

Unannounced Care Inspection Report 17 February 2021



Presbyterian Board of Social Witness

Type of Service: Domiciliary Care Agency
Address: 5 Willowbrook Lane, Millburn Road, Coleraine, BT52 1ET
Tel No: 028 7035 7702
Inspector: Kieran Murray

www.rqia.org.uk

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

Presbyterian Board of Social Witness is a domiciliary care agency, supported living type which provides personal care and housing support to eight (one void tenancy on day of inspection) service users living in their own homes at Willowbrook Lane, located within the Northern Health and Social Care Trust (NHSCT). The service users have a range of needs including mild learning disability and dementia. The service users are supported by up to 14 staff.

3.0 Service details

Organisation/Registered Provider: Presbyterian Board of Social Witness Responsible Individual: Mr Lindsay Conway	Registered Manager: Mrs Elizabeth Wilson
Person in charge at the time of inspection: Mrs Elizabeth Wilson	Date manager registered: 26 March 2018

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed the Regulation and Quality Improvement Authority (RQIA) to continue to respond to ongoing areas of risk identified in services.

An unannounced inspection took place on 17 February 2021 from 09.45 to 16.30.

Since the last inspection on 26 October 2020, RQIA were notified of a number of notifiable incidents, intelligence and concerns. Following review of this information, we identified that the information received indicated challenges within the service. The correspondence shared with RQIA indicated there may have been an impact on service users at this time. Correspondence received was shared with NHSCT professionals and discussed with the agency's manager and responsible individual. A decision was made to undertake an on-site inspection adhering to social distancing guidance.

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 inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified in relation to the management of the agency, continued non-compliance with monitoring service user and staff temperatures twice a day and the management of adult safeguarding matters. In addition systems in relation to management of service user's monies, monthly quality monitoring reports and records relating to incidents were not found to be robust.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), the availability of Covid-19 guidance for staff and the use of Personal Protective Equipment (PPE).

Service user's comments:

- "Staff are nice to me all the time."

- “I can wear my pyjamas whenever I want.”
- “No, staff speak inappropriately to me.”
- “I like living here.”
- “The staff are good to me.”
- “The staff wear masks.”
- “The staff are extremely good to me.”
- “Staff are coming into my home now.”
- “No concerns about staff.”
- “Staff wear PPE.”
- “It’s lovely to see the friendly faces coming in and they are very helpful.”
- “If I was worried I would go to number five (office).”
- “I am feeling down because of Covid-19 and work closed.”
- “I am very happy.”
- “No concerns or worries.”
- “I feel safe.”

Relative’s comments:

- “Staff are going into the house.”
- “Staff have been excellent since XXXX’s fall.”
- “(Staff) very supportive while isolating.”
- “Manager keeps us informed.”
- “Willowbrook gives a level of independence and XXXX is very happy with all the staff team.”
- “I wouldn’t say anything wrong about staff.”
- “I am just sorry there isn’t more places like Willowbrook.”
- “The staff are very good at bringing the phone down to XXXX to facilitate facetime.”
- “The staff are most helpful and work at creating a homely atmosphere.”
- “I can only thank the manager and staff of Willowbrook for their care and protection of my XXXXXX especially in these challenging times when normal routines e.g. home visits, workplace etc. are not possible.”

Staff comments:

- “I love working here.”
- “I was concerned about service users’ mental health when we were told not to go into homes.”
- “Sometimes we need direction.”
- “Definitely not any neglect.”
- “The service users are well looked after.”
- “I feel a staff meeting would help.”
- “I am more happy working here than unhappy.”
- “Tenants are my priority.”
- “Happy that service users are being visited in their homes.”
- “Appraisal in the last year.”
- “I know the folder has all the guidance.”
- “We all have different opinions.”
- “Always enough PPE.”

Staff who spoke to us on the day of the inspection advised that they had some concerns with regards to the behaviours of a number of staff and the way it had been responded to by the manager. These concerns were discussed with the manager at the end of the inspection and the responsible individual was advised on 19 February 2021.

The findings of this report will provide the manager 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	5	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Elizabeth Wilson, Registered Manager and the Responsible Individual following the inspection, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As a result of the inspection undertaken on 17 February 2021, RQIA had concerns that the management of the agency, governance arrangements and the quality of care and service provided by the Presbyterian Board of Social Witness had fallen below the required minimum standards.

In accordance with RQIA's Enforcement Policy and Procedures, an intention to serve three Failure to Comply Notices meeting was convened via teleconference on 5 March 2021. The meeting was to discuss with the responsible individual, the manager and the organisations's Head of Disability (HOD), RQIA's concerns in respect of Regulation 11 (1), Regulation 14 (a)(b)(d) and Regulation 15 (6)(d) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

During the meeting on 5 March 2021 the responsible individual, the manager and HOD provided a full account of the actions taken to date and those that would be taken to ensure the minimum improvements necessary to achieve compliance with the regulations identified. RQIA were assured that the agency had developed a robust plan to achieve compliance. In addition, the action plans were submitted within an agreed timeframe which we reviewed and found to be satisfactory.

