The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lawnfield Domiciliary Services**

Provider: **Presbyterian Council of Social Witness**

Date of Inspection: **14 January 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Presbyterian Council of Social Witness
Responsible Individual:	Dermot Parsons
Registered Manager:	Jordan Anderson. (Acting)
Service Profile: This is a domiciliary care agency supported living type service which provides care and housing support to a small number of service users in their own home at Lawnfield. The service users, who are physically able and engaged in educational employment activities, are supported by staff members and agency staff on a part time basis.	

2.0 Inspection summary

An announced inspection took place on 14 January 2025, between 2.00 p.m. and 5.15p.m. by a care Inspector. Short notice of this inspection was given on 13 January 2025 to ensure service users and staff would be present.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

While care was found to be delivered in a safe, effective and compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency's quality systems including care records and care reviews. Other deficits noted were the staffing arrangements and the completion of induction, supervision and appraisal processes.

Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to section 3.2 for more details.

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 and Restrictive practices.

Areas for improvement identified related to governance issues, staffing and care records. Good practice was identified in relation to service user involvement and recent monthly monitoring reports.

Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

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

3.2 What people told us about the service and their quality of life

Throughout the inspection the RQIA inspector will seek to speak with service users' relatives and staff for their opinions on the quality of the care and support, their experiences of living, visiting or working in this agency.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

The inspector spoke to the service users, relatives and staff to seek their views of living within, visiting and working within the service.

Service users indicated that they enjoyed their experience of living in Lawnfield Supported Living Service; they appeared very relaxed in their interactions with staff. Staff spoke very positively in regard to the care and support provided. A relative confirmed satisfaction with the support provided and the quality of life service users have.

Requests made by a service user were discussed with the manager for review and action, as appropriate.

There was no response to the electronic survey.

There were no questionnaire responses received.

3.3 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 22 June 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Staffing arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. Apart from the manager who also has management responsibilities for a residential service there is one member of staff providing thirty hours of support in the agency. The manager discussed ongoing recruitment processes but was unable to verify the support hours required for the service users currently. An area for improvement has been identified.

Review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), 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 system in place for professional registrations to be monitored by the manager.

There was no evidence that 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. The organisation had a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member and also had supervision and appraisal policies. Staff recall participating in induction and supervision but written records are unavailable. Areas for improvement have been identified.

Staff had not been provided with training updates in relation to Dysphagia and medicines management, but since the inspection evidence has been provided to confirm the staff member's attendance at this these trainings.

3.4.2 Care Delivery

Staff interactions with service users were observed to be friendly and supportive.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. The service users have high levels of autonomy and are supported to engage in work and recreational activities.

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. Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns. 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.

3.4.3 Management of care records

Care reviews had not been undertaken in keeping with the agency's policies and procedures. There was limited evidence of regular contact with service users and their professional representatives. An area for improvement has been identified.

Whilst each of the service users had a number of support plans and risk assessments in place, improvements were required in relation to making them more person centred, specific and current. It was also noted that there were mistakes and omissions in the records. Recent monthly monitoring had identified deficits in the care records and included this in an action plan. An area for improvement is also identified.

3.4.4 Governance and managerial oversight:

There were monthly monitoring arrangements in place in compliance with Regulations and Standards. A review of the last two reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The robust reports included details of a review of service user care records and staffing arrangements. The reports identified deficits to be addressed within a lengthy action plan.

This supported living facility is beside a residential facility which can provide assistance when supported living staff are not on duty. Recent monthly monitoring reports commented on the service users' reliance on the senior residential staff when the support worker for the supported living service was off duty. Within the action plan it has been stated that a review of the senior staffing model is required; these matters will be reviewed at a future inspection.

There also appeared to be no separate logs for complaints, compliments, accidents, incidents and safeguarding referrals for the supported living service. Separate documentation is required, and should be available in the agency; an area for improvement has been identified.

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

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Where staff are unable to gain access to a service users home, a system is in place that ensures that clearly directs staff from the Agency as to what actions they should take to manage and report such situations in a timely manner.

The statement of purpose and service user guide required updating with manager details and the new RQIA address. Following the inspection these were emailed to the inspector and found to be satisfactory.

