

Announced Care Inspection Report 21 May 2019



Lawnfield Domiciliary Service

Type of Service: Residential Care Home
Address: 5a King Street, Newcastle, County Down, BT33 0HD
Tel No: 028 4372 6860
Inspector: Michele Kelly

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency supported living type 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.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Lindsay Conway – Registration Pending	Registered Manager: Denise Keegan
Person in charge at the time of inspection: Support worker	Date manager registered: 26 February 2018

4.0 Inspection summary

An announced inspection took place on 21 May 2019 from 14.00 to 18.00 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have 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 choices and freedoms associated with any person living in their own home.

The care records were well maintained and there was evidence that the agency engaged well with other professionals and service users and their representatives. There were examples of good practice identified in relation to the provision of compassionate care.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, dignity, confidentiality and service user involvement.

Areas for improvement include ensuring;

- all staff record their signatures in full
- the submission of monthly quality monitoring visit reports
- the quality review process is an annual process inclusive of all stakeholders

Service users said they were happy living in Lawnfield and they had good relationships with staff.

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 24 May 2018

No further actions were required to be taken following the most recent inspection on 24 May 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and QIP
- records of notifiable events
- all correspondence received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- discussion with the person in charge and the manager
- examination of records
- consultation with two service users, a staff member, a Health and Social Care Trust (HSCT) professional and one relative.
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issuing of this report.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the service users and their representatives; two responses were received and analysis of these is included within the report. RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

During the inspection the inspector met with two service users and one staff member. Following the inspection the inspector spoke on the telephone with a services user's representative and received communication from a visiting professional. Comments received are included within the body of the report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 24 May 2018

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Discussion with the person in charge identified that they were knowledgeable in relation to safe recruitment practices.

A review of staffing arrangements noted that one, member of staff is on duty during day time hours when service users are at home. Currently an agency nurse is regularly employed to provide cover and staff within the nearby residential unit are also available for service users in the event of an emergency. The inspector was advised that there are plans to recruit another member of staff.

New employees were required to complete an induction which included training identified as necessary to meet the needs of the service users and familiarisation with the service and the organisation's policies and procedures. The inspector viewed induction records for an agency staff member which included training identified as necessary to meet the needs of the service users and familiarisation with the service and the organisation's policies and procedures.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. It was noted that additional training had been provided to staff in areas such as Challenging Behaviour and Epilepsy management.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the registered manager no longer holds this position. A senior person within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. Discussion with the staff member confirmed that they were aware of what action to take if they had concerns about a person being abused.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed in conjunction with service users and their representatives.

The inspector discussed the potential human rights implications of a potentially restrictive practice and the person in charge welcomed advice provided and undertook to ensure that human rights considerations and full signatures of all parties would be included within all documents related to any restrictive or potentially restrictive practice. The inspector also noted that not all staff signed with full signatures in progress records and this is an area for improvement

Care records and information related to service users were noted to be stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction and training.

Areas for improvement

One area for improvement has been identified and refers to ensuring all staff record their signatures in full.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The review of service users care records identified that they were comprehensive, person-centred and maintained in an organised manner. The records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant Health and Social Care Trust (HSCT) representative.

Care plans were noted to clearly and concisely describe service users' needs. The staff member who met with the inspector demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their seniors and HSCT professionals if any changes to service users' needs are identified. The person in charge also discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. The person in charge also described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect and outlined the methods used to ensure that service users are supported to be involved in the development of their care plans and daily activities. On the day of inspection it was evident that service users have very individual needs and the person in charge described strategies in place to ensure effective care.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' representatives. A professional who communicated with the inspector following the inspection was satisfied that the care was effective.

Whilst this as a very small service the inspector discussed with the manager that service user and staff meetings should be minuted and held regularly; the manager agreed to action this.

The agency has quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. The inspector viewed monthly quality monitoring reports from January 2019 to April 2019. Quality monitoring reports indicated consultation with service users but should also include relatives, staff and where possible, HSCT representatives. An area for improvement has been stated regarding submission of monthly reports to RQIA post inspection for review.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

An area for improvement was identified in regards to the submission of monthly quality monitoring visit reports.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity.

Discussions with the service users, staff and the person in charge provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

It was good to note that agency staff were promoting the autonomy of service users and their rights to make decisions; this was evident from observations made on the day of inspection and from conversations with service users. Comments included:

- "I like living here as it gets me independence and support."
- "I feel this is my home, I can come and go."
- "I think all my rights are considered."
- "Staff treat me well and the attitude towards me is excellent."
- "Over here they respect your privacy."

The inspector spoke on the telephone with a relative following the inspection who was very satisfied with the care and support within the service and the quality of life for service users.

Comments included:

"From day one I was surprised such a good place exists."

The inspector observed the staff member help one of the service users prepare a meal and listened to her patient, thoughtful and considered responses. Both service users seemed very relaxed and comfortable in the presence of the staff member.

The person in charge discussed the involvement of other statutory and voluntary agencies who support service users to lead more fulfilling lives. Staff also identified the importance of promoting independence and social inclusion of service users to encourage a sense of wellbeing. They described the choices and flexibility service users could exercise while having access to the support of the staff team who were responsive to their needs

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations. The inspector advised that some details regarding the registered person required updating and these matters were addressed by the registered manager.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users; the agency is managed on a day to day basis by the manager, who manages the service with the support of two staff members. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that despite a small staff team there were good working relationships. Comments included:

- “I feel supported by management.”
- “I have a good relationship with trust staff.”

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). The person in charge confirmed that information regarding registration and renewal dates were maintained by the agency. A review of a sample of NISCC records confirmed that staff were currently registered.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. No incidents had arisen since the previous inspection.

Discussions with the staff member confirmed that they were aware of their obligations in relation to raising concerns with respect to service users’ wellbeing and poor practice, and were confident of an appropriate management response. These discussions confirmed there had been no adult safeguarding referrals since the previous inspection.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users’ need.

Discussion with the person in charge confirmed an annual quality review of the service had not been undertaken. The inspector discussed standard 8.12 and the need to reflect service review and stakeholder views on an annual basis. An area for improvement has been requested.

The policies and procedures which are maintained in paper format were reviewed and the contents discussed with the person in charge. The inspector was unable to see three requested policies on the day of inspection but these were emailed to the inspector promptly.

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the referral information received from the HSCT.

The agency maintains and implements a policy relating to complaints and compliments. On the day of the inspection it was noted that no complaints had been received since the last inspection.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessment
- disability awareness

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection in respect of ensuring the quality review process is an annual process inclusive of all stakeholders.

	Regulations	Standards
Total number of areas for improvement	0	1

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 person in charge, as part of the inspection process. 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 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

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 23(2)(3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate 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: 6.4</p>
	<p>Response by registered person detailing the actions taken: Until further notice the monthly monitoring quality report in accordance with Regulation 23 (2) (3) will be forwarded to RQIA</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 21 August 2019</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>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Key stakeholders have been invited to complete a satisfaction survey and any follow up action from their responses will be followed up. This will become an annual quality survey.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>Ref:6.3</p>
	<p>Response by registered person detailing the actions taken: All staff working within the facility have been reminded of the importance of ensuring all written records are legible, accurate, up to date and signed and dated by the person making the entry</p>

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



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