

# Inspection Report

4 August 2022



## Leonard Cheshire Disability - Springfield Court

Type of service: Domiciliary Care Agency  
Address: 57a Springfield Avenue, Belfast, BT12 7BA  
Telephone number: 02890329989

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Leonard Cheshire Disability	<b>Registered Manager:</b> Mrs Danielle Saunderson
<b>Responsible Individual:</b> Mrs Fiona McCabe	<b>Date registered:</b> 14 November 2019
<b>Person in charge at the time of inspection:</b> Donal Quigley, Deputy Manager.	
<b>Brief description of the accommodation/how the service operates:</b>  Leonard Cheshire Disability 'Springfield Court' is a supported living type domiciliary care agency, which provides domiciliary care services to ten service users with physical disabilities and or sensory impairments. Service users live in their own bungalows and have the use of indoor and outdoor communal spaces.	

## 2.0 Inspection summary

An unannounced inspection took place on 4 August 2022 between 9.30 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 Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

The areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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:**

- "I am happy living here. I like it. I do my own thing. I do my shopping with the help of staff. I make my own choices. The staff assist me with cooking. If there was something wrong, I would share it with the boss."
- "The staff are good to me. I have a good relationship with some of the team leaders and I would go to the team leader with any concern."
- "Enjoy living here. I am given choice. I go to day centre and I look forward to it. Good staff."

##### **Staff comments:**

- "I feel the service manager is not available all of the time. When they are not here, there is senior staff available to talk to and share any concerns. I think the training here is absolutely amazing. It is good to be kept up to date with training. I feel the service is compassionate."
- "The service users are given choice. I feel I can share any concerns with the senior staff, especially the deputy manager. The manager is great too. I think the training is brilliant and is very informative. If an incident happened out of hours I would contact staff on the on call rota and the safeguarding champion."

**HSC Trust representatives' comments:**

- “Any issues are communicated with me. If there was something upsetting the service user they would say. I am happy with the service.”

No responses were received to 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 – Springfield Court was undertaken on 24 September 2020. Four areas for improvement were identified and a Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not undertaken in 2021-2022 inspection year, due to the impact of Covid-19.

<b>Areas for improvement from the last inspection on 24 September 2020</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (d)  <b>Stated:</b> First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	<b>Met</b>
	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.	
	<b>Action taken as confirmed during the inspection:</b> Review of the recruitment records evidenced compliance with this Regulation.	

<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 16 (1) (a)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed this matter had been addressed.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 16 (5) (b) (i)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the induction records evidenced compliance with this Regulation.	
<b>Area for Improvement 4</b>  <b>Ref:</b> Regulation 23 (1)  <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the governance records evidenced that monthly quality monitoring visits were completed in keeping with Regulation.	

## 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 when needing to 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 HSC 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 care records confirmed that moving and handling risk assessments and care plans were up to date and 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 manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) 2016 (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 Mental Capacity Act.

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.

Discussions 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.

### **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 provisions 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 from the virus. 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 the service users care records reflected that staff engaged with members of the multiprofessional team as needed.

The manager 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 which ensured that the manager had effective oversight in regard to staff registration with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their NISCC registration 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 training, having regard to NISCC's Induction Standards for new workers in social care. There was a robust, structured 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 the post registration training requirement with staff to ensure that all staff are compliant with these requirements.

The manager also maintains 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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

## **6.0 Conclusion**

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**

This inspection resulted in no areas for improvement being identified.

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



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