

Unannounced Care Inspection Report 26 October 2020



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

This is a domiciliary care agency supported living type which provides personal care and housing support to nine service users who have a range of needs including mild learning disability and dementia in their own homes at Willowbrook Lane within the Northern Health and Social Care Trust (NHSCT). The service users are supported by 14 staff.

3.0 Service details

Organisation/Registered Provider: Presbyterian Board of Social Witness Responsible Individual: 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

An unannounced inspection took place on 26 October 2020 from 09.30 to 16.40.

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.

RQIA received information from the NHSCT which raised concerns in relation to care and support practices within the Presbyterian Board of Social Witness agency. The information related specifically to service users care and support needs not being met by staff at the agency i.e. staff not entering three service users homes to provide support during lockdown. Following review of this information, we identified that the information received showed challenges within the service and that there may have been an impact on service users at this time. A decision was made to undertake an on-site inspection adhering to social distancing guidance. On the day of the inspection the manager confirmed that the information received was accurate, thus substantiating the concerns raised by the NHSCT.

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 Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The inspection sought 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 arrangements for the provision of care and support, appraisals and adherence to recording of service users and staff temperatures twice a day.

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	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Elizabeth Wilson, Registered Manager, 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 26 October 2020, the Regulation and Quality Improvement Authority (RQIA) had concerns that the quality of care and service within Presbyterian Board of Social Witness had fallen below the expected minimum standards.

In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was convened on 29 October 2020, via teleconference to discuss with the responsible individual and manager, RQIA's concerns in respect of Regulation 15 (2) (a) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 13.5 and Standard 16.3 of the Domiciliary Care Agencies Minimum Standards 2011.

During the serious concerns meeting on 29 October 2020 the responsible individual and manager 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 and standards identified. RQIA were assured that the agency had plans in place to achieve compliance. The agency submitted an action plan 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 and Standards.

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 08 May 2018

No further actions were required to be taken following the most recent inspection on 08 May 2018.

5.0 How we inspect

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

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 Updated 16 June 2020
- 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 information received from service users and their relatives via returned questionnaires showed that people were satisfied with the current care and support.

Of three responses by staff one indicated that they were 'satisfied' care was safe, one indicated that they were 'unsatisfied' care was safe and one indicated they were 'very unsatisfied' care was safe. Two indicated that they were 'undecided' that care was effective and one indicated that they were 'very unsatisfied' that care was effective. One indicated that they were 'satisfied' that care was compassionate, one indicated that they were 'undecided' care was compassionate and one indicated they were 'very unsatisfied' care was compassionate. Two indicated that they were 'undecided' that the service was well led and one indicated that they were 'very unsatisfied' that the service was well led.

A number of concerns were raised by staff in relation to care, support and management at the agency. As there were no contact details for the staff we contacted the responsible individual and manager on the 13 November 2020 who has agreed to arrange staff meetings adhering to social distancing guidance for all staff to discuss any concerns.

During the inspection we met with the manager, four service users and two staff. Following the inspection we made telephone communication with three service users' relatives.

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

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 Inspection findings

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 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

We noted that the manager 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 had lapsed.

We reviewed records in relation to annual appraisals for staff and found that they were not completed in accordance with policy and procedure. An area for improvement has been stated in this regard.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. We received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

We noted that staff who spoke to us on the day of inspection were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection we noted that the agency had made a number of safeguarding referrals to the NHSCT since the last inspection 08 May 2018 and that the referrals had been managed appropriately.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection 08 May 2018. We examined the records and found that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedure.

The agency maintains a policy relating to complaints; these records are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection we noted that the agency had received a number of complaints since the last inspection 08 May 2018. We reviewed the records relating to the complaints and found that they had been managed within the agency's policy and procedure. We also noted complainant's positive and unsatisfied responses with the outcomes. The manager advised us of the procedure available to unsatisfied complainants within the agency's policy.

