Inspection Report

9 August 2022

Leonard Cheshire Disability - The Meadows

Type of service: Domiciliary Care Agency
Address: 3 Edenderry Road, Banbridge, BT32 3AF
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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Leonard Cheshire Disability **Responsible Individual:** Mrs Fiona McCabe	**Registered Manager:** Mrs Anita Jane Scullion **Date registered:** 6 May 2016
Person in charge at the time of inspection: Mrs Anita Jane Scullion	
Brief description of the accommodation/how the service operates: Leonard Cheshire Disability - The Meadows is a supported living type domiciliary care agency, which provides care and housing support for up to six service users. 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.	

2.0 Inspection summary

An unannounced inspection took place on 9 August 2022 between 10.00 a.m. and 4.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement.

The areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially met.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members. The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "You get a feeling that here is a family environment. The staff are like family. I am kept safe. There is everything I need here. The staff are always there for back up. The support is not forced on you. The staff are genuine. If I had any issues I would speak to the staff. I enjoy living here. I have everything I want."
- "I am mostly involved in making decisions about my support. Most staff are first class. I would report any concerns to my key worker. I am generally happy and content."

Staff comments:

- "I have worked here over five years. I get enough training. The training is always interesting. It is a small service and the management and staff get on well. I can bring any concerns to the manager and team leader. The service users are involved in their care plan. The service users are encouraged to participate in social activities."

There were no responses received from the questionnaires or from the electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

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 to Leonard Cheshire Disability - The Meadows was undertaken on 24 September 2020. Six areas for improvement were identified and the Quality Improvement Plan (QIP) was issued. Five of the areas for improvement were approved by the care inspector and validated during this inspection. One area for improvement was partially met. An inspection was not undertaken in 2021-2022 inspection years due to the impact of Covid-19.

Areas for improvement from the last inspection on 24 September 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for Improvement 1 **Ref**: Regulation 13 (e) **Stated:** First time	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**	**Met**
	Action taken as confirmed during the inspection: Review of NISCC registrations evidenced compliance with this Regulation.	
Area for Improvement 2 **Ref**: Regulation 16 (1) (d) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The agency confirmed that an appointed Team Leader is in charge in the absence of the manager and a competency assessment was in place.	

Area for Improvement 3 **Ref**: Regulation 23 (1) **Stated:** First time	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.**	**Met**
	Action taken as confirmed during the inspection: Review of governance records evidenced that monthly monitoring visits were completed in keeping with Regulation. .	
Area for Improvement 4 **Ref**: Regulation 21 (1) Schedule 4 (6) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Review of the training records evidenced that mandatory training and induction training had been completed for newly appointed staff in keeping with Regulation.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 8 **Stated:** First time	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.**	**Met**
	Action taken as confirmed during the inspection: Review of the staffing roster evidenced that the full names of staff were recorded in keeping with the Standard.	

Area for improvement 2 **Ref**: Standard 16.3 **Stated:** First time	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.	**Partially met**
	Action taken as confirmed during the inspection: Whilst RQIA acknowledges that much had been done to address the concerns identified during the last inspection, we were not assured that the fire safety to ensure that fire doors are not held open had been addressed. This area for improvement was not met and has been stated for the second time.	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the Health and Social Care Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role.

Where service users required the use of specialised equipment to assist them with moving and handling, this was included within the agency's mandatory training programme. A review of the records confirmed that moving and handling risk assessments and care plans were up to date and that staff had received the required training.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manger advised that no service users required their medications to be administered with a syringe. The manager was aware that should this be required, a competency assessment should be undertaken before staff complete this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference when considering DoLs and the provision of care to service users.

Discussion with the manager confirmed that there was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

The review of the safe and healthy working practice areas for improvements identified during the last inspection evidenced that a daily cleaning schedule had been implemented and updated infection prevention and control measures were in place. However, RQIA were not assured that the safe and healthy working practice relating to the fire safety; to ensure fire doors are not held open had been addressed, as the inspector noted a number of fire doors propped open. This was discussed with the manager, who took immediate action to ensure all the fire

doors were closed. The manager assured the inspector that this will be an area for learning for all staff. This area for improvement has been stated for the second time.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing care records, it was good to note that service users had an input into devising their own plan of care. Staff discussed individual care plans with the service users, which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the quality of their care.

It is important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet by the service to explain Covid-19 and how they could keep themselves safe and protected during the ongoing pandemic. The inspector noted that information posters relating to Covid-19 were also displayed within the common areas.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Review of a sample of service users' records evidenced that some service users had been assessed by SALT staff who made nutritional recommendations concerning the need to provide a modified diet. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

A review of service users' care records reflected that staff engaged with members of the multiprofessional team as needed.

The manager and staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a robust system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss this post-registration training requirement with staff to ensure that all staff are compliant with these requirements.

The manager also maintained a record for each member of staff in regard to all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

6.0 Conclusion

Based on the inspection findings, one area for improvement has been stated for the second time. Despite this, RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	*1

* the total number of areas for improvement includes one standard that has been stated for a second time.

The area for improvement and details of the QIP were discussed with Anita Scullion, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 16.3 **Stated:** Second **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 area: • Fire safety to ensure that fire doors are not held open. Ref: 5.2.1
	Response by registered person detailing the actions taken: •Team meeting has been held to advise all staff to ensure that fire doors are not propped open at any time. •Health and Safety audits are routinely carried out in the service. •Spot checks will also be routinely carried out by the management team in relation to this practice.

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

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