

# Inspection Report

22 June 2023



## Lawnfield Domiciliary Services

Type of service: Domiciliary Care Agency  
Address: 5a King Street, Newcastle, Down, BT33 0HD  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness	<b>Registered Manager:</b> Karen Ziegelmeier
<b>Responsible Individual:</b> Mr Dermot Parsons	<b>Date registered:</b> Acting
<b>Person in charge at the time of inspection:</b> Karen Ziegelmeier	
<b>Brief description of the accommodation/how the service operates:</b>  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 and employment activities, are supported by staff members and agency staff on a part time basis.	

## 2.0 Inspection summary

Short notice of this inspection was given on the afternoon of 22 June 2023 to ensure service users would be present. The inspection took place on that date between 3.20 p.m. and 5.40 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, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to the supportive approach by staff in promoting service user autonomy to lead fulfilling lives. There were good governance and management arrangements in place.

## 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 and protect the rights that people have under the Human Rights Act 1998 when carrying out our functions. 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.

The model "We Matter" Adult Learning Disability Model for NI 2020 states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'. RQIA seeks to ensure that service users are offered choices and decisions in their life that enable them to develop and to live a safe, active and valued life.

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 spoke with one service user and the manager. The information provided indicated that there were no concerns in relation to the agency.

##### **Service user's comments:**

- "I really enjoy living here...the staff are very helpful. I have a lot of freedom to come and go as I please...I always let staff know where I am going and I always let the staff in the office know when I come back, even at night so they know I am back. I am happy to do this, and if there are any problems I phone the office. I have access to all of my care records and I sometimes look at my care files...I agree with everything that is written about me; if I disagreed with anything written, I would let the manager know. I know who to go to if I have any problems or concerns and I think these would be listened to and managed well. My life is much better now as I have space and time to do what I want."

A service user's representative reported a high level of satisfaction with the level and quality of the support offered to their family members. No staff responded to the electronic survey.

#### **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 26 March 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 26 March 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 23 (2) (3)  <b>Stated:</b> Second time	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>This area for improvement relates to the quality of a number of monthly quality monitoring reports available for inspection. In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice.</p> <p>Ref: 5.1 and 5.2.5</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of a selection of recent monthly monitoring reports confirmed this was addressed.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 5.6	All records are legible, accurate, up to date and signed and dated by the person making the entry.	<b>Met</b>

<b>Stated:</b> Second time	Ref: 5.1	
	<b>Action taken as confirmed during the inspection:</b> A review of a selection of records confirmed that this was addressed.	

## 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).

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. The manager gave assurances that staff 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; staff were also familiar with their role in relation to reporting poor practice and the agency's policy and procedure with regard to whistleblowing.

The manager described how the agency would retain records of any referrals made to the HSC Trust in relation to adult safeguarding. The manager was also aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The service user who spoke with the inspector advised he had no concerns regarding his safety and described how he could speak to staff if they had any concerns; he was aware of name and contact details of the ASC and would not hesitate to make contact, if necessary.

Staff were provided with training appropriate to the requirements of their role. There were arrangements in place to ensure that care reviews were 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.

The Mental Capacity Act (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. The manager understood 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).

The manager reported that whilst none of the service users were subject to Deprivation of Liberty Safeguards (DoLS), staff had completed appropriate DoLS training.

### **5.2.2 What are the arrangements for promoting service user involvement?**

A review of service users' care records and discussion with a service user established that service users were fully consulted in devising their own plans of care and these 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 service users were fully involved in the review of the care provided on an annual basis, or when changes occurred.

The service user who spoke with the inspector spoke positively about the support provided to him during the Covid-19 pandemic and described how he had been supported to maintain relationships with family and friends. Service users were provided with information to explain Covid-19 and how they could keep themselves safe and protected from the virus.

### **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). Whilst none of the service users had swallowing difficulties, the manager was aware that training in Dysphagia could be accessed, if required in the future.

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

No new staff had commenced employment in the agency since the last inspection. The manager gave assurances that all pre-employment checks, including criminal record checks (AccessNI), would be completed and verified before staff members commenced employment and had direct engagement with service users. Checks would be made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for the professional registrations of existing staff 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?**

The manager described how all newly appointed staff would have 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. This would include 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.



### **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 (SAIs) or Significant Event Audits (SEAs) procedures.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

The acting management arrangements were discussed with the manager who agreed to discuss these with senior management within the Presbyterian Council of Social Witness; an application was later submitted to RQIA for registration as manager; this will be reviewed in due course.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Karen Ziegelmeier, manager, as part of the inspection process and can be found in the main body of the report.



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