The Regulation and Quality Improvement Authority

Inspection Report

7 July 2023

The Croft Community

Type of Service: Domiciliary Care Agency
Address: 71 Bloomfield Road, Bangor, BT20 4UR
Tel No: 028 9145 9784

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

<table>
<tr><td>Organisation/Registered Provider:
The Croft Community Ltd

Responsible Individual:
Mrs Mary Elaine Armstrong, application received</td><td>Registered Manager:
Mr Alan Hutchinson

Date registered:
26 January 2016</td></tr>
<tr><td colspan="2">Person in charge at the time of inspection:
Head of Service
Mr Alan Hutchinson from 10.40am</td></tr>
<tr><td colspan="2">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.</td></tr>
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2.0 Inspection summary

An unannounced inspection took place on 7 July 2023 between 10.00 a.m. and 5.00 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), Service user involvement, Restrictive practices, Dysphagia management was also reviewed.

During the inspection a number of areas for improvement were identified relating to staff training, staffing arrangements, access to information, complaints management and, DoLS and restrictive practice registers. These matters were discussed with the Head of Service and the manager during the inspection and also with the Head of Operations on 14 July 2023.

Immediately following the inspection, the agency provided a comprehensive action plan to RQIA; it clearly outlined the actions that had been taken or were planned to address the matters highlighted. RQIA reviewed this information and requested that an updated action plan be forwarded by 1 August 2023. RQIA has reviewed this information and is satisfied that the agency has taken or is continuing to take the necessary actions to ensure that all matters identified are addressed in a robust and timely manner. RQIA will continue to monitor these matters.

Two areas for improvement included in the Quality Improvement Plan (QIP) issued following the last inspection were assessed as not met and have been stated for a second time. In addition, an area for improvement has been made in regards to the agency's Quality Monitoring Reports.

Good practice was identified in relation to service user involvement.

We wish to thank the manager, services users, relatives and staff for their support and co-operation during the inspection process.

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 staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency. We observed a number of service users being supported by staff in their homes; they appeared relaxed and comfortable in their home environment.

Comments received included:

Service users' comments:

- "All good."
- "Good, all ok and I like it."
- "No problems."
- "Staff help me."
- "Staff take me out."

Service users' relatives' comments:

- "My son is very happy here and really settled."
- "I have no concerns; the staff are good to him."
- "Such a change from the last place they lived; he appears more settled and contented."

Staff comments:

- "Happy have worked her 11 years, just could do with more staff; they are trying to recruit."
- "Staff from other houses help out to cover shifts."
- "The service users are well looked after."
- "We do our best for the service users."
- "Like working here, it is a good place. I have no issues."

During the inspection we provided a number of easy read questionnaires for service users to complete and share their views in regard to service quality and their lived experiences:

- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

No questionnaires were returned. There were no responses to the electronic staff 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 2 September 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 2 September 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
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	**Not met**
	Action taken as confirmed during the inspection: From records viewed it was noted that a large number of staff had not complete required training updates. It was noted that the staff training information provided did not accurately reflect training completed by staff. This area for improvement was assessed as not met and will be stated for a second time.	
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	**Not met**
	Action taken as confirmed during the inspection: It was identified that the staff training records and staff rota were not up to date and accurate. This area for improvement was assessed as not met and will be stated for a second time.	

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.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. However, from records viewed it was noted that a number of staff are required to complete training updates. An area for improvement that had been included in the QIP of the previous inspection in relation to this matter was assessed as not met and will be stated for a second time.

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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. We discussed with the manager the need for these records to be retained in a format that is accessible during inspection. Following the inspection assurances were provided that both the manager and the deputy manager have received training in relation to accessing information retained on the organisation's shared electronic systems.

Service users and their relatives 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 manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised moving and handling 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.

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.

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. It was noted that the agency's DoLS and Restrictive Practice registers were required to be reviewed and updated; this was included within the action plan provided by the agency and has been actioned.

From records viewed it was identified that a number of staff are required to complete DoLS training appropriate to their job roles. This was included in an area for improvement that had been included in the QIP from the previous inspection in relation to staff training, it was assessed as not met and will be stated for a second time.

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.