RQIA will continue to monitor the quality of service provided in Presbyterian Board of Social Witness and may carry out an inspection to assess compliance with the Regulations.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection dated 26 October 2020

Following the inspection on 26 October 2020 a serious concerns meeting was held with the responsible individual to highlight RQIA's concerns with regards a number of areas identified. At the meeting the responsible individual provided a full account of the actions that had been taken to address the matters identified during the inspection. Details of the actions required were included in the QIP issued following the inspection.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, intelligence, concerns and written and verbal communication received since the previous care inspection.

RQIA forwarded concerns received prior to the inspection by staff to the Adult Safeguarding Team (ASGT) in the NHSCT. During the inspection we informed the manager of concerns received by RQIA. The responsible individual was advised of these concerns on 19 February 2021.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with NHSCT professionals involved with the service prior to the inspection.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration;
- Covid-19: guidance for domiciliary care providers in Northern Ireland; and
- a range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

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.

The feedback information received indicates that service users and their relatives were satisfied with the current care and support provided. Comments received are included in the report.

Information received from staff indicates they are generally satisfied with the care and support within the agency. However, some concerns were raised in relation to management arrangements. Concerns were also highlighted in relation to attitudes and behaviours of some staff. As there were no contact details recorded for staff, we discussed these comments with the manager and responsible individual at the meeting on 5 March 2021.

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

During the inspection we met with the manager, six service users, the relative of one service user and two staff. We had telephone communication with a further five service users' relatives. We had both verbal and written communication with NHSCT professionals prior to the inspection.

We would like to thank the registered manager, service users, service user's relatives, NHSCT representatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

Areas for improvement from the last care inspection dated 26 October 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2) (a)</p> <p>Stated: First time</p>	<p>(2)The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall-</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Care Board or other person with responsibility for commissioning personal social services for service users.</p> <p>Ref: 6.0</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We reviewed records which indicated that care provided by the agency was consistent with the plan of care commissioned by the NHSCT. Service users, relatives and staff spoken to confirmed that plans of care were being adhered by the agency.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Ref: 6.0</p>	Met

	<p>Action taken as confirmed during the inspection: We reviewed the agency's staff appraisal records and evidenced that the majority of staff had completed appraisal and there was a clear plan in place for those outstanding.</p>	
<p>Area for improvement 2 Ref: Standard 16.3 Stated: First time</p>	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas:</p> <ul style="list-style-type: none"> • Infection control; <p>This relates specifically to twice daily monitoring of service user and staff temperatures as per guidance</p> <p>Ref: 6.0</p>	<p>Partially met</p>
	<p>Action taken as confirmed during the inspection: We reviewed records relating to the monitoring of service user and staff temperatures with regards to Covid-19 guidance. It was noted that despite assurances provided by the Responsible Individual at a serious concerns meeting held on 29 October 2020, the records did not reflect that twice daily temperatures had been completed. This area for improvement has been assessed as not met and has now been escalated to a Regulation.</p>	

6.1 Inspection findings

Recruitment records:

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 with regards to Access NI checks. We reviewed documentation retained in individual staff files in relation to pre-employment checks completed. This provided assurances that Access NI checks were completed before commencement of employment.

We noted that the manager had a system in place for monitoring registration status of staff with NISCC each month. We confirmed that all staff are informed that they are not permitted to work if their NISCC registration had lapsed.

Governance and Management Arrangements:

We reviewed records in relation to annual appraisals for staff and found that they were completed and planned in accordance with policy and procedure.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the agency's procedures in relation to the Safeguarding of Adults (2016) which were in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

We were informed by the manager that no referrals had been made to the NHSCT safeguarding team since the last inspection of 26 October 2020. However, following discussions with staff we were informed that a safeguarding incident had occurred within the agency. Further discussions with the manager confirmed that an adult safeguarding referral had not been forwarded to the NHSCT safeguarding team with regards to this incident. Following the inspection RQIA were assured that a referral has been forwarded to the NHSCT safeguarding team. This oversight was discussed at the Failure to Comply Meeting of 5 March 2021. An area for improvement has been stated in this regard.

We reviewed records relating to adult safeguarding training and noted all staff including the manager had completed required training updates. The manager confirmed they did not recognise that the incident was an adult safeguarding concern. This oversight was discussed at the Failure to Comply Meeting of 5 March 2021. An area for improvement has been stated in this regard.

On the day of the inspection information provided to us which indicated that appropriate actions had not been taken to safeguard service users monies managed by the agency. This was discussed at the Failure to Comply Meeting of 5 March 2021. An area for improvement has been stated in this regard.

We reviewed a number of individual service users care and support plans. We noted that service users Covid-19 risk assessments and support plans needed to be updated. The manager and HOD services forwarded updated documentation within an agreed timeframe. We reviewed the information and found it to be satisfactory. These documents will be further reviewed at the next inspection.

