

Inspection Report

06 May 2022



5 Lilburn Hall

Type of Service: Domiciliary Care Agency
Address: Avenue Road, Lurgan BT66 7TL
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Assurance, Challenge and Improvement in Health and Social Care

1.0 Service information

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Maria O’Kane (Acting)	Registered Manager: Mrs Dympna Casey – Not registered Date registered: Mrs Dympna Casey - application received 28 April 2021 – registration pending
Person in charge at the time of inspection: Mrs Dympna Casey	
Brief description of the accommodation/how the service operates: 5 Lilburn Hall is a supported living type domiciliary care agency which provides care and support to six service users with a learning disability who live in two houses in Lurgan. The Southern Health and Social Care Trust (SHSCT) provide the staff that deliver the care and support to service users. The service users have individual rooms and a range of shared facilities and are supported to be involved in decisions associated with their care and support.	

2.0 Inspection summary

An unannounced inspection took place on 6 May 2022 between 9.50 a.m. and 1.30 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, restrictive practices, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Dysphagia and Covid-19 guidance were reviewed. The inspection also focused on the financial systems and controls in place at the agency regarding service users’ monies.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place in relation to the care and support provided to service users.

Concerns were raised as service users were charged the full costs of utility bills with no reduction for the house occupied by members of staff. An area for improvement was identified in relation to these charges.

5 Lilburn Hall use the term ‘tenants’ to describe the people they provide care and support to. However, for the purposes of the inspection report, the term ‘service user’ is used, in keeping with the relevant regulations.

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 the previous areas for improvement issued, 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. As an individual with a learning disability we will review how service users are respected and empowered to lead a full and healthy life in the community and how they are supported to make choices and decisions in everyday life that enables them to develop, live a 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 questionnaires and an electronic survey.

4.0 What people told us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of 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?

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. The questionnaires highlighted a small number of matters, which were raised with the manager for review and action as appropriate.

During the inspection we met with a number of service users and staff members. The service users were observed to be relaxed and comfortable in their interactions with staff. Staff spoken with indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

"It is okay living here."
 "The staff are great."

Staff comments:

- "All is brilliant here, the management team are very approachable and are absolutely amazing."
- "It is an absolute pleasure to work here, we are always pushed to do our best. And promote (the service users) independence."
- "I have no concerns, I find the team very thoughtful and they are great at coming up with new ideas, such as celebrating the forthcoming Jubilee and Learning Disability Week."

Relatives' comments:

- "I could not fault Lilburn with the care. They have been brilliant to (service user's name). It is so good, I would move in myself if I could. The staff could not have done anymore. My relative has a great range of activities and is so much healthier from being there."
- "Lilburn is a great facility, they are very happy there."

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led.

Written comments included:

- “Lilburn is a pleasure to work in! The staff work well as a team and are very supportive towards each other and tenants.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

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.

An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

The last inspection to 5 Lilburn Hall was undertaken on 19 November 2020 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 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).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during their induction programme and then every two years thereafter. 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 within normal business hours and out of hours. They could also 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 retained records of referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the police service of Northern Ireland (PSNI); no such incidents had occurred since the last inspection.

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment but she was 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.

All staff had been provided with training in relation to medicines management. 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.

Staff had completed appropriate DoLS training appropriate to their job roles. Advice was given in relation to developing a resource folder and made available for staff to reference. The manager reported that none of the service users were subject to DoLS.

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 Mental Capacity Act (MCA). The 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.

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

5.2.2 Service user involvement.

From reviewing care records, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. Individual service users' care plans contained details about their likes and dislikes and the level of support they may require. The review of individual care records identified that there was a strong focus on human rights. For example, the service users had a choice as to where they lived and who they lived with. They also had a choice about who supported them. It was good to note that they were informed of their right to consent/decline and that decisions made in their best interests were explained to them.

It was also good to note that the agency had service users' meetings on a regular basis which provided opportunity for service users to discuss the provisions of their care. Some matters discussed included:

- What activities the service users want to do each week
- What meal choices the service users wanted
- Things to do to keep our houses and the garden clean and tidy
- Grocery shopping
- Planning to go to the Opera House to see 'Mamma Mia'
- Planning day trips and holidays."

- Planning hair and beauty salon appointments
- Going for a drive.

It was important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the current pandemic. The care and support plans included a section on Social Inclusion. This included the use of local amenities, attendance at local religious services, use of transport and various daytime activities. The care plans were read to service users, who may have had difficulty reading it.

Service users were provided with an easy read document to explain what the Covid-19 pandemic meant and how they could keep themselves safe and protected from the virus. There was also an easy read document about the Covid-19 testing procedure. Some individuals with learning disabilities may still experience anxiety about the virus outbreak. It was good to note that Covid-19 was a standing item for discussion at the service users' meetings.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). An identified service user had difficulty swallowing and required their meals to be of a specific consistency. Review of training records confirmed that staff had completed training in Dysphagia and First Aid, which includes how staff should respond to choking incidents.

Review of care records identified that the care plan reflected the SALT risk assessment.

5.2.4 What systems are in place for staff recruitment and are they robust?

Staff recruitment was undertaken by the Business Services Organisation (BSO), to ensure that the appropriate checks were completed before staff members commenced employment and had direct engagement with service users. No new staff had been recruited since the last inspection.

A review of the records confirmed that all staff provided were appropriately registered with their regulatory body. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. The manager was advised to ensure that her own name was included in the monthly review of registrations.

The manager advised that there were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

The manager confirmed that an induction programme was available for newly appointed members of staff. This document was reviewed and comprehensively meets the induction requirements in line with the NISCC standards. New staff always shadowed experienced staff until they were comfortable and competent to work independently.

5.2.6 What arrangements are in place to ensure that service users' monies, valuables and personal property are appropriately managed and safeguarded?

As part of the inspection process, RQIA was made aware that service users' contribute to a "house budget" each Month. These monies are used to pay for utilities and food. It was identified that the full amounts of the invoices from the oil and electric suppliers were being divided by the total number of service users within the houses. This provided a charge per service user. The monies used to pay the bills were taken from each of the house budgets. Concerns were raised during the inspection as there was no reduction in the bills for the accommodation occupied by agency staff prior to the charge to service users.

We informed the manager that this was an inappropriate charge to service users and the practice had been previously identified by RQIA as potential financial abuse. RQIA are currently in discussions with the SHSCT in relation to these findings. This was identified as an area for improvement.

RQIA will be in further discussions with the SHSCT following the inspection. Any further action by RQIA will depend upon the outcome of the review by the SHSCT.

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

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's monthly quality monitoring process established that there was engagement with service users, their' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

The manager advised that no Serious Adverse Incidents (SAI's) had occurred since the last inspection.

The agency's registration certificate was up to date and displayed appropriately.

The manager advised that no complaints had been received since the last inspection. It was also noted that complaints were routinely included in the agency's monthly quality monitoring process.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement was identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

	Regulations	Standards
Total number of Areas for Improvement	1	0

The areas for improvement and details of the QIP were discussed with Dympna Casey, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 14 (b) & (d) Stated: First time To be completed by: 24 July 2022	<p>The registered person shall ensure that service users' finances and property are administered in a manner that does not result in any loss or disadvantage to the service user.</p> <p>A system should be implemented to ensure service users are not charged utility bills for premises occupied by Trust staff. RQIA should be informed of the arrangements for appropriate restitution to service users.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: The SHSCT is now contributing to all utility bills for Lilburn Hall. The Trust will contribute an equal share of these bills going forward.</p>

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