice was found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance and the use of PPE guidelines.

Service users spoken with told us that they were very happy living in The Maples and had no matters of concern.

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, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

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	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the deputy manager, 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 20 June 2019

No further actions were required to be taken following the most recent inspection on 20 June 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

The following areas were examined during the inspection:

- Staffing arrangements, relating to staff who had been redeployed to caring duties
- Staff duty rosters
- Staff recruitment records
- Staff induction records
- Staff supervision records
- Staff training records including competency assessments
- Accident/Incident records
- Adult safeguarding concerns
- Infection prevention and control practices
- Governance and management arrangements
- Records pertaining to staff registrations with the Northern Ireland Social Care Council (NISCC)
- The management of complaints

- The management of safeguarding incidents
- A number of policies and procedures.

During the inspection we spoke with three service users and following the inspection we spoke with three staff members and two service users' relatives.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included "Tell Us" cards, service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

The information received shows that people were satisfied with the current care and support.

6.0 The inspection findings

Service User Experience

During the inspection we met with three service users who spoke in positive terms about the care and support provided.

Comments are detailed below:

- "I can come and go as I please."
- "The staff are great and make the best cups of tea."
- "I love living here."
- "It's the safest place I have ever lived."
- "The Maples is a great place to live."
- "At night time, no one can come in to my flat."
- "Any time you need help or a chat, they are there."
- "I would give this place 10/10."
- "Staff are all amazing."
- "I really love it here."
- "Staff are very pleasant."
- "It's safe and secure here."
- "Initially I didn't want to live here but the previous manager told me to give it a change, that was eight years ago."
- "I asked for help and they got me the help."
- "I like my privacy and I get it in here."

One completed questionnaire was returned prior to the issue of this report from a service user. They indicated that they felt the care was safe, effective and compassionate; and that the service was well-led. The service user included a comment stating:

- "My family are included in any aspect of changes of care and we are able to raise concerns or issues effectively. Management are available when needed and care staff are friendly, caring, helpful and respectful."

Comments from service users' relatives included:

- "Everything is grand."
- "My brother is getting well looked after."

- “Staff always contact me if there are any issues and keep me updated.”
- “I have a good relationship with the managers.”
- “Any issue always gets resolved.”
- “Staff are really good.”
- “I am happy with the care my relative is getting.”

Staffing Arrangements

Discussion with the person in charge and review of the staff rosters for the two weeks preceding the inspection, confirmed that there was sufficient staff in place to meet the needs of the service users. The review of the staff rosters in March 2020 and April 2020, confirmed that no volunteer coordinators had been deployed during this period.

The review of four recruitment records confirmed that criminal records checks had been undertaken prior to staff members commencing in post. However, the Declaration of Physical and Mental Fitness was not available in any of the records reviewed. The organisation had also implemented a new on-line application form, which did not capture the reasons applicants had left their previous employment. There were gaps of employment in three recruitment files reviewed. The review of the interview notes also did not verify that these had been explored at interview with the applicants. An area for improvement has been made in relation to the recruitment process.

The review of the records confirmed that supervision and training had been provided, to enable the staff to meet the service users’ needs. Staff spoken with stated that they mostly felt supported. No concerns were raised with us in relation to staff not feeling capable to fulfil their roles.

Comments from staff members included:

- “It’s brilliant.”
- “Management are really supportive with me.”
- “Management are very supportive.”
- “I am really happy working there.”
- “I feel really at ease.”
- “Everything I have raised has been sorted.”
- “The managers are brilliant and work with you.”

Two staff members made comments in relation to personal care training and the approachability of management. These comments were relayed to the manager for review and action following the inspection. We were assured by the training information provided that this is addressed during the induction of staff as well as follow up training and the manager will discuss the open door policy with all staff at team meetings.

Infection prevention and control

The person in charge advised that there had been one positive Covid-19 case since the beginning of the pandemic and the advice and guidance from the Public Health Agency (PHA) was adhered to, to ensure the safety of all service users and staff.

