

Unannounced Care Inspection Report 24 September 2020



Leonard Cheshire Disability

Type of Service: Domiciliary Care Agency
**Address: Taylor House, 10/12 Derryvolgie Avenue,
Belfast, BT9 6FL**
Tel No: 02890200065
Inspector: Michele Kelly

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Taylor Cheshire House is a supported living type domiciliary care agency operating under the auspices of Leonard Cheshire Disability. The agency provides domiciliary care services to 22 service users with physical disabilities, such as spinal injuries and cerebral palsy and or sensory impairments. Service users are provided with support in a range of activities of daily living, such as managing financial affairs, shopping, maintaining social activities and relationships, cooking and a range of personal care support. The service users each have a tenancy agreement with Choice Housing Association. The service currently employs 30 staff.

3.0 Service details

Organisation/Registered Provider: Leonard Cheshire Disability Responsible Individual: Fiona McCabe	Registered Manager: Zoe Alexander
Person in charge at the time of inspection: Zoe Alexander	Date manager registered: 11 September 2019

4.0 Inspection summary

An unannounced inspection took place on 24 September 2020 from 10.30 to 14.00.

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.

Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection raised concerns in relation to a number of matters relating to Leonard Cheshire services. The information received related specifically to staffing arrangements, induction and staff training for care workers. Concerns were also raised in relation to the supply of Personal Protective Equipment (PPE) and staff monitoring to ensure compliance with the Public Health Agency (PHA) guidance on Infection Prevention and Control (IPC). The information also highlighted matters relating to governance and management arrangements.

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, where RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the agency.

Following an assessment of information held by RQIA relating to the service and in light of the concerns raised, an inspection was undertaken on 24 September 2020 to examine the agency's current compliance with The Domiciliary Care Agencies regulations and standards. Due to the potential impact on service users, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

The inspection findings for Taylor House did substantiate one of the concerns raised within the information shared with RQIA regarding redeployed staff and induction records. An area for improvement is made in relation to induction records. An area for improvement is also made in respect of monthly quality monitoring processes.

Areas of good practice were identified in relation to the completion of checks with Access NI. Good practice was found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance and the use of PPE guidelines.

Service users and relatives spoke positively about living in Taylor House. A matter discussed with a service user was highlighted by the inspector to the manager and Health and Social Care Trust (HSCT) representative for further review.

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

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Zoe Alexander, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 28 October 2019

No further actions were required to be taken following the most recent inspection on 28 October 2019.

5.0 How we inspect

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

The following areas were examined during the inspection:

- Staffing arrangements, relating to staff who had been redeployed to caring duties
- Staff duty rosters
- Staff recruitment records
- Staff induction records
- Staff training records including competency assessments
- Accident/Incident records
- Adult safeguarding concerns
- Infection prevention and control practices
- Governance and management arrangements

- Records pertaining to staff' registrations with the Northern Ireland Social Care Council (NISCC)
- The management of complaints
- The management of safeguarding incidents
- A number of policies and procedures.

During the inspection we spoke with two service users, one relative and two staff members. Following the inspection the inspector spoke on the telephone with one former member of staff, one relative and one HSCT professional.

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/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. There were no questionnaires or responses completed and returned to RQIA prior to the issue of the report.

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

6.0 The inspection findings

6.1.1 Service User Experience

Comments from service users:

"Staff have been fantastic throughout lockdown"
 "I enjoyed seeing new faces"
 "I couldn't speak highly enough, I feel blessed"
 "Staff are a good supportive team"

Comments from relatives:

"It's a great place, couldn't praise them highly enough"
 "I know there are visiting restrictions but that's the way it is"
 "Staff are lovely"
 "The manager is great"

There were no questionnaires completed and returned to RQIA from service users, their representatives or staff at the time of issue of the report.

6.1.2 Staffing

Discussion with service users, a team leader and review of staff rosters confirmed that there was sufficient staff in place to meet the needs of service users.

Staff comments included:

"At the minute we are fully staffed"
 "I have no concerns"
 "We feel safe"

“This is the new normal”

The manager confirmed that volunteer coordinators had been deployed during the period at the beginning of the pandemic to cover gaps in the rota due to staff being ill or self-isolating due to Covid-19. Information received following the inspection demonstrated that mandatory training had taken place however, we could not evidence that volunteer coordinators had been fully inducted as signed records were not available. An area for improvement has been made.

