

Unannounced Care Inspection Report 24 September 2020



Leonard Cheshire Disability – Cheshire House

Type of Service: Domiciliary Care Agency
Address: Kinsale Park, Waterside, Londonderry, BT47 6YX
Tel No: 028 7134 1861
Inspector: Angela Graham

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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

Cheshire House is a supported living type domiciliary care agency operating under the auspices of Leonard Cheshire Disability. The agency provides supported living accommodation for 18 service users with a range of physical disabilities and in the main service users who have an acquired brain injury.

All service users live within independently maintained flats and are provided with support in a range of activities of daily living, such as shopping, maintaining social activities and relationships and cooking as well as personal care. The service users each have a tenancy agreement with Choice Housing Association and the Western Health and Social Care Trust and Northern Health and Social Care Trust commission their services.

3.0 Service details

Organisation/Registered Provider: Leonard Cheshire Disability Responsible Individual: Fiona McCabe	Registered Manager: Hannah Louise Horner
Person in charge at the time of inspection: Hannah Louise Horner	Date manager registered: 22 January 2009

4.0 Inspection summary

An unannounced inspection took place on 24 September 2020 from 10.30 to 16.45.

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.

Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection raised concerns in relation to a number of matters relating to Leonard Cheshire services. The information received related specifically to staffing arrangements, induction and staff training for care workers. Concerns were also raised in relation to the supply of Personal Protective Equipment (PPE) and staff monitoring to ensure compliance with the Public Health Agency (PHA) guidance on Infection Prevention and Control (IPC). The information also highlighted matters relating to governance and management arrangements.

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, where RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the agency.

Following an assessment of information held by RQIA relating to the service and in light of the concerns raised, an inspection was undertaken on 24 September 2020 to examine the agency's current compliance with The Domiciliary Care Agencies regulations and standards. Due to the potential impact on service users, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

The inspection findings for Cheshire House did not substantiate any of the concerns raised within the information shared with RQIA. However, one area for improvement was made in relation to monthly quality monitoring processes.

Areas of good practice were identified in relation to the completion of checks with Access NI and staff registration with NISCC. Good practice was found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance and the use of PPE guidelines.

Service users spoken with told us that they were very happy living in Cheshire House and had no matters of concern.

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 Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017, and the Domiciliary Care Agencies Minimum Standards, 2011.

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	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Hannah Louise Horner, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 24 June 2019

No further actions were required to be taken following the most recent inspection on 24 June 2019.

5.0 How we inspect

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

The following areas were examined during the inspection:

- Staff duty rosters
- Staff recruitment records
- Staff induction records
- Staff supervision records
- Staff training records including competency assessments
- Accident/Incident records
- Adult safeguarding concerns
- Infection prevention and control practices
- Governance and management arrangements
- Records pertaining to staff' registrations with the Northern Ireland Social Care Council (NISCC)
- The management of complaints
- A number of policies and procedures.

During the inspection we spoke with two service users and three staff members.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included “Tell Us” cards, service user’s/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No responses were received.

The information received shows that people were satisfied with the current care and support.

6.0 The inspection

Service User Experience

During the inspection we met with two service users who spoke in positive terms about the care and support provided.

Comments from service users’ included:

- “Very pleased with the service. Consistent staff.”
- “Staff always put on PPE before coming into my bungalow.”
- “I have no suggestions for improvement to the service.”
- “Great place to live, you could not get better.”
- “All staff are kind and caring.”
- “Staff are always checking to make sure I am ok.”
- “I am involved in my care and support and I was involved in my care review recently.”

Staffing Arrangements

Discussion with the manager and review of the staff rosters for the two weeks preceding the inspection, confirmed that there was sufficient staff in place to meet the needs of the service users. The review of the staff rosters in April 2020, confirmed that no volunteer coordinators had been deployed during this period.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the senior staff and manager and effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed they were aware of the whistleblowing policy if they could not resolve their concerns locally, however they would be unlikely to need this due to the transparent working relationships that exist within the team. Staff spoken with confirmed that they enjoyed working in the agency and with their colleagues.