The agency's registration certificate was up to date and displayed appropriately.

We also discussed the acting management arrangements which have been ongoing since December 2024; RQIA will keep this matter under review.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Jordan Anderson, 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 15(3)(b) (c) (d) **Stated:** First time	The registered person shall ensure that every service user's care plan is kept under review. This should be completed on an annual basis or if the service users' needs change. Ref: 3.4.3
To be completed by: 14 March 2025	**Response by registered person detailing the actions taken:** A comprehensive audit of both care plans has taken place by the Senior Regional Manager. The Keyworker has been instructed to complete all outstanding tasks relating to the Service User's care plans by 14th March. Regulation 29 visits will ensure regular senior management oversight of completion of care plan reviews and also provide quality assurance. Organisation's Training Manager will deliver Care Planning training to all staff by 11th March.
Area for improvement 2 **Ref:** Regulation 15 (2) (a) (b) (c) **Stated:** First time	The registered person shall ensure that the risk assessments and care plans are accurate and reflective of the current needs of individual service users and consistent with any plan prepared by any Health and Social Services Trust professionals. Ref: 3.4.3
To be completed by: 14 March 2025	**Response by registered person detailing the actions taken**: A comprehensive audit of both risk assessments has taken place by the Senior Regional Manager. The Keyworker has been instructed to complete all outstanding tasks relating to the Service User's risk assessment by 14th March. Regulation 29 visits will ensure regular senior management oversight of completion of risk assessment reviews and also provide quality assurance. Organisation's Training Manager will deliver Risk Assessment and Management training to all staff by 11th March.

	Reflection and review of care plan and risk assessments will be explored during staff supervision to ensure sound knowledge base and evaluation of quality.
Area for improvement 3 **Ref:** Regulation 16 (1) (a) **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency. Ref:3.4.1
	Response by registered person detailing the actions taken: Rota is designed taking into account all staff's skills sets and levels of experience Any changes to the rota are signed off by the service manager to ensure consistency of cover and a mixed skill set. The rota is reviewed during the Regulation 29 visit by Senior Management to ensure adequate and appropriate cover. The Service Manager ensures that all staff complete the required mandatory and essential training for their alligned role through the online training platform, Strategic Thinking'. Compliance levels are monitored monthly and action is taken when a member of staff has not reached satisfactory compliance levels. Personal Specifications Job Descriptions set out the required knowledge and competency levels required and all applicants are interviewed against such. Recruitment is ongoing with regular reviews in strategies.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 4 **Ref:** Standard 12.1 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure appointed staff complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures. Ref:3.4.1
	Response by registered person detailing the actions taken: A detailed induction procedure is in place across the organisation, which is in line with NISCC's induction standards. The outstanding induction records will be completed by the registered Manager with the relevant staff by 10th March. The induction period utilises comprehensive review of knowledge and competences at 2 weeks, 3 months and 6 months.

	The service operates a 3-week induction supernummary process to ensure structured learning. The timely completion of induction will be monitored and evaluated by senior management during the Regulation 29 visits.
Area for improvement 5 **Ref:** Standard 13.3.and 13.5 **Stated:** First time **To be completed by:** 14 March 2025	The registered person shall ensure that staff have recorded supervision and appraisal to promote the delivery of quality care and services. Ref:3.4.1
	Response by registered person detailing the actions taken: Supervision will be completed by 10th March. Supervision and Appraisal schedule and matrix are now in place. Face to face training in relation to effective supervisions and appraisals has been arranged for 14th March. The supervision and appraisal matrix will be reviewed by the senior manager during Regulation 29 visits.
Area for improvement 6 **Ref:** Standard 10.3 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that all records required under the HPSS (Quality Improvement and Regulation) (NI) Order (2003) are available in the agency for inspection at all times Ref: 3.4.4
	Response by registered person detailing the actions taken: A comprehesive governance folder relevant to the supported living service is currently being implemented and this will be completed by 31st March. This will be updated as required in line with organisational governance structures and processes. Monthly audits are carried out by the Registered Manager to ensure all governance remains up to date and this is also reviewed by senior management during the Regulation 29 visits.

Please ensure this document is completed in full and returned via the Web Portal

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