

# **Announced Care Inspection Report 18 March 2021**



## **Pond Park Lisburn SLS**

**Type of Service: Supported Living Services**  
**Address: 60 Pond Park Road, Lisburn, BT28 3QR**  
**Tel No: 028 9244 5220**  
**Inspector: Joanne Faulkner**

[www.rqia.org.uk](http://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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Pond Park Lisburn Supported Living Service is a domiciliary care agency, supported living type. The agency provides 24 hour care and support to service users who have a range of complex needs; the service users reside in shared accommodation in a number of facilities situated in the Lisburn area.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group  <b>Responsible Individual:</b> Greer Wilson, registration pending	<b>Registered Manager:</b> Mrs Anna Dunceth
<b>Person in charge at the time of inspection:</b> Mrs Anna Dunceth	<b>Date manager registered:</b> 26 February 2021

### 4.0 Inspection summary

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 5 September 2019. Since the date of the last care inspection a number of correspondences were received in respect of the agency. RQIA was informed of any notifiable incidents which had occurred within the agency in accordance with regulations. Having reviewed the agency's regulatory history the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 18 March 2021 from 10.00 to 13.00 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by us in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information. We contacted stakeholders to obtain their views on the quality of service provided.

We reviewed the dates that criminal record checks (AccessNI) for staff employed by the agency had been completed to ensure that they were in place before staff were supplied to service users. We reviewed and confirmed that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations.

Staff adherence to the Covid-19 Guidance was also reviewed and supported through discussions with the manager and a number of staff. In addition, we reviewed Covid-19 related information, disseminated to staff by the agency.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to Infection Prevention and Control (IPC); it was evidenced that staff had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

Those consulted with indicated that they were generally satisfied with the care and support provided.

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.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Anna Dunceth, 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.

#### 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the manager.

During our inspection we focused on contacting the service users' relatives, staff and Health and Social Care Trust (HSCT) representatives to find out their views on the service.

To ensure that the required pre-employment checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI and staff NISCC/NMC registrations.

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

We discussed any complaints and incidents that had been received by the agency with the manager and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for service users, relatives and staff, to feedback to the RQIA.

#### 6.0 What people told us about this agency

The feedback received indicated that people were generally satisfied with the current care and support. During the inspection we spoke with the manager and a number of care staff with the use of video technology.

We also spoke with a number of staff including team leaders and Positive Behavioural Support staff. Due to their complex needs service users were unable to provide feedback. We requested feedback from service users' relatives and HSCT professionals. Feedback was received from HSCT professionals; no response was received from relatives.

## **Staff**

- "The service users are at the centre of everything we do."
- "Good staff team, I enjoy working here."
- "Service users are empowered."
- "Raise issues and they are worked through, we get supervision."
- "The new staff room is much better, we can get a break."
- "I feel supported."
- "I am content with everything."
- "With Covid it is hard to keep up with everything, we have enough PPE."
- "The job has its challenges; the service users have a wide variety of complex needs."
- "I like change; we can always improve."
- "Manager is approachable, there is currently no assistant manager this would be another layer of support."
- "Staff work hard in ensuring the rights, choices of service users and that their needs are met."
- "I feel there is enough staff on duty; they are currently looking at putting in an additional staff member in this house."
- "We received information on PPE, donning and doffing and hand hygiene."
- "Staff will discuss with each other if they have concerns."
- "Really enjoy working here, very supportive team."
- "I feel supported in my role. We have an opportunity to make a real difference in the service users' lives."
- "Can speak to my supervisor at any time."
- "I started a few months ago; I was eased into the service, received training and induction."
- "I am very settled in my job."

Staff spoken with praised the manager for their approachability and responsiveness.

## **HSCT representatives**

- "Communication and interactions with members of the management team are very positive. Any concerns or suggestions raised by Intensive Support Service (ISS) are dealt with immediately. \*\*\*\*\* (senior manager) in particular is very responsive and 'hands on'. ISS did raise some issues regarding communication between staff members and ISS with \*\*\*\*\* (senior manager) and these were dealt with proactively and managed effectively. Following on from this monthly Multi-disciplinary team (MDT) meetings have been arranged."
- "There have been a few incidents where ISS strategies may have differed slightly from the thoughts and ideas of various staff members. However after discussions with those staff members and management appropriate agreements have been reached."

