The Regulation and Quality Improvement Authority

Inspection Report

2 September 2022

The Croft Community

Type of Service: Domiciliary Care Agency
Address: 71 Bloomfield Road, Bangor, BT20 4UR
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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: The Croft Community Ltd **Responsible Individual:** Mrs Margaret Cameron, acting	**Registered Manager:** Mr Alan Hutchinson **Date registered:** 26 January 2016
Person in charge at the time of inspection: Mr Alan Hutchinson	
Brief description of the accommodation/how the service operates: The Croft Community is a domiciliary care agency, supported living type which provides 24 hour care and support to service users living with a learning disability and complex needs. Service users live within a number of bungalows at the same location as the office and one off-site property.	

2.0 Inspection summary

An unannounced inspection took place on 2 September 2022 between 10.00 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 Safeguards (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Areas for improvement identified related to staff training and record keeping.

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

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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read 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:

- "Staff are good."
- "I speak to the manager if I am worried."
- "No problems with staff."
- "I like getting out shopping and Bible class."
- "Good, like it here. Staff are good."
- "We are going to Spain."
- "I like living here."
- "We cannot go out if drivers are off; we have to get taxis."
- "Staff take us out."

Staff comments:

- "I enjoy working here. The service users' needs are met."
- "Service users are well looked after."
- "This is a lovely place."
- "Service users have choice."
- "Number of staff vacancies, can be a challenge at times; maybe means we don't get out as much."

No questionnaires were returned. There were no responses 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?

The last care inspection of the agency was undertaken on 25 May 2021 by a care inspector. No areas for improvement were identified.

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 in 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. Staff could 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 Health and Social Care (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 and records are retained electronically on the organisations database; we discussed with the manager the need to ensure that a process in in place to identify trends within the service.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

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.

It was identified that a number of staff are required to complete a medication training update. An area for improvement has been identified. 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 (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 MCA.

The majority of staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

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 service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency facilitated weekly meetings in the individual homes of the service users'; this enabled the service users to discuss the provisions of their care. Some matters discussed included choices regards shopping list, activities and outings.

Some comments included:

- "We like the milkman bringing our milk."

It was important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with information to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be modified. A review of training records confirmed that a number of staff had not completed training in Dysphagia. An area for improvement has been identified and is subsumed into the area for improvement identified in 5.2.1. Staff had received information in relation to how to respond to choking incidents as part of First Aid Training.

Discussions with staff and review of service users' 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 agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified. We discussed with the manager the need to archive old SALT recommendations so as to reduce the risk of service users not having their food/fluids modified appropriately.

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) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations 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, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was evidence of a structured, three day induction programme which also included shadowing of a more experienced staff member.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; it was identified that a number of staff were required to complete training updates in a range of topics. It was noted that the agency's staff training matrix did not accurately reflect the training completed by staff. Two areas for improvement have been identified; one is subsumed into the area identified in 5.2.1.

All 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 the requirements.

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. We discussed with the manager the need to include a process for supporting them in identifying trends with regards to incidents that occur in the agency.

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 displayed appropriately; it is required to be updated to include details of the current Registered Individuals details.

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.

It was identified that there are a number of staff vacancies in the agency; it was noted that recruitment for staff is ongoing. The manager stated that regular agency staff are being accessed to ensure continuity for service users. We noted that the agency's staff rota information was required to be updated to ensure it was an accurate reflection of staff provided. An area for improvement has been identified and is subsumed into the area identified in 5.2.5.

The Statement of Purpose required updating with RQIA's contact details; the manager agreed to update; this will be reviewed at the next inspection.

We discussed the acting Registered Individual arrangements, and application has been submitted and is currently being reviewed by RQIA.

6.0 Conclusion

Based on the inspection findings, two areas for improvement were identified. Despite this, 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

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the QIP were discussed with Mr Alan Hutchinson, Registered Manager and a regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021

Area for improvement 1 **Ref:** Standard 12 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that staff are trained for their roles and responsibilities. Ref: 5.2.1; 5.2.3 & 5.2.5
	Response by registered person detailing the actions taken: All training has been identified and being reviewed by newly appointed senior administrator who provides feedback to Registered Manager on a monthly basis, who wll then ensure all training is up to date.
Area for improvement 2 **Ref:** Standard 10.4 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that the information held on record is accurate, up-to-date and necessary. This relates specifically to the agency's staff training information and staff rota. Ref: 5.2.5 & 5.2.6
	Response by registered person detailing the actions taken: Senior administrator has reviewed and updated training database alongside the Registered Manager. Service rotas have been reviewed and are now the responsibility of the Registered Manager to ensure the delivery of commissioned hours.

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

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