

Announced Care Inspection Report 19 November 2020



5 Lilburn Hall

Type of Service: Domiciliary Care Agency
Address: Avenue Road, Lurgan BT66 7TL
Tel No: 028 3831 6521
Inspector: Aveen Donnelly

www.rqia.org.uk

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

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 locations 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.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Shane Devlin	Registered Manager: Not applicable
Person in charge at the time of inspection: Acting manager	Date manager registered: Not applicable as the permanent manager has yet to be appointed

4.0 Inspection summary

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.

The last care inspection was undertaken on 28 August 2018. An inspection was not undertaken in the 2019-2020 inspection year, due to the risks associated with the spread of Covid-19. Since the date of the last care inspection, RQIA was notified of a small number of notifiable incidents. No other correspondence or communications were received in respect of the agency.

In consideration of the agency's regulatory history, in addition to RQIA not being made aware of any specific risk to the service users within 5 Lilburn Hall, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to Covid transmission.

An announced inspection took place on 19 November 2020 from 10.00 to 11.30 hours.

This inspection was completed following a review of information requested to be submitted to RQIA prior to the inspection. During the inspection, we focused on discussing aspects of the submitted information, in order to substantiate the information. We also focused on contacting stakeholders to obtain their views on the service quality.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff visited service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with them. This was also verified through discussion with the manager, service users and service users' representatives. We also reviewed the list of all Covid-related information, disseminated to staff and displayed throughout the agency.

The inspection also assessed progress with the area for improvement identified during the last care inspection.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance on the use of personal protective equipment (PPE).

All those spoken with indicated that they were happy with the care and support provided.

We were advised that the permanent manager of the agency has yet to be appointed. Advice was given in relation to the need for a registration application to be submitted to RQIA, when the recruitment process has concluded.

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.

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.

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 the 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 28 August 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 August 2018.

5.0 How we inspect

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

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with the manager.

During our inspection we focused on contacting the service users, their relatives, staff and health and social care' (HSC) representatives to find out their views on the service.

To ensure that the appropriate staff checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19: guidance for domiciliary care providers in Northern Ireland (updated 16 June 2020).

The manager advised that there had been no complaints received since the date of the last 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.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service users/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

6.0 The inspection

Areas for improvement from the last care inspection dated 28 August 2018		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13(d) Schedule 3 Stated: First time To be completed by: Immediate from the date of inspection.	The registered person shall ensure that no domiciliary worker is supplied by an agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	Met
	Action taken as confirmed during the inspection: Review of the recruitment records confirmed that the declaration of physical and mental health fitness was in place.	

6.0 What people told us about this agency

The information received shows that people were satisfied with the current care and support. During the inspection we spoke with the manager and four staff members using technology. All staff were wearing face masks and they confirmed that they wore other personal protective equipment (PPE) as necessary.

We requested to speak with service users. However there were no service users available on the day of the inspection. We also spoke with two service users' representatives, by telephone, who indicated that they were very happy with the care and support provided by the agency. One HSC representative was spoken with, by telephone. Comments are detailed below:

Staff

- “It is all very good here, we are well rehearsed in what we need to do. Management are very approachable.”
- “It is a pleasure to come to work, there is a sense of happiness about the place. I have a good relationship with management, they are very approachable.”
- “Everything is good, the service users love living here. Their activities have been restricted because of lockdown, but we bring in things for them to do, even the next of kin’s would tell us what a great job we are doing.”
- “We all work well together, the Band five’s (senior support workers) are amazing.”

One staff member was able to describe the positive outcome experienced by a service user, following staff intervention.

Service users’ representatives

- “I have no concerns, we are more than happy with the way (my relative) is being looked after, the staff are the salt of the earth, just fantastic. My (relative) has come on leaps and bounds and has developed so much from being there. I am a strong advocate for Lilburn Hall and ask that my compliments are passed on to them. They love everyone who lives there and nobody would ever be bad to someone they love.”
- “I am quite happy, it is a steady, organised service. It is quite easy to get a response to any issues raised.”