We noted the agency had quality monitoring systems in place. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and NHSCT representatives.

On the day of the inspection we received the following feedback:

Service Users:

- "I wear a mask when I go out."
- "I order my own Personal Protective Equipment (PPE)."
- "I am quite happy that staff is coming back in again."
- "I have been isolated."
- "I am going to the doctors to get my flu jab."
- "XXX had all the gear on."

One service user described to us the impact on them due to staff not entering their home during the period of lockdown. This information was discussed with the manager on the day of the inspection and again with the responsible individual and manager at the serious concerns meeting held on 29 October 2020.

Relatives:

- “I haven’t been in the house.”
- “We formed one of these bubbles.”
- “No issues before Covid-19.”
- “Staff are always very helpful.”

Two service user’s relatives described to us the impact on service users due to staff not entering the service user’s homes during the period of lockdown. This information was discussed with the manager on the day of the inspection and again with the responsible individual and manager at the serious concerns meeting held on 29 October 2020.

Staff:

- “I am happy working here.”
- “If I was unhappy I would contact the manager.”
- “I got an induction.”
- “We have started going back into the houses again.”
- “Safeguarding is everybody’s concern.”
- “I would feel more comfortable discussing any issues I have with an inspector.”

Staff spoken to on the day of inspection clarified they were directed by the manager not to enter a number of service user’s homes during the period of lockdown. This information was discussed with the manager on the day of the inspection and again with the responsible individual and manager at the serious concerns meeting held on 29 October 2020.

We reviewed a number of care/support plans in place for individual service users. These fully described the care and support required for individuals. However, the manager confirmed that the agency had not complied with the plan prepared by the NHSCT i.e. staff not entering three service users homes to provide support during lockdown. An area for improvement has been stated in this regard.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of checks of Access NI in conjunction with the HR Department, NISCC registrations, safeguarding, monthly quality monitoring, incidents and complaints management.

Areas for improvement

Areas for improvement were identified during the inspection in relation to complying with service users care/support plans and completion of annual appraisals.

	Regulations	Standards
Total number of areas for improvement	1	1

Covid-19:

We spoke with two staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. Two staff who spoke to us on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff told us they 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 Covid-19 and were available on hardcopy within the agency.

Staff who spoke to us described how and where donning and doffing of PPE happened within the agency.

We reviewed records that indicated that service users and staff had not had their temperatures monitored in accordance with the guidance for 10 days. 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 /common rooms.

We evidenced cleaning schedules within the agency.

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

The manager advised us that monitoring of staff practices took place by direct observations.

The manager and staff who spoke to us advised that information was disseminated to staff via emails, bulletins and links to updates were attached to the Covid-19 risk assessment folder which is available to all staff.

Areas of good practice

Areas of good practice were identified in relation to availability of PPE, hand sanitisers, covid-19 guidance folder and distribution of Covid-19 bulletins.

Areas for improvement

An area for improvement was identified in relation to recording of service users and staff temperatures in accordance with the guidance.

	Regulations	Standards
Total number of areas for improvement	0	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 15 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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>
	<p>Response by registered person detailing the actions taken: Service User Plans are now reularly reviewed against Individual Care Plans, that have been agreed with the Service User, Familiy / Next of Kin and placing Trust. All additions or variations will be discuseed with the Service User / Next of Kin and Trust. The introduction of the Daily Visiting Record has been well received and is a welcomed additional monitoring tool.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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>
	<p>Response by registered person detailing the actions taken: The Job Appraisal has now been completed by 10 staff. A review of the current Appraisal Scheme will be undertaken by the newly appointed Head of Disability Services, who takes up appointment on the 4th January 2021.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 16.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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>Response by registered person detailing the actions taken: Guidance is being followed in line with CSW Health and Hygiene Policy. Spare thermometers are now available in the event of breakages, or replacements not being available locally.</p>
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Please ensure this document is completed in full and returned via Web Portal



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