We discussed the monitoring arrangements under Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A review of records confirmed that the reports of monthly quality monitoring visits are completed by the agency. At the meeting on 5 March 2021, RQIA advised the responsible individual that reports needed to include more detailed information to demonstrate more robust governance and management monitoring within the agency. We also advised the responsible individual that he should review the completed reports and sign off. An area for improvement has been stated in this regard.

The manager advised us that records relating to the incident were not forwarded to the NHSCT or RQIA in accordance with policy and procedure. An area for improvement has been stated in this regard.

COVID-19

Staff spoken with were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff were aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed records relating to Infection Prevention Policies (IPC) policies, guidance and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include information relating to Covid-19 and were available within the agency.

Staff who spoke to us described how and where donning (putting on) and doffing (taking off) of PPE happened within the agency and how to dispose of used PPE safely.

On the day of the inspection we reviewed records that indicated that a number of service users and staff had not had their temperatures monitored twice daily in accordance with the guidance; this was despite assurances provided by the responsible individual to RQIA at a serious concerns meeting on 29 October 2020. This oversight was discussed at the Failure to Comply Meeting on 5 March 2021. An area for improvement has been stated in this regard.

Service users and staff who spoke to us on the day of the inspection were aware that if someone is in isolation with suspected Covid-19, they must not visit shared spaces such as sitting areas.

We noted that service users sat at least two metres apart when using communal areas.

We evidenced completed cleaning schedules were in place within the agency.

Hand sanitisers and PPE were placed in key areas throughout the agency for service users, staff and visiting professionals to use to encourage good hand hygiene.

The manager advised us that monitoring of staff practices took place by direct observations. Service users and relatives spoken to on the day of the inspection also confirmed that staff wore PPE and adhered to social distancing guidelines.

The manager and staff who spoke to us advised that information was disseminated to staff via email, staff bulletins, a communications book; updates were attached to the Covid-19 risk assessment /guidance folder which is available to all staff.

Areas of good practice

Areas of good practice was found in relation to the agency's processes for managing Access NI checks, staff registrations with NISCC and the availability of Covid-19 guidance for staff and the use of PPE.

Areas for improvement

Areas for improvement were identified in relation to management of the agency, continued non-compliance with monitoring service user and staff temperatures twice a day, submission of adult safeguarding referrals, management of service user's monies, robust monthly quality monitoring reports and completing records relating to incidents.

	Regulations	Standards
Total number of areas for improvement	5	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 Mrs Elizabeth Wilson, Registered 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 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 11 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>(1) The registered provider and the registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competency and skill.</p> <p>This relates specifically to the management not identifying adult safeguarding matters and taking the necessary actions to report appropriately.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: Head of Disability Services will provide weekly onsite mentoring for Registered manager. Face-to face supervision increased to monthly. 10 Hours administration support to be arranged on a weekly basis, Performance management review will be ongoing</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>This relates specifically to ensuring that twice daily temperature checks are completed for service users and staff and a record retained, in accordance with the Covid-19 guidance.</p> <p>Ref: 6.0 and 6.1</p>
	<p>Response by registered person detailing the actions taken: Notices have been displayed on the front door and internal door to remind staff on entering and leaving at the beginning and end of shift that they should take and record their temperature. Registered manager has been and will continue to check this daily and confirm verbally with staff that they have completed this task. Head of Disability service will complete a spot check weekly of temperature recording sheets both staff and tenants.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (b)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p>

inspection	<p>This relates specifically to the registered person ensuring that any actual or suspected instances of abuse are reported to the appropriate NHSCT Adult Safeguarding Team in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: APP1 form has been submitted to NHSCT, Council for Social Witness is leading this investigation. Safeguarding training was provided for manager and staff on the 11th and 12th of March, manager and staff are having Safeguarding Competency assessments carried out by Head of Disability Services. Ongoing supervision is taking place with Registered manager. Safeguarding has been added as a standing item on the agenda at team meetings</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 15 (6)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall-</p> <p>(d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>This relates to the agency ensuring that robust systems are in place to manage service user's monies.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: A full financial review has taken place, and a financial investigation has been carried out by Head of Safeguarding. Head of Disability will carry out weekly spot checks on tenants finances. Financial procedures will be reviewed by Head of Disability Services and Finance Manager.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 23 (2)(a)(b), (3), (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve</p>

	<p>the quality and delivery of the services which the agency arranges to be provided.</p> <p>This relates specifically to the responsible individual ensuring that monthly quality monitoring reports completed for the agency are completed in a more robust manner. The registered individual must ensure that they have signed the report to indicate that they have appropriate oversight of monthly quality reports.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: Monthly monitoring reports are carried out by an independent person and forwarded to Head of Disability Services who completes a second governance report and discusses with registered individual who signs the report indicating that they have had an oversight and knowledge of content. This is then forwarded to RQIA for inspection. This will continue for at least six months.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 5.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The agency reports any changes in the service user's situation and issues relevant to the health and well-being of the service user to the referring HSC Trust, and keeps a copy of such reports.</p> <p>This relates to the completion of incident reports.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Registered manager will inform and record any concerns in relation to a tenant to Head of Disability and Care manager in NHSCCT. and complete appropriate report as required</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)