A redeployed member of staff spoken with following inspection confirmed that on one shift worked there were only three members of staff on duty when there were normally four. Two of these staff had been redeployed and one was an occasional worker. This was confirmed by staff spoken to on the day of inspection and occurred at a particularly challenging time for the service in the early stages of the pandemic. The former member of staff acknowledged that senior staff were available on the telephone and that “we managed ok because of previous experience.”

The review of two recruitment records confirmed that AccessNI checks had been undertaken prior to staff members commencing in post. .

The review of the records confirmed that training had been provided to enable the staff to meet the service users’ needs. Staff spoken with stated that they felt supported by management although it was stated that some staff believed they were not engaged in consultations regarding recent organisational changes.

No concerns were raised with us in relation to staff not feeling capable to fulfil their roles.

6.1.3 Infection prevention and control procedures

Enhanced cleaning schedules were in place, to minimise the risks of cross contamination and there were procedures for checking the temperatures of all those entering the building, including daily staff and service user checks, in accordance with the Covid-19 Guidance for Domiciliary Care Providers in Northern Ireland (16 June 2020).

Service users spoken with stated that they had been advised to keep a distance of two metres from other people and the use of communal areas had been restricted in order to reduce service users’ close interactions with each other. Service users spoken with raised no concerns in relation to this. Hand sanitisers were placed in different areas throughout the building for service users, staff and visitors to use to ensure good hand hygiene.

Information in relation to Covid-19 was available to staff in a Covid-19 folder. The staff spoken with stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. The person in charge was aware of the protocols for self-isolation and testing requirements for service users and staff. Review of staff meeting minutes confirmed that staff were reminded of their responsibilities in relation to infection prevention and control and the appropriate use of PPE. Staff spoken with confirmed there were adequate supplies of PPE within the service.

6.1.4 Governance and management arrangements

In accordance with the Covid-19 Guidance for Domiciliary Care Providers in Northern Ireland, RQIA undertook to work with providers to come to solutions that may not ordinarily be in

keeping with the standards or regulations, but which would provide safe and pragmatic remedies to issues that could never have been planned for. On this basis, Leonard Cheshire Disability took the decision to suspend the monthly monitoring visits for a three-month period. During the inspection, we identified that the monthly monitoring visits had not been undertaken from March 2020. This meant that a five month period had lapsed since the last monitoring visits. Whilst RQIA acknowledges that Leonard Cheshire Disability continued with other audit processes during this time the findings of this inspection indicated that they may not have been as conclusive as the Regulation 23 monitoring visits. An area for improvement has been made in this regard.

There was good management oversight of any accidents or incidents which occurred in the service. The agency had reported any notifiable incidents to RQIA, appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the organisation who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. Incidents which had been referred to adult safeguarding and NISCC were discussed on the day of inspection and the inspector was satisfied with actions taken.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the agency's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years in accordance with the timescales outlined in the minimum standards. Policies were noted to be held electronically and were accessible to staff.

.Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI, NISCC registrations, safeguarding, and policies and procedures.

Good practice was found in relation to infection prevention and control; all staff and service users confirmed this during discussions and were observed adhering to the current Covid-19 guidance and the use of PPE guidelines

Areas of improvement

Areas for improvement related to induction and monthly quality monitoring processes.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Zoe Alexander, 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.

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	
Area for improvement 1 Ref: Regulation 23 (1) Stated: First time To be completed by: Immediate and ongoing	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This refers specifically to the completion of the quality monitoring visits, which must be undertaken on a monthly basis. Ref: 6.1.4
	Response by registered person detailing the actions taken: Quality Monitoring visits are in place in the service on a monthly basis as required under Regulation 23(1). From the period mentioned, additional governance arrangements were in place as communicated at the time to RQIA.
Area for improvement 2 Ref: Regulation 21 (1) Schedule 4(6) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that records are maintained which evidence that induction training had been completed for newly appointed staff. Ref: 6.1.2
	Response by registered person detailing the actions taken: Induction training records are completed for all new staff. This has been and remains standard practice.

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



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