

Unannounced Care Inspection Report

8 December 2020



Livability Lisburn

Type of Service: Domiciliary Care Agency
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Inspector: Corrie Visser

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Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

Livability is a supported living type domiciliary care agency providing care and support to service users living at various locations in the Lisburn area. The office is located in Comber.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting service users to live as independantly as possible and maximising quality of life. The agency seeks to enable people to achieve autonomy and choice in the support they receive and the lives they pursue.

3.0 Service details

Organisation/Registered Provider: Livability	Registered Manager: Ms Samantha Aston
Responsible Individual: Mr Stuart Dryden	
Person in charge at the time of inspection: Ms Samantha Aston	Date manager registered: 22 January 2020

4.0 Inspection summary

An unannounced inspection took place on 8 December 2020 from 10.15 to 15.45 hours.

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. Since the date of the last care inspection, RQIA was notified of a small number of notifiable incidents. It was therefore decided that an inspection would be carried out using an on-site inspection approach in line with social distancing guidance.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 which is maintained by the agency in relation to the safeguarding of adults (2016).

On the day of the inspection we discussed safeguarding incidents which had occurred with the manager and deemed that they had been managed appropriately. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received two complaints since the last inspection. The complaints reviewed were dealt with satisfactorily that show positive outcomes for the complainants.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), monthly quality monitoring reports and the management of incidents and complaints.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention control (IPC) measures.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 11 March 2019

No further actions were required to be taken following the most recent inspection on 11 March 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.

Following our inspection we focused on contacting the service users, their relatives and staff to obtain their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. Two service user/relative questionnaires were received, one however was received after the closing date; analysis and comments are included in this report. No staff responses were received.

Following the inspection we communicated with two service users, five staff members and two service users' relatives.

No areas for improvement were identified at the last inspection.

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

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 Inspection findings

Recruitment:

On the day of inspection, we reviewed three staff recruitment files. It was evident that the manager was knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards, 2011 which relates to Access NI. All pre-employment checks had been completed prior to a date of commencement being provided to the staff member. This ensures that the persons employed are suitable to be working with service users.

The NISCC matrix reviewed confirmed all staff were registered with NISCC. The manager advised that staff registration is checked on a monthly basis and a reminder is sent to staff who are due to renew their registration. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Staff also confirmed their knowledge of this when providing feedback.

Comments from service users included:

- "Staff are very good to me."
- "I like living here as I like the company."
- "We do games and activities."
- "I am used to the staff wearing their masks, gloves and aprons. I have to wear a mask when I go out."
- "I am happy living here."
- "Staff are good."
- "No bad things."

Comments from service users' relatives included:

- "I am very happy."
- "They take my relative out for a nice walk, a coffee and a chat which my relative enjoys."
- "Absolutely happy."
- "They treat my relative with respect."
- "No concerns at all."
- "The staff keep in touch with me about my relative."

Comments from care workers included:

- "Support is there from management."
- "It has been a bit of a struggle due to Covid as we have been unable to take the people we support out into the community."

- “PPE is grand. We just have to ring if we are running low on supplies.”
- “There has been a lot of guidance provided throughout the pandemic.”
- “The guidance is up on the noticeboards for all staff to read.”
- “Spot checks are ongoing. These are including checks regarding PPE as well as medication.”
- “The pandemic has been very difficult but I think we have coped well.”
- “We get frequent updates regarding the pandemic passed to us.”
- “Management are supportive and understanding.”
- “We are missing out on face to face training but the online training has been ongoing.”
- “Management would encourage us to do extra training and try to accommodate us if we want to do more training.”
- “I was very surprised at the amount of training that was available. I have life experience but no formal care experience and found that the induction and mandatory training gave me the skills and knowledge required to enable me to deliver the care to support people.”
- “I think they are brilliant to work for.”
- “The team leaders are very good.”
- “My first two weeks were shadowing shifts which I found really beneficial.”
- “Management deal with every incident very well.”

Two service user/relative questionnaires were received, one, however, was received after the specified closing date. The respondent was ‘very unsatisfied’ that the care being delivered was safe, effective, compassionate and well led. Comments included:

- “Some staff good, others sadly lacking in skills needed for supported living.”

This was discussed with the manager who advised they were aware of these views and the service user’s social worker had been consulted and was dealing with the issues. The manager also advised that all staff receive training during their induction as well as refresher training throughout the year. Staff are also subject to spot checks by management to review their practice and identify any further training required.

Covid-19

We spoke to the manager and to two staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE, including double bagging used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance. Competency assessments had also been completed for every staff member in relation to IPC and a hand hygiene audit had also been undertaken on staff.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- Dissemination of information to staff.
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19.
- PPE storage and disposal.
- Staff training and guidance on IPC and the use of PPE equipment in line with guidance.

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service.

Based on feedback it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. During discussion with staff it was positive to note that they are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with NISCC, monthly quality monitoring reports and the management of incidents and complaints.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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