

# Unannounced Care Follow Up Inspection Report 24 September 2020



## Leonard Cheshire Disability - Springfield Court

**Type of Service: Domiciliary Care Agency**  
**Address: 57a Springfield Avenue, Belfast, BT12 7BA**  
**Tel No: 02890329989**  
**Inspector: Kieran Murray**

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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**

Leonard Cheshire Disability (LCD) ‘Springfield Court’ is a supported living type domiciliary care agency operating under the auspices of Leonard Cheshire Disability. The agency provides domiciliary care services to ten service users with physical disabilities and or sensory impairments, such as spinal injuries and Cerebral Palsy.

Service users live within bungalows on the site of Springfield Court and are provided with support in a range of activities of daily living, such as managing financial affairs, shopping, maintaining social activities and relationships, cooking and personal care support.

The building is owned and maintained by Choice Housing Association.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Leonard Cheshire Disability  <b>Responsible Individual:</b> Mrs Fiona McCabe	<b>Registered Manager:</b> Mrs Dannielle Saunderson
<b>Person in charge at the time of inspection:</b> Team Leader	<b>Date manager registered:</b> 14 November 2019

### 4.0 Inspection summary

An unannounced inspection took place on 24 September 2020 from 10.30 to 18.30.

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 there being a high level of staff turnover, with redeployed staff not having been provided with adequate induction or training for the care worker role. Concerns were also raised in relation to inadequate supply of Personal Protective Equipment (PPE) and the lack of 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 Springfield Court did substantiate some of the concerns raised within the information shared with RQIA. However, the operations manager told us that Leonard Cheshire Disability management team were made aware of these concerns by a community volunteer and guidance was put in place. The operations manager shared all of this information with us and we found it to be satisfactory. A number of areas for improvement were made which appeared to be indicative of the lack of governance and management oversight in Springfield Court. An area for improvement has been made to address this. Other areas for improvement related to recruitment practices, shadowing and staffing levels.

Areas of good practice were identified in relation to the completion of checks with Access NI, Northern Ireland Social Care Council (NISCC) registrations, safeguarding, supervision,

complaints, policies and procedures, Infection, Prevention and Control (IPC) and adherence to current Covid-19 guidance and use of Personal Protective Equipment (PPE) guidelines.

Service users spoken with told us that they were very happy living in Springfield Court. However, concerns were raised in relation to service users' needs not being met due to staffing levels.

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
<b>Total number of areas for improvement</b>	4	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the team leader and a telephone conversation with the Operations 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 27 June 2019

No further actions were required to be taken following the most recent inspection on 27 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:

- 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 two service users and two 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 findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection findings

### Service User Experience

During the inspection we met with two service users. Service user comments are detailed below:

- “I wear a mask when I go shopping.”
- “If I need anything fixed the staff sort it out for me.”
- “I was put to bed early and had no choice.”
- “My (relative) keeps my money for me.”
- “I am happy here.”
- “In the main, staff are quite good.”

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

- “A lot better since the new manager came on board.”
- “The training is non-stop.”
- “The redeployed staff appeared to be happy to work here.”
- “We get newsletter about Covid-19 once a week.”
- “We take service users temperatures twice a day.”
- “I wear a visor in every service users home.”
- “I love working here.”

Four questionnaires were returned from service user’s/relatives prior to the issue of this report. Whilst the respondents did not indicate whether or not they were a service user or a relative, they felt ‘satisfied’ that the care was safe, effective and compassionate, one respondent indicated that they felt ‘undecided’ in relation to the well-led domain. Given that there was no comments provided to support this or contact details, this matter were relayed to the operations manager and manager on 15 October 2020 for review and action, as appropriate.

We received a number of telephone calls from service users on 13 October 2020, who indicated that they felt ‘unsatisfied’ that the care was safe, effective, compassionate and the service was well led. We spoke to the operations manager on 13 October 2020 and discussed the concerns

received from service users. The operations manager has assured us that the appropriate action would be taken to address these concerns.

### **Service User comments:**

- “(Staffing) Normally two staff to do 10 people.”
- “Yesterday I didn’t get any staff input.”
- “The staff come into my flat without permission while I am out.”
- “Staff are always persuading me into Chinese instead of cooking.”
- “Manager is never here, not unless working from home but before Covid wasn’t here either.”
- “Boss quoted ‘I am only here on a Monday.’”
- “Staff closes gates at 10.30pm.”

No staff responses were received prior to the issue of the report.

### **Staffing Arrangements**

Discussion with service users, team leader and review of staff rosters confirmed that there were times when there was not sufficient staff in place to meet the needs of service users. An area for improvement has been made in relation to staffing.

The review of the staff rosters in April 2020, confirmed that volunteer coordinators had been deployed during this period. However, we could not evidence that volunteer coordinators had been assigned to work with a more experienced member of staff. An area for improvement has been made in relation to shadowing.

The review of two recruitment records confirmed that AccessNI 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. An area for improvement has been made in relation to completion of declaration of Physical and Mental Fitness.

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 team leader and operations 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 team leader 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 team leader and staff who spoke to us were 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.

We noted that Springfield Court had a system in place each month 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 has 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 specifically relating to review of recruitment practices, staffing and shadowing. 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. 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 a number of incidents which had been referred to adult safeguarding since the date of the last inspection. Discussion with the team leader and operations manager identified that these 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, NISCC registrations, safeguarding, supervision, complaints and policies and procedures.

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, shadowing, staffing and monthly quality monitoring processes.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the team leader and a telephone communication with the Operations 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

Areas for improvement have 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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 a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purpose of the work which he is to perform.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A statement of physical and mental fitness of the care worker has now been added to all personnel files in the service. Administrators are now aware of this and will be common practice moving forward.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection.</p>	<p>The registered person shall keep the staffing arrangements under review to ensure there are sufficient numbers of staff in place to meet the needs of service users.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>There have always been adequate and safe staffing levels within the service. There is no evidence to state there have ever been unsafe staffing levels. Staff and Commissioned hours are reviewed regularly.</p> <p>At no stage was the service and other services within the organisation understaffed. LC takes the position to over resource to ensure that we are never understaffed to allow periods of absence including sickness and leave.</p> <p>Service user needs are the priority for our services. The 'number' of people of people that were unsatisfied (as recorded on Page 5) were 2 service users.</p> <p>1. made a complaint about a decision made from our housing provider in relation to combating anti-social behaviour in the area and in keeping our service users safe.</p> <p>2. made a number of comments which are reflected in Page 6 Service User Comments section. These relate to allegations which pre-date the current Manager. We concluded this following an investigation in partnership with the persons BHSCT statutory keyworker.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (5) (b) (i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that during inductions of new or redeployed staff the worker will have shifts shadowing experienced staff and records updated to reflect these shadowing periods.</p> <p>Ref: 6.1</p>
<p><b>To be completed by:</b> Immediate from the date of the inspection.</p>	<p><b>Response by registered person detailing the actions taken:</b> Re-deployed staff were Leonard Cheshire Staff who had received full inductions and received a further 2 day Covid-19 specific induction as well as completed service specific “first day checklists”. Redeployed staff did complete shadowing shifts. These were not indicated on the rota for 3 shifts but all staff aware of the importance of having shadowing shifts indicated on the Rota moving forward.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 23 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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><b>Response by registered person detailing the actions taken:</b> 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 document is completed in full and returned via Web Portal\**



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