It was also noted that the agency had service users' meetings in the homes of the individual service users on a weekly basis, this enabled the service users to discuss the provisions of their care and plan their week. Some matters discussed included:

- Shopping
- Outings

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff a number of staff are required to complete training in Dysphagia and in relation to how to respond to choking incidents. This was included in an area for improvement that had been included in the QIP from the previous inspection in relation to staff training, it was assessed as not met and will be stated for a second time.

There was evidence that staff implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective. We discussed with the manager the benefits on including the date of the most recent SALT assessment in the service users' care plans.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. Staff were familiar with how food and fluids should be modified.

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 (Access NI), 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 the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. A spot check of staff registrations completed during the inspection indicated that staff were appropriately registered.

The manager advised that there were no volunteers operating within the agency.

The alphabetical index for staff was required to be reviewed and updated; this was included in the action plan provided by the agency following the inspection and has been actioned.

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 an orientation and induction, 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 an induction programme which also included shadowing of a more experienced staff member. We discussed with the manager the benefits of recording the dates staff completed shadowing shifts on the induction record.

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

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were arrangements in place to monitor the quality of the services provided by the agency. From reports viewed there was evidence of 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. However, it was identified from the reports viewed that the system was not robust for identifying areas for improvement and that they lacked detail in regards to the matters reviewed.

It was identified that on all three of the reports provided that the same service user care, medication and financial records and staff training areas were reviewed as part of the monitoring visits. It was not clearly recorded if all areas denoted on the action plans had been satisfactorily addressed. In addition, the reports did not consistently record the dates the monitoring visit had been completed.

It was concerning that the process in place to monitor the quality of the service provided, had not supported the agency in identifying that the matters included in the quality improvement plan issued following the last inspection specifically relating to staff training, staff rota information and staff working patterns had not been addressed. An area for improvement was identified.

It was identified from the review of staff rota information that on a number of occasions staff had worked excessive hours. There was no evidence that the manager had oversight of the rota information or the work patterns of staff and was not aware that some staff had been working excessive hours. This was included in the action plan provided to RQIA following the inspection; the agency has and continues to put in place measures to address this matter

In addition, it was noted that the staff rota information did not record the number of staff required in each area of the service and that the full names of staff provided were not recorded. This was included in an area for improvement that had been included in the QIP from the previous inspection, it was assessed as not met and will be stated for a second time.

It was identified that that the manager did not have clear oversight of the training completed by staff. During the inspection the manager was unable to access up to date information in regard to staff training. The manager advised that the training matrix had been updated and managed by an administrator, however the manager could not confirm if the information provided was an accurate reflection of the training completed by staff. An area for improvement had been included in the QIP of the previous inspection in relation to this matter was assessed as not met and will be stated for a second time.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was noted that information relating to complaints received, details of actions taken and the outcomes is retained electronically. However, it was noted that the manager could not access all information in regards to complaints received since the last inspection. This matter was included in the action plan provided by the agency to RQIA following the inspection and actions taken to address.

In addition, the manager advised that he did not have access to shared information systems for the organisation which retained information in regards to a range of matters including incidents and complaints. This was discussed with the head of service during the inspection and the Head of Operations following the inspection and assurances were provided that this matter had been resolved.

The Annual Quality Report was reviewed and was satisfactory; some comments included:

- "I am happy living here."
- "Support me with feeling safe and listen to me when I need support."
- "I have choices."

The manager advised that 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.

The Statement of Purpose and Service User Guide required updating with RQIA's contact details. The manager was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The person in charge agreed to update these following the inspection.

Mrs Mary Elaine Armstrong, had submitted an application for registration as the responsible person; this is currently being reviewed.

6.0 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 Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	1	2*

* the total number of areas for improvement includes two that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with Mr Alan Hutchinson, Registered Manager, the Head of Service and the Operations Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 23 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall provide a copy of the agency's monthly quality monitoring report to RQIA for the next three months. The reports should be submitted by the 10th of each month. Ref: 5.2.6
	Response by registered person detailing the actions taken:
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 12 **Stated:** Second 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: 5.1; 5.2.1 & 5.2.2
	Response by registered person detailing the actions taken:
Area for improvement 2 **Ref:** Standard 10.4 **Stated:** Second 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: 5.1 & 5.2.6
	Response by registered person detailing the actions taken:

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

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