

Unannounced Care Inspection Report 24 May 2018



Lawnfield Domiciliary Services

Type of Service: Domiciliary Care Agency
Address: 5a King Street, Newcastle, BT33 0HD
Tel No: 02843726860
Inspector: Michele Kelly

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 two staff members and also receive support from agency staff.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Mrs Linda May Wray	Registered Manager: Mrs Denise Keegan
Person in charge at the time of inspection: Support worker	Date manager registered: 26 February 2018

4.0 Inspection summary

An unannounced inspection took place on 24 May 2018 from 11.00 to 14.30 hours and from 17.00 to 18.30 hours.

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

Evidence of good practice was found in relation to;

- The attitude and empathy demonstrated by staff who met with the inspector on the day of inspection.
- The involvement of service users in choices regarding care and support.
- Robust monthly monitoring reports.

Service users said they were well looked after and felt safe.

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	0	0

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 30 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 November 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report and quality improvement plan (QIP)
- correspondence with RQIA

During the inspection the inspector met with two staff, two service users, and had a telephone conversation with the registered manager. The inspector had communications with two Health and Social Care Trust (HSCT) professionals following the inspection.

The following records were viewed during the inspection:

- two care and support plans
- HSC Trust assessments of needs and risk assessments
- care review records
- recording/evaluation of care used by the agency
- monthly monitoring reports
- staff training records
- incident records
- induction records
- staff rota information
- recruitment policy
- induction policy
- safeguarding vulnerable adults policy
- risk management policy
- incident policy
- whistleblowing policy (Raising concerns)
- complaints procedure
- Statement of Purpose (2018)

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff views had been returned to RQIA via Survey Monkey. One written response was returned from a staff member.

The inspector also asked the manager to distribute ten questionnaires to tenants/representatives. No service user questionnaires were returned.

The inspector would like to thank the agency staff and service users for their warm welcome and full co-operation throughout the inspection process.

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 most recent inspection dated 30 November 2017

The most recent inspection of the agency was an announced pre- registration care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Stated: First time	The registered person shall ensure that a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.	Met
	Action taken as confirmed during the inspection: The inspector viewed the recruitment checklist used by the organisation and noted it had been amended to include a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.	
Area for improvement 2 Ref: Regulation 16 (5) (a) Stated: First time	The registered person shall ensure that the agency's induction programme specifies a structured induction lasting no less than three full working days.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the agency has devised a system to ensure that the induction procedure lasts at least three full working days.	

Area for improvement 3 Ref: Regulation 17 Stated: First time	The registered person shall prepare a staff handbook and provide a copy to every member of staff.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the agency has devised a handbook for staff.	

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed the agency's processes in place to avoid and prevent harm to service users this included a review of staffing arrangements in place within the agency.

The agency's staff recruitment process is managed by the organisation's human resource department. The registered manager advised the inspector that the agency also uses a small pool of staff from the Presbyterian Church in Ireland (PCI) bank and an employment agency to meet the needs of service users. The manager confirmed that agency staff have appropriate induction and that the same staff are used regularly to support the service users. Following the inspection the inspector was informed by a HSCT professional that a permanent staff member had resigned and that agency staff were being used to fill this post. The inspector discussed the matter with the registered manager who confirmed the staffing position and outlined the organisation's response to ensure staffing levels were maintained. Another HSCT professional advised the inspector that care was safe and that the organisation was committed to the support of the service users. This professional also indicated that the agency staff used by the agency were known to service users.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment.

The agency's has an induction programme lasting in excess of the three day timeframe as required within the regulations; the inspector noted from records viewed and discussions with staff that the organisation has a structured comprehensive induction plan. Staff who spoke to the inspector confirmed that they are required to complete the full induction programme. The inspector viewed evidence of their NISCC registration and the induction programme provided to them. The manager confirmed that bank staff employed by the Presbyterian Church in Ireland (PCI) have had an induction by the agency.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. Staff who spoke to the inspector could describe the benefits of individual supervision and appraisal. The inspector viewed the agency's staff training records and noted that the record showed that staff had completed relevant mandatory training or were scheduled to attend sessions in the coming weeks. Staff stated that they felt that their training had equipped

them with the knowledge and skills for their role but agreed with the inspector that additional training would enhance their ability to respond to the specific needs of the service users. The registered manager confirmed that the organisation would ensure staff attended additional training.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The staff could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has recently updated their policy and procedures to reflect information contained within the policy. The agency has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility. The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and were clear about lines of accountability.