Enhanced cleaning schedules were in place, to minimise the risks of cross contamination and records viewed confirmed this.

Service users spoken with advised us that they had been advised to keep a distance of 2 metres from other people and the use of communal areas had been restricted in order to reduce service users' interactions with each other. Service users spoken with raised no concerns in relation to this. Hand sanitisers were placed in different areas throughout the building for service users, staff and visitors to use to ensure good hand hygiene.

Information in relation to Covid-19 was available to staff in a Covid-19 folder. The staff spoken with stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were observed changing PPE between service users and appropriately disposing of PPE. Those spoken with were able to describe the protocol for self-isolation, should they or the service users display symptoms of Covid-19. The person in charge was aware of the period of self-isolation and testing requirement for service users who return to the agency after a holiday period.

We reviewed records that indicated that service users and staff had their temperatures monitored in accordance with the Covid-19 Guidance for Domiciliary Care Providers in Northern Ireland (16 June 2020).

The person in charge was knowledgeable in relation to the procedures and advised that the senior staff monitor the use of PPE by care staff.

Governance and management arrangements

We reviewed the governance and management arrangements in place within the agency to meet the needs of the service users.

The manager of The Maples is also the registered manager for another Leonard Cheshire supported living service. The day to day operations of the agency are overseen by the manager, supported by a deputy manager and four team leaders.

The review of the NISCC registration records confirmed that all staff were registered. We noted that the manager has a system in place for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

In accordance with the Covid-19 Guidance for Domiciliary Care Providers in Northern Ireland, RQIA undertook to work with providers to come to solutions that may not ordinarily be in keeping with the standards or regulations, but which would provide safe and pragmatic remedies to issues that could never have been planned for. On this basis, Leonard Cheshire Disability took the decision to suspend the monthly monitoring visits for a three-month period. During the inspection, we identified that the monthly monitoring visits had not been undertaken from March 2020. This meant that a five month period had lapsed since the last monitoring visits. Whilst RQIA acknowledges that Leonard Cheshire Disability continued with other audit processes during this time, the findings of this inspection indicated that they may not have been as conclusive as the Regulation 23 monitoring visits specifically relating to the reviewing of recruitment practices. An area for improvement has been made in this regard.

There was good management oversight of any accidents or incidents which occurred in the service. The agency had reported any notifiable incidents to RQIA, appropriately.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the organisation who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. There had been one incident which had been referred to adult

safeguarding since the date of the last inspection. Discussion with the person in charge identified that this had been managed appropriately. The agency did not have responsibility for managing any service users' finances.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the agency's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years in accordance with the timescales outlined in the minimum standards. Policies were noted to be held electronically and were accessible to staff.

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI and staff registration with NISCC.

Good practice was found in relation to infection prevention and control; all staff and service users confirmed during discussions and were observed adhering to the current Covid-19 guidance and the use of PPE guidelines.

Areas for improvement

Areas for improvement related to recruitment practices and monthly quality monitoring processes.

	Regulations	Standards
Total number of areas for improvement	2	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. 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.

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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This refers specifically to recording the reasons for leaving previous employment, gaps in employment being identified and a statement of the physical and mental fitness of the care worker.</p> <p>Ref: 6.0</p>
	<p>Response by registered person detailing the actions taken: Gaps in employment have now been added to all interview note question sheets. A statement of physical and mental fitness of the care worker has now been added to all personnel files in the service. Administrators are now aware of this and will be common practice moving forward.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>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 refers specifically to the completion of the quality monitoring visits, which must be undertaken on a monthly basis.</p> <p>Ref: 6.0</p>
	<p>Response by registered person detailing the actions taken: Quality Monitoring visits are in place in the service on a monthly basis as required under Regulation 23(1). From the period mentioned, additional governance arrangements were in place as communicated at the time to RQIA.</p>

****Please ensure this QIP is completed in full and submitted via Web Portal****



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