Unannounced Care Inspection Report 24 September 2020

Leonard Cheshire Disability

Type of Service: Domiciliary Care Agency
Address: The Meadows, 3 Edenderry Road, Banbridge, BT32 3AF
Tel No: 02840625856
Inspector: Heather Sleator

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 'The Meadows' is a supported living type of domiciliary care agency operating under the auspices of Leonard Cheshire Disability. The scheme provides services to six service users who have a range of disabilities.

All service users in The Meadows 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 Meadows complex.

3.0 Service details

Organisation/Registered Provider: Leonard Cheshire Disability **Responsible Individual:** Fiona McCabe	**Registered Manager:** Anita Jane Scullion
Person in charge at the time of inspection: Anita Scullion from 11:00 to 15:30 hours Rebakah Johnston – administrator/support worker, at all other times until 16:00 hours.	**Date manager registered:** 06/05/2016

4.0 Inspection summary

An unannounced inspection took place on 24 September 2020 from 10.30 to 16.30 hours.

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 The Meadows 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 The Meadows. Areas for improvement have been made to address this. Other areas for improvement related to staff induction training , staff registrations with their professional body, the standard of the staff rosters and infection prevention and control procedures.

Evidence of good practice was found in relation to maintaining service users' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards service users.

Service users spoken with told us that they were very happy living in The Meadows with one service user, stating living in The Meadows “gives you a sense of freedom” and they said that they 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	4	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anita Scullion, Registered 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 7 October 2019

No further actions were required to be taken following the most recent inspection on 7 October 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
- 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 four service users and four 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 questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. There were no questionnaires completed and returned to RQIA prior to the issue of the report.

The findings of the inspection were provided to the manager, by telephone, at the conclusion of the inspection.

6.0 The inspection

This inspection focused solely on issues previously outlined in section 4.0. No further actions were required to be taken following the most recent inspection on 7 October 2019.

6.1 Inspection findings

6.1.1 Service User Experience

Six supported living houses and a staff service area comprise The Meadows. During the inspection we met with four service users who spoke in positive terms about the care and support provided. Comments included:

- "This place is like heaven."
- "Staff are like family, nothing is too much for them."
- "I know I could go to the manager if I needed to but I haven't had to."
- "I have a relationship with staff, each one of them is brilliant."

One service user raised an issue regarding the cleaning of their flat, the service user felt it wasn't as good as it used to be. This was discussed with the manager who stated that support staff did not do a deep or thorough clean of the flats and that it was the responsibility of the service user to pay a cleaning service for this. The service user did not agree to do this.

There were no questionnaires completed and returned to RQIA from service users, their representatives or staff at the time of issue of the report.

6.1.2 Staffing

We were unable to see that the duty rota accurately reflected the staff working in the agency due to the layout of the duty rota and that staff's full name and hours worked was not included. We were able to identify the person in charge in the absence of the manager however as the manager is also the registered manager for another service it was difficult to fully assess if the hours reflected on the duty rota were for The Meadows. The duty rota should be recorded in a clear and systematic manner detailed the required information. This has been identified an area for improvement. . The review of the staff rosters confirmed that no volunteer coordinators had been deployed to the service during this period.

The manager explained that the staffing levels for the agency were safe and appropriate to meet the number and dependency levels of service users accommodated and that staffing levels would be adjusted when needed. The manager stated that there had been recent changes in the staffing structure of the service and that the service had been without a team leader from March until the beginning of September 2020. This had impacted on the management and governance arrangements of the service and is further discussed throughout the report. We were unable to evidence competency assessments for staff designated to be in charge of The Meadows in the absence of the manager. This has been identified as an area for improvement. We could see that there was enough staff to quickly respond to the needs of the service users and provide the correct level of support.

The staff reported that they all work together for the benefit of the service users. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "I love it here."
- "Everyone is very supportive of each other."

In discussion with staff it was stated that communication in The Meadows was good. This was by means of a handover report when commencing duty, a communication book, staff meetings and individual staff supervision.

We were unable to review staffs compliance with mandatory training as the information was not available at the time of the inspection. In discussion staff stated that they had completed an induction training period when they commenced in the service however there were no completed induction training records available for review. The manager stated that this was because staff retained their own induction training records, not necessarily on site. Evidence regarding staffs compliance with induction and mandatory training should be readily available for review. This has been identified as an area for improvement.

An annual staff appraisal and supervision planner was in place and reviewed, staff confirmed that the supervision process was on-going.

The review of two recruitment records confirmed that criminal records checks had been undertaken prior to staff members commencing in post. The Declaration of Physical and Mental Fitness and references for the staff member were within sealed envelopes in their files. The review of the NISCC registration records evidenced that the last date of the monitoring of staffs registration status with NISCC was 1 July 2019. RQIA acknowledges that system changes may have posed difficulties in monitoring when endorsements were due. However, the current system of manager oversight of staff registrations had not been effective. The NISCC register should be maintained in an up to date manner. This has been identified as an area for improvement.

During the inspection we spoke, by telephone, to a staff member who had previously worked in The Meadows. The staff member discussed their concerns regarding the recent changes to the management structure in the Leonard Cheshire Disability organisation. The staff member stated that their concerns had been taken directly to senior management within the organisation.

