

Unannounced Care Inspection Report 24 September 2020



Leonard Cheshire Disability – Cheshire Mews

Type of Service: Domiciliary Care Agency
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Inspector: Aveen Donnelly

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Assurance, Challenge and Improvement in Health and Social Care

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

Leonard Cheshire Disability 'Cheshire Mews' is a supported living type of domiciliary care agency operating under the auspices of Leonard Cheshire Disability. The scheme provides services to 15 service users who have a range of disabilities. A 'floating support team' also provides care to a small number of service users who live in the local community.

All service users in Cheshire Mews live within independently maintained flats and are provided with support in a range of activities of daily living, such as managing financial affairs, shopping, maintaining social activities and relationships, and cooking. In addition service users are provided with assistance in personal care, and administration of medication as required. The Southern Health and Social Care Trust (SHSCT) commission their services. Choice Housing Association is the landlord for service users living within the Cheshire Mews complex.

3.0 Service details

Organisation/Registered Provider: Leonard Cheshire Disability Responsible Individual: Fiona McCabe	Registered Manager: Anita Scullion
Person in charge at the time of inspection: Team Leader	Date manager registered: 16 August 2013

4.0 Inspection summary

An unannounced inspection took place on 24 September 2020 from 10.30 to 17.00.

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 Mews did not substantiate any of the concerns raised within the information shared with RQIA. However, a number of areas for improvement were made which appeared to be indicative of the lack of governance and management oversight in Cheshire Mews. An area for improvement has been made to address this. Other areas for improvement related to recruitment practices, staff registrations with their professional body and the standard of the staff rosters.

Areas of good practice were identified in relation to the completion of checks with Access NI. 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 Mews 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	3	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anita Scullion, registered manager, who was present for feedback at the end of the inspection. 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 1 July 2019

No further actions were required to be taken following the most recent inspection on 1 July 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:

- Staffing arrangements, relating to staff who had been redeployed to caring duties
- 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
- The management of safeguarding incidents
- A number of policies and procedures.

During the inspection we spoke with three 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.

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

6.0 The inspection findings

Service User Experience

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

We also spoke with three staff members. Comments are detailed below:

- “It is very good here.”
- “Everything is fine, I have no concerns.”
- “I have no concerns, staffing is ok, the training is good. I find the manager’s very supportive.”

One completed questionnaire was returned prior to the issue of this report. Whilst the respondent did not indicate whether or not they were a service user or a relative, the responses indicated that they felt that the care was safe, effective and compassionate; and that the service was well-led. No written comments were received. A second questionnaire was returned. However, this was not completed with any responses.

Staffing Arrangements

Discussion with the person in charge 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. However, a staff member from the ‘floating support team’ had been assigned to assist service users with their personal care needs. The review of the staff rosters confirmed that the floating support team member had been assigned to work with a more experienced member of staff and that appropriate training had been provided, in advance of the staff member commencing work. Findings in relation to the standard of the staff duty rosters are detailed in the section below on governance and management arrangements.

The review of three recruitment records confirmed that criminal records checks had been undertaken prior to staff members commencing in post. However, the Declaration of Physical and Mental Fitness was not available in two records reviewed. This was discussed with the manager, who was present at feedback at the end of the inspection, who agreed to submit the completed declaration forms to RQIA. These were forwarded to RQIA, by email on 15 and 20 October 2020 and were deemed to be satisfactory. The organisation had also implemented a new on-line application form, which did not capture the reasons applicants had left their previous employment. The review of the interview notes also did not verify that this had been explored at interview with the applicants. An area for improvement has been made in relation to the recruitment process.

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.

Infection prevention and control

The person in charge 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 person in charge was aware of the period of self-isolation and testing requirement for service users who return to the agency after a holiday period.

We reviewed records that indicated that service users and staff had their temperatures monitored in accordance with the Covid-19 Guidance for Domiciliary Care Providers in Northern Ireland (16 June 2020).

The person in charge 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 manager of Cheshire Mews is also the registered manager for another Leonard Cheshire supported living service. The day to day operations of the agency had previously been overseen by the manager, supported by a deputy manager and three team leaders. However, due to organisational restructuring, in addition to other factors, the agency's management structure within the agency had not been at full capacity for a six month period. Whilst the staff and service users met with spoke highly of the manager, in terms of her responsiveness and availability since the start of the pandemic, a number of deficits were identified, which may be attributed to the depletion of the management team.

The review of the NISCC registration records confirmed that three staff were not registered within the timeframe agreed with NISCC. Whilst oversight of staff' registrations had previously been undertaken by the deputy manager, RQIA acknowledges that system changes also posed difficulties in monitoring when endorsements were due. However, the current system of manager oversight of staff registrations had not been effective. This was discussed with the manager, who was present at feedback at the end of the inspection and we directed that the

identified staff members be taken off duty until they were registered with NISCC. An area for improvement has been made in this regard.

The review of the records identified that there was no records maintained in relation to the shadowing shifts undertaken by one staff member. Whilst we were assured that the shadowing had taken place, we advised the person in charge that evidence of shadowing dates should be recorded on the induction record or on the staff roster. The review of the staff rosters identified that they were not maintained in keeping with good practice. For example, the rosters did not include the surnames of staff and the designation of staff was also not included on the rosters. An area for improvement has been made in this regard.

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 LCD 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 specifically relating to review of recruitment practices, NISCC registrations and staff rosters. An area for improvement has been made on this regard.

There was good management oversight of any accidents or incidents which occurred in the service. The agency had reported any notifiable incidents to RQIA, appropriately.

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 one incident which had been referred to adult safeguarding since the date of the last inspection. Discussion with the person in charge identified that this had been managed appropriately. 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. The review of the complaints records confirmed that they had been managed appropriately.

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 were noted to be held electronically and were accessible to staff.

Areas of good practice

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

Areas for improvement related to recruitment practices, NISCC registrations, monthly quality monitoring processes and the standard of the staff rosters.

	Regulations	Standards
Total number of areas for improvement	3	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 Anita Scullion, manager, who was present for feedback at the end of the inspection. 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 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 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This refers specifically to recording the reasons for leaving previous employment</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: Gaps in employment have now been added to all interview note question sheets.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless registered in the relevant part of the register.</p> <p>This refers specifically to NISCC registrations</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: All staff are required to register within the first 6 months of their employment / induction with Leonard Cheshire. During the pandemic NISCC suspended registrations and were not sending notifications. The register was not updated including staff already registered. Staff did not received confirmation of registration or if payment had been made. During this time we could only suport a staff member to complete registration and assume it was processed. As there was no confirmation from NISCC when someone had lapsed, it was difficult to determine when registration was over due.</p>

<p>Area for improvement 3</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: 6.1</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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