Four staff also responded to the electronic survey. The feedback received indicated that people were generally satisfied with the current care and support. Comments included:

- “Service users are at the centre of everything that we do, I can fully advocate that service users are empowered, treated with respect, compassion and are at the centre of our service.”
- “Although I put dissatisfied for management, this is due to not having an Assistant Manager in place. However, I feel that when this role is filled, this will improve this. I understand these interviews are currently taking place and once this is filled, staff will feel more supported. I feel that all staff work extremely hard to ensure that service user's needs are met and are very supportive of each other.”

## 7.0 The inspection

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

## 7.1 Inspection findings

### Recruitment

Staff recruitment is completed in conjunction with the organisations Human Resources (HR) department. The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff prior to them being supplied to service users.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager on a monthly basis with the use of an electronic system. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedures to follow in the event of service users or staff displaying symptoms or being diagnosed with Covid-19. We identified that staff had received training in IPC in line with their roles and responsibilities.

Staff stated that they had also completed training in relation to Covid-19 and on the donning (putting on) and doffing (taking off) of PPE. Staff described how they wore PPE for activities that brought them within two metres of service users. Staff reported that there was a good supply of PPE.

There was a system in place to ensure that IPC procedures were being adhered to. This included senior staff undertaking spot checks of care staff in relation to their adherence to the guidance and handwashing audits.

The manager and staff described the availability of hand sanitisers which are accessible throughout the areas staff use.

They stated that information detailing the procedure for effective hand-washing was displayed as visual aids to encourage good handwashing techniques. Staff described the procedures for cleaning the vehicles used to transport service users in the community.

It was identified that there were measures in place to support service users to maintain a two metre distance from other people. Staff described the challenges they had encountered and how they supported service users to adhere to Covid-19 guidance with particular regards to handwashing, social distancing and the wearing of face masks. There was also a system in place to ensure that staff and service users had temperature checks completed as required. Enhanced cleaning schedules were in place to minimise the risk of cross contamination. This included the frequently touched points throughout the shared accommodation areas.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff;
- monitoring of staff practice;
- infection prevention and control policies and procedures have been updated to address current guidance in relation to Covid-19;
- staff training and guidance in relation to infection prevention and control and the use of PPE.

It was identified that staff had access to Covid-19 information and it included current guidance documents from the Public Health Agency (PHA) and the DOH.

The procedures and guidance in place evidenced that:

- clear systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff;
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices;
- staff are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service;
- service users had been provided with information with regards to Covid-19 and IPC.

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a safe, effective and compassionate manner. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

## **Governance and Management Arrangements**

We identified that there is a process for recording complaints in accordance with the agency's policy and procedures. On the day of the inspection we noted that complaints received had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring processes.

We discussed the monitoring arrangements in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. We reviewed the agency's monthly monitoring reports completed in November and December 2020, and January 2021. We identified that the process included engagement were appropriate with service users, service user's relatives, staff and HSCT representatives.



The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff training and staffing arrangements.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures and that a number of the incidents had resulted in an adult safeguarding referral being made. It was identified that there is an ongoing investigation following whistleblowing information being received by the agency.

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the organisation.

Discussion with the manager and staff indicated that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns. The manager confirmed that a number of adult safeguarding referrals were made since the last care inspection. Discussions with the manager indicated that the appropriate actions had been taken by the agency.

Staff who spoke to us demonstrated that they had a clear understanding of the actions to be taken with regards to reporting matters relating to allegations of abuse. Staff demonstrated that they had a good understanding of the process with regards to whistleblowing and raising concerns.

Discussion with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for individualised, person centred interventions which facilitate effective engagement with service users and promote communication and social engagement.

### Areas of good practice

Evidence of good practice was found in relation to staff recruitment practices specifically relating to Access NI checks and staff registrations with NISCC. Good practice was found in relation to IPC practices; there was evidence that staff and service users had been adhering to the current Covid-19 guidance on the use of PPE.

### Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

## 8.0 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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