

Inspection Report

31 August 2021



Presbyterian Board of Social Witness

Type of service: Domiciliary Care Agency
Address: 5 Willowbrook Lane, Millburn Road, Coleraine, BT52 1ET
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Presbyterian Board of Social Witness	Registered Manager: Mrs Caroline Yeomans – Acting Manager Application not required
Responsible Individual: Mr Lindsay Conway	Date registered: 3 May 2021
Person in charge at the time of inspection: Person in charge	
Brief description of the accommodation/how the service operates: 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) area. The service users have a range of needs including mild learning disability and dementia.	

2.0 Inspection summary

An unannounced inspection was undertaken by care inspectors on 31 August 2021 between 9.50 am and 3.00 pm.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users' homes. There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

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.

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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, quality improvement plan (QIP), notifications, concerns, intelligence and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires and 'Tell us' cards for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with three service users, one staff member and the monitoring officer; we had telephone communication with one relative and one NHSCOT representative following the inspection.

A number of questionnaires was received from service users/relatives which indicated that they were happy with the service provided by the agency.

Electronic feedback was received from one member of staff. The staff member indicated dissatisfaction that the care was safe, compassionate and that the service was well led, but indicated that the care was effective. No contact details were recorded for the member of staff, hence RQIA could not make further enquiries with the member of staff. The feedback was later shared with the Manager who agreed to discuss the findings of the report at the next team meeting.

Comments received during inspection process-

Service users' comments:

- "I enjoy my independence."
- "I love living here."
- "I do my own cooking."

- “It feels like home.”
- “The staff are excellent.”
- “I walk into Coleraine.”

Relatives’ comments:

- “XXXX had his first zoom meeting with his multi-disciplinary team.”
- “Willowbrook feels a more positive place now.”
- “I am not happy supported living service users are not allowed to attend day centres but I am dealing with that in my own way.”
- “A programme of activities is in place for service users due to non-availability of day care.”
- “Thank you for the level of care provided for my XXXX.”
- “I have always found the staff at Willow Brook to be pleasant, helpful and understanding.”

Staff comments:

- “I am very happy working here.”
- “I have been here six weeks and it’s a very positive experience.”
- “I have noticed things have improved dramatically.”
- “Staff are having their team meetings again.”

NHSCT representatives’ comments

- “There is more communication now from the agency.”
- “(Agency) Willing to work with and report more robustly to the Trust.”

5.0 The inspection

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

The last inspection to Presbyterian Board of Social Witness was undertaken on 17 February 2021 by a care inspector.

Following the inspection on 17 February 2021 an intention to serve three Failure to Comply Notices meeting was held with the responsible individual, Manager and Head of Disability Services to highlight RQIA’s concerns with regard to a number of areas identified. At the meeting the responsible individual, Manager and head of disability services provided a full account of the actions that had been taken to address the matters identified during the inspection.

A QIP was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 17 February 2021		
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 11 (1)</p> <p>Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We discussed the on-site mentoring arrangements for the manager with the head of disability services/Manager and following the inspection evidence of meetings were sent to RQIA. We reviewed the information received and found it to be satisfactory.</p>	
<p>Area for Improvement 2</p> <p>Ref: Regulation 14 (a)</p> <p>Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that service users and</p>	

	<p>staff had twice daily temperature checks recorded in accordance with the Covid-19 guidance.</p>	
<p>Area for Improvement 3</p> <p>Ref: Regulation 14 (b)(d)</p> <p>Stated: First time</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> <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 (ASGT) in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.</p> <p>Ref: 6.1</p> <p>Action taken as confirmed during the inspection:</p> <p>It was established from records viewed and discussions with the person in charge that all adult safeguarding concerns had been submitted to the NHSCT ASGT since the last inspection and that the referrals had been managed appropriately. There was evidence that staff had attended Adult Safeguarding training since the last inspection.</p>	Met
<p>Area for Improvement 4</p> <p>Ref: Regulation 15 (6)(d)</p> <p>Stated: First time</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</p>	Met

	<p>monies.</p> <p>Ref: 6.1</p> <p>Action taken as confirmed during the inspection:</p> <p>Examination of records confirmed that service user financial reviews had taken place and monitored through monthly quality monitoring visits. We noted records of daily checks of service users' monies being carried out.</p>	
<p>Area for Improvement 5</p> <p>Ref: Regulation 23 (2)(a)(b), (3), (4)</p> <p>Stated: First time</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 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>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>Monthly quality monitoring reports submitted to RQIA since the last inspection evidenced more robust monitoring and oversight within the agency. The monthly quality monitoring report no longer needs to be submitted to RQIA.</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 5.4</p> <p>Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of incident records confirmed that all incidents were appropriately reported to the NHSCT.</p>	

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflected information contained within the Department of Health's (DoH) regional policy Adult Safeguarding Prevention and Protection in Partnership, July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC) and the agency had prepared an Adult Safeguarding Position report.

Discussions with the person in charge demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

The person in charge indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff had undertaken DoLS Level Two training appropriate to their job roles. The Manager and person in charge forwarded evidence of their completed DoLS Level Three training within an agreed timeframe. Review of the information received found this to be satisfactory.

Examination of service users' care records confirmed that DoLS practices were embedded into practice with the appropriate documentation available for review.

The person in charge confirmed the agency managed individual service users' monies or valuables in excess of twenty thousand pounds. There was evidence that the agency had submitted appropriate documentation to RQIA prior to the inspection.

Where a service user is experiencing a restrictive practice, examination of these care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate NHSCT representative.

The person in charge informed RQIA that the agency plans to devise person-centred care plans in an easy read format. These can be reviewed at the next inspection.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the Manager and staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that agency staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

5.2.3 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The person in charge advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that no new staff had been recruited since the last inspection. However, records viewed evidenced that criminal record checks (AccessNI) had been completed for a small pool of staff supplied by a registered domiciliary care agency before these staff had direct engagement with service users.

A review of the records confirmed that all staff provided were appropriately registered with NISCC.

The person in charge told us that the agency does not use volunteers or voluntary workers.

5.2.5 Are there robust governance processes in place?

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established that supervisions were not completed in accordance with policy and procedure. The person in charge assured RQIA that these would be completed within an agreed timeframe. The person in charge forwarded evidence to RQIA that supervisions had been completed. RQIA reviewed the information and found it to be satisfactory.

It was established during discussions with the Manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

The agency had an acting Manager at the time of inspection. RQIA will continue to review this arrangement.

6.0 Conclusion

Based on the inspection findings and discussions held, RQIA is satisfied that this service is providing safe and effective care in a caring and compassionate manner, and that the service is well led by the Manager/management team

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.



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