6.1.3 Infection prevention and control procedures

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

Signage had been erected at the entrance to the staff service area to reflect the current guidance on COVID-19. A temperature and symptom check should be completed on entering this agency however this was not completed until later into the inspection. In discussion with staff there was confusion as to the frequency of having their temperature taken when on duty and if this information was recorded. Records were not available at the time of the inspection. The need for consistent recording was discussed with the manager and has been identified as an area for improvement.

We discussed the cleaning schedule of the staff area. Staff stated it was their responsibility however there was no daily cleaning schedule maintained or available to guide staff as to where to clean and the frequency of cleaning tasks. The need for a comprehensive cleaning schedule, which is monitored by the person in charge is essential and has been identified as an area for improvement.

We observed that staff used PPE according to the current guidance. PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. We discussing PPE procedures with staff and they were able to describe the correct procedures for 'donning' and 'doffing' of their PPE. Staff were observed changing PPE between service users and appropriately disposing of PPE.

Service users spoken with advised us that they had been advised to keep a distance of two metres from other people and knew the reason why staff wore PPE. Service users spoken with raised no concerns in relation to this. Hand sanitisers were placed in service users' homes and in the staff area to ensure good hand hygiene.

6.1.4 Governance and management arrangements

The manager of The Meadows is also the registered manager for another Leonard Cheshire supported living service. The day to day operations of The Meadows had previously been overseen by the manager supported by a deputy manager. However, the service management structure within The Meadows had not been at full capacity for a six month period until the appointment of a team leader in September 2020. 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 appear to be attributed to the depletion of the management team.

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 made 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 five months had lapsed since the last monitoring visit. 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 induction training and staff mandatory training, NISCC registrations, staff rosters and cleaning schedules (adherence to Covid-19 procedures). This has been identified as an area for improvement.

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

We observed a designated fire door being held open. Staff must adhere to fire safety regulations and this has been identified as an area for improvement.

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 incidents which had been referred to adult safeguarding since the date of the last inspection. Discussion with the manager 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 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.

As the manager was also the registered manager for another Leonard Cheshire supported living scheme, which was also being inspected, she was unable to be present for the concluding feedback of the inspection. It was agreed that we would provide this feedback by telephone.

Areas of good practice

Evidence of good practice was found in relation to maintaining service users' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards service users.

Areas for improvement

Areas for improvement related to governance and management systems, NISCC registrations, staff training and induction, infection prevention and control procedures, staff rosters and the monthly quality monitoring processes.

	Regulations	Standards
Total number of areas for improvement	4	2

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, Registered Manager, by telephone, 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 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

Area for improvement 1 **Ref**: Regulation 13 (e) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless registered in the relevant part of the register. Evidence must be present to validate a current registration for each staff member. **This refers specifically to NISCC registrations** Ref: 6.1.2
	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 lasped, it was difficult to determine when registration was over due.
Area for improvement 2 **Ref**: Regulation 16 (1) (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that in the absence of the registered manager there is a suitably qualified and competent person in charge of the service. Ref: 6.1.2
	Response by registered person detailing the actions taken: Recruitment during the pandemic had been difficult. Following a restructure in March 2020, we lost a Deputy Manager and had to recruit for a Team Leader. This took longer than anticipated. A newly appointed Team Leader was in service at the time of inspection, the Manager was later on site. The Manager works over 2 services spending a portion of her time in each to ensure leadership, oversight of governance arrangements and for support to staff and serice users where required.
Area for improvement 3 **Ref**: Regulation 23 (1) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. **This refers specifically to the completion of the quality monitoring visits, which must be undertaken on a monthly basis.** Ref: 6.1.4
	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.
Area for improvement 4 **Ref**: Regulation 21 (1) Schedule 4 (6) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that records are maintained which evidence staffs' compliance with mandatory training requirements and that induction training had been completed for newly appointed staff. Ref: 6.1.2
	Response by registered person detailing the actions taken: This regulation area is always maintained. Records weren't available on the day of inspection in hard copy format. A training matrix is in place with all staff updated training records, with an overall KPI figure. Staff training is monitored on a monthly basis by the Learning & Development Advisor to ensure all mandatory training is achieved. All staff complete a period of induction over 6 months; this includes statutory and mandatory training then recorded and uploaded onto our Learning and development system.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 **Ref**: Standard 8 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that records are maintained in accordance with good practice. **This refers specifically to the staffing roster which should include the full names of all staff supplied.** Ref: 6.1.2
	Response by registered person detailing the actions taken: This has been amended and is reflected on the rota.
Area for improvement 2 **Ref**: Standard 16.3 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that safe and healthy working practices are promoted through the provision of information, training, supervision and monitoring of staff in the following areas: • Infection prevention and control procedures regarding robust daily cleaning schedules • Infection prevention and control procedures regarding maintained consistent records of the temperature and traceability of staff and any other person who enters the staff service areas • Fire safety to ensure that fire doors are not held open. Ref: 6.1.3
	Response by registered person detailing the actions taken: This is in place. We also received twice weekly visits from the Covid

	nurse who inspected the premises to ensure that are complaint with PPE / Infection control. Alll staff were made familiar with the doffing and doning system in place.Temperature checks and tracability is also in place from 23rd March 2020. Fire safety and PEEPS have all being reviewed and the assurance that fire doors are not held open.

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

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