Discussion with the manager confirmed that one relief staff member had been recruited since the date of the last inspection. Recruitment records were maintained in line with Regulation 13 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The review of the records confirmed that supervision and training had been provided, to enable the staff to meet the service users’ needs. Staff spoken with stated that they felt supported. No concerns were raised with us in relation to staff not feeling capable to fulfil their roles.

Comments from staff members included:

- “Very good and detailed induction provided with shadowing of permanent staff.”
- “I have had infection prevention and control training and Covid-19 training.”

- “I’ve had regular supervision, maybe four or five in a year and annual appraisal.”
- “We have a huge amount of Covid-19 information in files in the office and available to all staff.”
- “Enhanced cleaning is being undertaken all the time.”
- “I’ve had training in IPC including donning and doffing PPE.”
- “Very good communication and support from seniors and the manager.”

Infection prevention and control

The manager advised that there had been no positive Covid-19 cases since the beginning of the pandemic.

Enhanced cleaning schedules were in place, to minimise the risks of cross contamination and records viewed confirmed this.

Service users spoken with advised us that they had been advised to keep a distance of 2 metres from other people and the use of communal areas had been restricted in order to reduce service users’ interactions with each other. Service users spoken with raised no concerns in relation to this. Hand sanitisers were placed in different areas throughout the building for service users, staff and visitors to use to ensure good hand hygiene.

Information in relation to Covid-19 was available to staff in a Covid-19 folder. The staff spoken with stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were observed changing PPE between service users and appropriately disposing of PPE. Those spoken with were able to describe the protocol for self-isolation, should they or the service users display symptoms of Covid-19. The manager was aware of the period of self-isolation and testing requirement for service users who return to the agency after a holiday period.

The manager was knowledgeable in relation to the procedures and advised that the senior staff monitor the use of PPE by care staff.

Governance and management arrangements

We reviewed the governance and management arrangements in place within the agency to meet the needs of the service users.

The review of the NISCC registration records confirmed that all staff were registered. We noted that the manager has a system in place for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

In accordance with the Covid-19 Guidance for Domiciliary Care Providers in Northern Ireland, RQIA undertook to work with providers to come to solutions that may not ordinarily be in keeping with the standards or regulations, but which would provide safe and pragmatic remedies to issues that could never have been planned for. On this basis, Leonard Cheshire Disability took the decision to suspend the monthly monitoring visits for a three-month period. During the inspection, we identified that the monthly monitoring visits had not been undertaken from March 2020. This meant that a five month period had lapsed since the last monitoring visits. Whilst RQIA acknowledges that Leonard Cheshire Disability continued with other audit processes during this time the findings of this inspection indicated that they may not have been as conclusive as the Regulation 23 monitoring visits. An area for improvement has been made in this regard.

There was good management oversight of any accidents or incidents which occurred in the service. There had been no accidents or incidents reported to RQIA since the date of the last inspection.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the organisation who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. There had been no adult safeguarding concerns referred to adult safeguarding since the date of the last inspection. The agency did not have responsibility for managing any service users' finances.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the agency's own policies and procedures. There had been no complaints recorded since the date of the last inspection. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years in accordance with the timescales outlined in the minimum standards. Policies and procedures were maintained in a manner that was easily accessible by staff in the office.

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI and staff registration with NISCC.

Good practice was found in relation to infection prevention and control; all staff and service users confirmed during discussions and were observed adhering to the current Covid-19 guidance and the use of PPE guidelines.

Areas for improvement

One area for improvement was identified in relation to monthly quality monitoring processes.

7.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Hannah Louise Horner, manager, 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

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

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 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>This refers specifically to the completion of the quality monitoring visits, which must be undertaken on a monthly basis.</p> <p>Ref: 6.0</p>
	<p>Response by registered person detailing the actions taken: Quality Monitoring visits are in place in the service on a monthly basis as required under Regulation 23(1). From the period mentioned, additional governance arrangements were in place as communicated at the time to RQIA.</p>

“Please ensure this QIP is completed in full and submitted via Web Portal”



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