

Inspection Report

7 June 2022



Leonard Cheshire Disability – The Maples

Type of Service: Domiciliary Care Agency
Address: 3 Chief Street, Belfast, BT13 3JR
Tel No: 028 9075 3720

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| <p>Organisation/Registered Provider: Leonard Cheshire Disability</p> <p>Responsible Individual: Fiona McCabe</p> | <p>Registered Manager: Danielle Saunderson</p> <p>Date registered: 24 September 2020</p> |
| <p>Person in charge at the time of inspection: Danielle Saunderson</p> | |
| <p>Brief description of the accommodation/how the service operates:</p> <p>Leonard Cheshire Disability 'The Maples' is a supported living type domiciliary care agency, which provides care and housing support services for up to 17 service users with physical/sensory disabilities. Service users live in their own flats and have the use of communal indoor and outdoor space</p> <p>These services are commissioned by the Belfast Health and Social Care Trust (BHSCT).</p> | |

2.0 Inspection summary

An unannounced inspection took place on 7 June 2022 between 09.45 a.m. and 5.00 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, training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement, recruitment, monthly quality monitoring, monitoring staffs' registration with the Northern Ireland Social Care Council (NISCC) and staff training. There were good governance and management arrangements in place.

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

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 any previous areas for improvement identified, 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 questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we met with one staff member who spoke positively about the care and service provided at Leonard Cheshire Disability 'The Maples'. We received ten responses to the service user/relative questionnaires. The respondents were satisfied or very satisfied that the care provided was safe, effective and compassionate and that the service was well led. We also received ten responses to the electronic staff survey and respondents commented positively about the care and service provided. The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- 'Staff are nice.'
- 'Excellent job by all.'
- 'Staff are great love them.'
- 'Happy with everything.'
- 'Love it here. It's good, I see my friends + family, they are welcome too.'

Staff comments:

- “I’m completely new to the service. There is a lot to learn. I love it. I completed five days of online training which prepared me for the shadowing shifts. The manager has an open door policy. The service users always have options.”
- ‘Staff support individuals with a wide range of complex needs. This at times can be challenging but they ensure they provide a high quality of care and support.’

5.0 The inspection

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

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.

The last care inspection to Leonard Cheshire Disability ‘The Maples’ was undertaken on 24 September 2020. Two areas for improvement were identified and a Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not undertaken in 2021-2022 inspection years due to the impact of Covid-19.

| Areas for improvement from the last inspection on 24 September 2020 | | |
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| Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 13 (d) Stated: First time To be completed by: Immediate from the date of the inspection | The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. 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. Ref: 6.0 | Met |
| | Action taken as confirmed during the inspection: Following review of the most recent recruitment records, the inspector confirmed compliance with Regulation 13 (d). Gaps of employment were explored during interview and a statement of the physical and mental | |

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| | fitness of the care worker was present. | |
| Area for improvement 3 Ref: Regulation 23 (1) Stated: First time To be completed by: Immediate from the date of the inspection | The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This refers specifically to the completion of the quality monitoring visits, which must be undertaken on a monthly basis. Ref: 6.0 Action taken as confirmed during the inspection: Inspector confirmed compliance with Regulation 23 (1). Records reviewed confirmed that the Quality monitoring visits are being undertaken on a monthly basis. | Met |

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 manager 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 whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that all safeguarding referrals had been managed appropriately.

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.

Staff were provided with training appropriate to the requirements of their role.

Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. The manager advised that the agency currently has three moving and handling trainers. A review of records confirmed that moving and handling risk assessments and care plans were up to date and staff had received the required training.

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 manager advised that no service users required their medicines to be administered with a syringe. The manager was aware that should this be required, a competency assessment should be undertaken before staff completes this task.

Staff had completed DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

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) 2016. The MCA 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.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing care records, it was good to note that service users had an input into devising their own plan of care. Individual care plans were discussed with the service users, 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.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

It is important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet to explain Covid-19 and how they could keep themselves safe and protected from the virus. The inspector noted that information posters relating to Covid-19 were also posted up in the common areas.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Two service users were assessed by SALT with recommendations provided requiring 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.

Discussions with the manager and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

The manager demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements.

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 pre-employment checks including gaps in employment, a statement of the physical and mental fitness of the care workers and criminal record checks (AccessNI) was present and were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a robust system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the agency.

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, induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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.

At the time of this inspection RQIA was not aware of any investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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.

6.0 Conclusion

RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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