

# Inspection Report Adult Placement Agency

9 May 2022



## Lakeview

Type of service: Adult Placement Agency  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western HSC Trust	<b>Registered Manager:</b> Mrs Glenda Barnett
<b>Responsible Individual:</b> Mr Neil Guckian	<b>Date registered:</b> Pending
<b>Person in charge at the time of inspection:</b> Mrs Glenda Barnett.	
<b>Brief description of the accommodation/how the service operates:</b> Lakeview Adult Placement Agency is a community based shared care project that promotes the rights of the individual users to access a home from home adult placement in the community. This is through the provision of permanent placement/host placements in family homes where the individual has the opportunity to share family life.  The agency currently had 46 adults within placements supported by 36 Adult Placement Carers.	

## 2.0 Inspection summary

An announced inspection was undertaken on 9 May 2022 between 09.00 a.m. and 12.00 a.m. conducted by the care inspector. This inspection focused on carer recruitment and induction, adult safeguarding, notifications, complaints, whistleblowing, deprivation of liberty safeguards DoLS, the involvement of those supported, monthly quality monitoring, Dysphasia and Covid-19 guidance.

It was good to note a number of compliments received by the agency, some of which include:

- “Thanks for all the help during my recent bereavement.”
- “Thanks to \*\*\*\* for assisting me throughout a difficult time.”

Good practice was identified in relation to the involvement of those supported, Covid-19 and quality monitoring arrangements. There were good governance and management arrangements in place. Carers we spoke with demonstrated effective caring values and a desire to provide those supported with good quality, personalised care. Carers knew the choices and preferences of those people supported well, and benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure carers were clear about their role and responsibilities. The agency was well organised and had a range of systems in place to ensure its function and to support effective communication.

The inspector would like to thank the manager, staff, those supported and APA carers for their support and feedback during the inspection.

### 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.

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 adult placement 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 peoples' rights. Users of adult placement agencies 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 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 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.

Our reports reflect how services 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.

The inspection focused on:

- consultation with the those supported, the APA carers and the agency manager to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

### 4.0 What people told us about the service:

We spoke with a selection of APA carers prior to the inspection. Information was provided to APA carers and those supported on how they could give feedback on the quality of service provided and this included questionnaires. A number of questionnaires were returned in which people stated that they were satisfied or very satisfied with the service provided. Carers' outcomes were consistently good, and their feedback confirmed this.

#### Carer comments:

- "Totally happy with service provided as is the client herself."

- “Xxxx couldn’t praise the staff enough.”
- “Xxxx is kept up to date with all information. If she has any concerns she knows who to contact and she even get reminders.”
- “Always kept up to date of any changes or information. They are a wonderful bunch of people and a fantastic team.”
- “A great service.”
- “They have been in constant contact during Covid-19 and have supplied all PPE.”
- “All my training has been updated.”
- “I have had a very positive experience with the service.”
- “Nothing is too much trouble for them.”

## **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 to Lakeview APA was undertaken on 10 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 policy and procedures were reflective of the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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.

It was noted that carers were required to complete adult safeguarding training during their induction programme and updates thereafter in line with legislation and draft standards.

The manager indicated that they and the carers had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They 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 had a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

Carers who spoke to us stated that they had no concerns regarding the safety of those supported; they described how they could speak to agency staff if they had any concerns in relation to safety or the care being provided. The agency has provided those supported and carers with information in relation to keeping those supported 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 are managed in accordance with the agency's policy and procedures.

Carers were provided with training appropriate to the requirements of their role. Review of the training records identified that all training required was up to date.

One person supported required the use of specialised equipment. Training had been provided and formed part of ongoing care reviews. The manager was aware of how to source training should any equipment be required in the future.

Agency staff had completed Deprivation of Liberty Safeguards DoLS training appropriate to their job roles. One of the people supported was subject to DoLS and all the required documentation was in place and reviewed. The manager confirmed that APA carer DoLS awareness training will be assessed and will be reviewed during the next inspection.

The manager and staff demonstrated that they had an understanding that those supported who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act MCA. The MCA requires that, as far as possible, those supported make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. MCA training had been completed by all carers as part of their induction programme.

### **5.2.2 What are the systems in place to ensure robust Carer recruitment?**

Records evidenced that recruitment was completed in conjunction with the organisation's Human Resources (HR) department. The review of the agency's recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards. The records reviewed evidenced that criminal record checks (Access NI) had been completed for all current Carers.

### **5.2.3 People supported involvement**

A review of the care records of those supported care records and through discussions with the manager and carers, it was positive to note that service users had an active input into planning their care, thus placing them at the centre of care. The care plans contained details about the individual's likes and dislikes and the level of support required, and this assisted the agency and carers to support people in making daily choices and decisions.