The inspector was advised that there had been no actual or potential safeguarding referrals made to the HSC Trust or RQIA from the last inspection.

The care records examined included assessments of needs and risk; and a range of personalised plans of care, based on the needs and preferences of the individual. A review of the person centred files also evidenced that the staff took measures to ensure the safety of the people they supported. A member of staff outlined how staff and a voluntary organisation supported service users to access public transport using a positive risk taking plan which led to greater independence for the service users. Following the inspection the inspector discussed fire safety measures with the manager. Evidence of fire risk assessments were provided and the manager confirmed each service user had up to date personal emergency evacuation plans.

The inspector viewed documentation in respect of a notifiable event referral made to the HSC Trust and RQIA. A staff member discussed this incident and the impact this had on staff and services users. It was explained that the organisation had taken steps to reduce the likelihood of reoccurrence.

The inspector found that care and support plans are formally reviewed by agency staff with service users on a regular basis. The inspector also noted regular contacts with HSCTrust staff and educational personnel from the college service users attend. One HSCT professional contacted indicated that they thought communication with agency staff could be better; this was discussed with the registered manager who agreed to address this matter. Another professional was very satisfied with the level of contact with agency staff and management.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff had received training relating to record keeping and confidentiality.

The review of the two service user care files identified there was robust assessment information in place. Current person-centred care plans are detailed and specific, outlining service users' individual communication needs and interpretation of behaviours. Care records were updated regularly to reflect changing needs. Service users were encouraged and enabled to be involved in the assessment, care planning and review process. The care records reflected regular multi-professional input into the service users' health and social care needs. Staff could describe a range of ways in which the agency seeks to maintain effective working relationships with the HSCT representatives and other stakeholders.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are detailed and an action plan is developed. Records of quality monitoring visits viewed provide evidence of a robust system; they include comments made by service users and /or their representatives.

Staff stated that there was good teamwork and those who were interviewed or observed during the inspection clearly demonstrated the empathy, knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with senior staff if necessary.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring reports.

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 care compassionate?

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

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to involve service users and their relatives in decisions affecting their care and support.

Observations made during the inspection and discussions with service users and agency staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to enable them to live a more fulfilling life. There was evidence that significant progress had been made by both service users since the agency had become operational.

Staff and service users indicated that the care and support is provided in a person centred manner. Service users confirmed that staff involved them in discussions relating to their care and support. Staff described how they have made efforts to develop knowledge of each service user's individual needs and wishes.

The inspector viewed a range of documentation that indicated that the agency has systems to record comments made by service users and/or their representatives. Systems for effectively obtaining the comments and views of service users or their representatives are maintained through the agency's complaints process; quality monitoring visits and care review meetings.

Staff who met with the inspector were observed to be empathic, respectful and very kind in their interactions with service users.

Service user comments:

- "I am well looked after."
- "I like the way xxxx and xxxx look after me."
- "This is a nice place to be."
- "Here is far better, I get more independence."

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

6.7 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 inspector reviewed management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented systems of management and governance. The agency is managed on a day to day basis by the registered manager, Denise Keegan and care staff; staff could describe the process for obtaining support and guidance from a senior manager within the organisation at any time.

A staff member commented;

- “I am happy to work here, I feel supported by Denise.”

The agency has a range of policies and procedures noted to be reviewed in accordance with timescales outlined within the minimum standards; the person in charge stated that they are retained in a paper and electronic format.

The agency has a process in place for reviewing information with the aim of improving safety and quality of life for service users.

It was noted from records viewed and discussions with the person in charge that the agency's governance arrangements promote the identification and management of risk; these include provision of relevant policies and procedures, regular audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for managing complaints. Discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received; there have been no complaints received since the agency has become operational.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment

It was evident that staff, HSC Trust professionals and the agency promote the independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had an understanding of the responsibilities of their job roles; they indicated that the manager and senior staff are supportive and approachable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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