Inspection Report

25 May 2021

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

Organisation/Registered Provider: The Croft Community Ltd **Responsible Individual:** Mr Clive Evans, 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 nine bungalows on site and two off site properties.	

2.0 Inspection summary

An unannounced inspection took place on 25 May 2021, at 10.20am by the care inspector.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, 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. There was evidence of robust governance and management oversight systems in place. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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.

The inspection focused on:

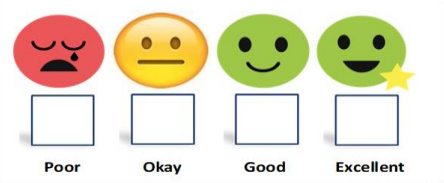
- contacting the service users, their relatives, HSCT representatives and staff to obtain their views of the service.

- 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. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for those supported to obtain their comments on the quality of the service:



- **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?**

Returned questionnaires indicated that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- "I love my key worker, XXXXXX and XXXXX."
- "Happy with care and support from staff."
- "Happy with the service."
- "I'm happy with my care support."
- "I like my key worker, xxxxx."
- "My care is good."

In addition, we spoke with six service users and three staff during the inspection; comments received are detailed below.

Service users' comments:

- "I love it here; the staff are good to us."
- "I am very happy here, I miss getting out because of the virus."
- "Staff help us and make the dinners."
- "I like listening to music; the staff help us tidy the house."
- "I speak to the staff if I am worried."

Staff comments:

- "I like working here, I have no problems."
- "The manager is approachable; we can raise issues. I cannot wait to be able to do more with the service users. The activities and trips out have been reduced due to Covid."
- "We have enough PPE and we got information about Covid 19."
- "I get supervision."
- "I love my job, the service users are great; they are all well looked after."

Comment [JF1]: Dean can you check the alignment

We visited a number of service users in their own homes; those who could not communicate their views to us appeared comfortable in their surroundings.

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 last inspection?

The last inspection of The Croft Community was undertaken on 28 May 2020 by a care inspector. The inspection sought to assess compliance with regards to a Failure to Comply (FTC) Notice issued on 13 May 2020. Evidence was available to validate compliance with the Failure to Comply Notice.

Areas for improvement from the last inspection on 28 May 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 5.1 **Stated:** First time **To be completed by:** Immediate from the date of the inspection undertaken on 27 June 2019	The responsible individual shall ensure that a separate statement of purpose is made available for the supported living facility. Ref: 6.2 **Action taken as confirmed during the inspection**: It was identified that a Statement of Purpose is in place relating specifically to the domiciliary care agency.	**Met**
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 11.2 **Stated:** First time	The responsible individual shall ensure that criminal history disclosure information at the enhanced disclosure level is sought from persons who change roles within the organisation.	**Met**

To be completed by: Immediate from the date of the inspection undertaken on 27 June 2019	Ref: 6.2 **Action taken as confirmed during the inspection**: We noted that that criminal history disclosure information at the enhanced disclosure level (Access NI check) had been is obtained for a staff member who changed roles within the organisation.	
Area for improvement 2 **Ref**: Standard 9.1 **Stated:** First time **To be completed by:** Immediate from the date of the inspection undertaken on 27 June 2019	The responsible individual shall ensure that induction policies and procedures are in accordance with statutory requirements. Ref: 6.2 **Action taken as confirmed during the inspection**: The agency's staff induction policy outlines the procedure for induction and the timescales are recorded.	**Met**

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 reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position Report for the agency has been formulated.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff 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 regards to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no referrals had been made with regards to adult safeguarding since the last inspection. Adult safeguarding matters are reviewed as part of the quality monitoring process.

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.

The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

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.

It was noted that the majority of staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements are in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and where appropriate assessed.

The manager discussed plans in place to address DoLS practices in conjunction with the HSCT. It was identified that where a service user is experiencing a deprivation of liberty, the agency is in the process of completing DoLS assessments for individual service users in conjunction with the HSCT representatives. We viewed a proforma of a DoLS register currently being implemented within the agency.

It was noted that where restrictive practices are in place appropriate risk assessments had been completed in conjunction with the HSCT representatives.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a clear 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 care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

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

The agency has completed risk assessments for individual service users with regards to visiting arrangements during the Covid-19 restrictions. It was positive to note that a number of service users had regular contact with family and friends.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the human resources department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, service user's relatives, staff and HSCT representatives.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, NISCC registration and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been addressed.

There is 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 policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's) Significant Event Analysis's (SEA's) or Early Alert's (EA's).

The discussions with 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 their home environment. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was noted that a number of service users have been assessed by the Speech and Language Therapist (SALT) in relation to Dysphagia needs and specific recommendations made. Staff were implementing the recommendations to ensure the care received was safe and effective for each individual service user.

It was identified that staff have completed training with regards to Dysphagia and SALT swallow assessments and recommendations. The discussions with staff and review of service user care

records indicated that they had a good understanding of the needs of individual service users with regards to swallowing difficulties and any modifications to their food and fluid intake.

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are 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

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

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