

Inspection Report

26 March 2022



Lawnfield Domiciliary Services

Type of service: Domiciliary Care Agency
Address: 5a King Street, Newcastle, BT33 0HD
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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: Presbyterian Council of Social Witness	Registered Manager: Mrs Andrea McComiskey
Responsible Individual: Mr Lindsay Conway	Date registered: Acting since 5 October 2020. No application required
Person in charge at the time of inspection: Mrs Andrea McComiskey	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency supported living type service which provides care and housing support to two service users who have a range of psychological needs in their own home at Lawnfield. The service users are supported by staff members and also receive support from agency staff.	

2.0 Inspection summary

An announced inspection was undertaken on 26 March 2022 between 10.30 a.m. and 1.45 p.m. by the care inspector.

The inspection focused on the review of staff recruitment and the agency's governance and management arrangements. It also focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to the training of staff and appropriate pre-employment checks being undertaken before staff started to provide care and support to the service users.

Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

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.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of the services being provided by the agency. This included service user/relative questionnaires and an electronic questionnaire for staff.

4.0 What people told us about the service

We spoke with one service user and the manager. In addition, feedback was received from one HSCT representative. No service user/relative questionnaires were received and no staff responded to the electronic questionnaire.

Service user's comments:

- "I like living here. It's really good."
- "The staff help me and are really nice."
- "I feel safe."
- "If I have any problems, I speak to staff."
- "I get choices with my meals. Staff support me to go food shopping."
- "I have privacy here. Staff ask my permission to come into my room."
- "They don't need to change anything."

Manager's comments:

- "It's a pleasure working with the boys."

HSCT representative's comments:

- "I find Lawnfield very easy to approach. If I have an issue, staff are always helpful. My service users seem very settled and provide positive feedback."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since 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 of the agency was undertaken on 21 May 2019 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector, however was partially validated during this inspection. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

Areas for improvement from the last inspection on 21 May 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Regulation 23(2)(3)</p> <p>Stated: First time</p>	<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</p>	<p>Not met</p>

	<p>registered person must forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice.</p> <p>Action taken as confirmed during the inspection: The quality monitoring reports were submitted to RQIA as requested and they were deemed compliant however during this inspection, one report had not been completed for January 2022 due to Covid-19 and the reports reviewed were not robust. They did not contain the details of the QIP and progress made and actions plans were not identified. The visit to the agency also did not allow for an analysis of the full month. This regulation will be stated for the second time.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>Action taken as confirmed during the inspection: The agency was deemed compliant with this standard as they had obtained feedback on a yearly basis from all the stakeholders.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>Action taken as confirmed during the inspection: The daily logs were reviewed and some entries were not legible, in particular the signatures of staff. This will be stated for the second time.</p>	Not met

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. The requirement of an ASC Position Report was discussed with the manager and assurances were provided that this would be completed.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

The manager indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 has a system for retaining a record of referrals made in relation to adult safeguarding matters. It was noted that no adult safeguarding referrals had been made since the last inspection. It was noted that previous referrals had been managed in accordance with the agency's policy and procedures.

There were systems in place to ensure that complaints and notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No complaints had been received since the last inspection. It was noted that the incidents were managed in accordance with the agency's policy and procedures.

The manager confirmed that there were no service users who were subject to DoLS; however it was good to note that staff had completed appropriate DoLS training appropriate to their job roles. The manager demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager confirmed they do not manage service users' monies.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The manager reported that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that the service users had regular contact with family.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager confirmed that the current service users do not have Dysphagia needs or swallowing difficulties. Training has been sourced for staff and they are booked on to the next available training date.

5.2.4 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in conjunction with the agency's Human Resources (HR) Department and was in accordance with the regulations and minimum standards, and that pre-employment checks were completed before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager on a monthly basis. This system was reviewed and found to be in compliance with Regulations and Standards.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place however they were not in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed and it was noted that one report was not completed, which the manager advised was due to Covid-19. It was discussed that this report could have been done remotely. The reports reviewed did not reference the areas for improvement in the QIP nor the progress made, an action plan had not been identified in one report and another was completed at the beginning of the month, therefore a full analysis of the month was not achieved. A report template was provided to the manager following the inspection to ensure all domains are covered. This area for improvement has been stated for the second time.

We noted some of the comments received:

Service users' comments:

- "I'm going to CAPPa on Friday evening and usually have something to eat out."

Service users' relatives' comments:

- "I am very pleased with xxxx's (service user) progress and pleased that he was able to save money to travel to England."
- "I took both out to Newcastle and they were very happy."

Staffs' comments:

- "So far I really like it and have known the service users for about 6 years. I assist the service users by motivating and encouraging them to live independently."
- "There are night time arrangements in the main house they join in."
- "Both service users have contact with family."

Service users' representative's comments:

- "Very satisfied."

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs), Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings, two areas for improvement have been stated for the second time in relation to the quality monitoring reports and daily logs being legible. Despite this RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

7.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been stated for the second time where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	1*	1*

* The total number of areas for improvement includes one regulation and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Andrea McComiskey, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 23(2)(3)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<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> <p>Response by registered person detailing the actions taken: A new Monthly Monitoring Visit (MMV) template, covering areas specified in the Regulations has been designed and will be implemented from June 2022. An MMV will take place at the end of May and the subsequent report will be forwarded to RQIA Inspector by 10th June 2022. Head of Disability Services will carry out Monthly Monitoring Visits at the end of every month and report will be forwarded to RQIA Inspector until advised.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 5.6</p> <p>Stated: Second time</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>Ref: 5.1</p>

To be completed by: Immediately from the date of inspection and ongoing	Response by registered person detailing the actions taken: Manager has met through supervision with staff member in relation to clear records and using clear signature so that all entries are identifiable. This issue will be monitored regularly.
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