There were enough carers to make sure people received the support they needed, including facilitating their chosen activities.

RQIA was satisfied that care was person-centred and delivered in a way that promoted dignity, privacy and human rights. Care plans were person centred and ensured the person was involved in the development and review of their plan as far as possible.

#### **5.2.4 What are the arrangements for the induction of Carers?**

The manager confirmed that an induction programme was available for newly recruited carers. This document was reviewed and found to comprehensively meet the induction requirements in line with regulations and the draft standards.

#### **5.2.5 What are the arrangements to ensure robust managerial oversight and governance?**

There were monitoring arrangements in place in compliance with regulations and draft standards. Records reviewed showed that monitoring visits were undertaken on a regular basis. This was where an agency staff member visited a carer's home when the person supported was present, so that daily tasks could be observed and it verified that carers were meeting the required standards. Reports relating to the agency's monitoring visits were reviewed and found to be robust. The feedback provided to monitoring staff included the following:

##### **Those supported:**

- "I'm happy and enjoy the activities."
- "I love being with \*\*\*and \*\*\*\*\*."
- "I'm good and things are good."
- "I'm happy to be with \*\*\*\*\*and \*\*\*\*\*."
- "I'm good and all is well aver happy."
- "I am very happy residing here."

##### **Carers' comments:**

- "\*\*\*\*\* is in good form and all is well at the moment."
- "Many thanks no issues to highlight."
- "I'm happy the way things are."
- "I'm happy with the service support."
- "Things are going from strength to strength."

The provider had ensured that the quality assurance systems in place were effectively and positively impacting the quality of the service received by those supported.

We found an effective annual quality assurance survey took place and reviewed the results, outcomes were satisfactory. The service delivered had also been regularly reviewed through a range of internal audits. The provider regularly sought a good range of feedback from people supported and their carers which was consistently positive. We noted some of the comments received from the annual survey: (Regulation 25.)



The provider had ensured that the quality assurance systems in place were effectively and positively impacting the quality of the service received by those supported. The service delivered was regularly reviewed through a range of internal audits and there was an annual satisfaction survey where feedback from people supported and their carers was sought. A review of the feedback indicated a high level of satisfaction. Some of the comments received from the annual survey were as follows:

**Those Supported:**

- “(\*\*\*\*) family are like family to me.”
- “I enjoy the company when I go to (\*\*\*\*).”
- “I really enjoy living with (AP carers).”

**Adult Placement Carer/ Host Carer feedback:**

- “Watching the person we care for making positive changes has been the best experience in the past year.”
- “I am happy with the situation, the staff support me and the families are lovely.”
- “Everything within the scheme runs very smoothly.”

**Social worker feedback:**

- “It is clear \*\*\*\*\* is very happy with the support he receives.”
- “It quickly becomes evident that \*\*\*\* is happy and content in his home environment.”
- “\*\*\*\*\* loves his home and (AP carer) is an excellent carer for him.”

**Service User family feedback: -**

- “\*\*\*\*\* includes \*\*\*\* within her family activities.”
- “\*\*\*\*\* is very relaxed in her company \*\*\*\* and I feel she understands him.”
- “\*\*\*\*\* has a special bond with \*\*\*\* and enjoys going.”

## 5.2.6 What Covid-19 arrangements were in place to support carers?

It was established that carers were made aware of covid-19 plans in line with good practice

The agency had provided written guidance in relation to the use of personal protective Equipment (PPE) which was also available in easy read format.

The agency had also shared updated guidance and good practice information relating to Covid-19 about infection prevention and control (IPC) and the safe storage and disposal of PPE.

## 5.2.7 Are their arrangements in place for carer training? What are the arrangements for the training of carers?

Carers consulted with prior to the inspection spoke positively about the variety and level of training they had received to enable them to fulfil the duties and responsibilities of their role. Carers stated that training was of a good standard. A review of a sample of staff training records concluded that carers had received mandatory and other training relevant to their roles and responsibilities throughout 2020 and 2021. The manager confirmed that the agency was reviewing DoLS training for carers; this will be reviewed during the next inspection.

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

The manager confirmed that the agency had received a number of specific recommendations from Speech and Language Therapy (SALT) in relation to current service users. Records in place were reviewed and were satisfactory. The manager confirmed that Dysphagia awareness and training was being reviewed with carers.

**6.0 Conclusion**

Based on the inspection findings and discussions held, RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and that the service was well led by the manager/management team.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Glenda Barnett and other staff as part of the inspection process and can be found in the main body of the report.





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