HSC’ representative

- “The staff are doing fantastic job, trying to ensure safety. The staff are very good at keeping us updated.”

Four relatives provided feedback via the electronic survey. All respondents indicated that they felt ‘satisfied’ or ‘very satisfied’ that the care was safe, effective and compassionate; and that the service was well-led. Written comments from one relative included that they felt ‘generally satisfied with quality of service’. No staff responses were received.

6.1 Inspection findings

Recruitment

The review of the staff records confirmed that recruitment was managed in keeping with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of the staff records confirmed that all staff are currently registered with NISCC. We noted that there was a system in place each month for monitoring staff registrations. The manager advised that staff are not permitted to work if their professional registration lapses. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Covid-19

No service users or staff had contracted Covid since the beginning of the pandemic. Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19.

Staff spoken with described that there was a rolling testing programme in place for service users and staff and that training had been provided to staff for them to test other staff members/service users. Staff had also been provided with training in taking vital signs or checking oxygen levels. This meant that should any of the service users develop symptoms, the staff would be able to monitor them closely.

Staff had also been completing training in relation to infection, prevention and control. This included training on the donning (putting on) and doffing (taking off) of PPE. All those consulted with described how their training included a video on the correct donning and doffing procedures and that they were required to complete this every two months. The manager further described how signage was displayed in relation to donning and doffing guidance and in relation to 'Amber' PPE which must be worn when a service user is symptomatic or confirmed as having Covid-19. Staff had also been encouraged to attend the Clinical Education Centre (CEC) course on the Fundamentals of Care Covid-19. Staff spoken with stated that they were 'always pushed to keep learning'.

Staff described how they wore PPE for activities that brought them within two metres of service users. The manager described specific tools that were used to communicate with service users who have a hearing impairment.

The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. There was a system in place to ensure that senior staff monitored the use of PPE by staff. Review of the monthly quality monitoring reports also identified that the quality monitoring officer focused on Covid management.

Service users had been supported to keep a distance of 2 metres from other people. Staff used easy-read material to help them to understand the importance of this. Relatives spoken with advised that visits had taken place outdoors to enable social distancing to be maintained. Staff meetings were arranged differently, to ensure that the staff could continue to maintain social distancing in the workplace. Staff spoken with described how they were provided with a daily debrief where they could discuss how things have gone and how things could have been done differently.

The manager described the availability of hand sanitisers which is accessible throughout the service users' homes for service users, staff and visitors to use. The seven step hand-washing posters were displayed to ensure that handwashing was being done correctly. The visiting protocol included relatives agreeing to a specified visiting timeslot, where they are observed washing their hands and provided with a mask. Visitors had their temperatures checked and completed wellness checks to ensure that they had not been in contact with anyone who had Covid and that they had no symptoms.

There was also a system in place to ensure that staff and service users had their temperatures checked twice daily.

The manager described how signage in relation to visiting was displayed prominently at the entrances. The manager also described the use of technology used to provide social support, at times when service users were not getting as many visitors as they used to have. Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. There was also a cleaning protocol in place in relation to shared transport and in relation to the decontamination of a staff bedroom. The manager advised that the cleaning records were audited on a weekly basis by senior staff.

The manager provided a list to RQIA, by email, regarding the signage that was available throughout the agency, in relation to Covid-19 precautions. Information in relation to Covid-19 was displayed throughout the building and retained in a Covid-19 folder. This included information related to:

- Covid and Flu Outbreak Pack, including cleaning guidance
- Stop Covid NI APP details
- Domiciliary Care Services Covid-19 Surge Plan
- RQIA alerts regarding masks and the change in case definition for Covid-19
- Safety alerts regarding Dexamethasone and the use of nonsteroidal anti-inflammatory drugs
- Key principles for HSC Trust staff visiting community settings
- DOH circular regarding track and trace
- Covid-19 Guidance: Ethical Advice and support framework
- Rapid evidence review: Temperature screening for reducing transmission of Covid-19
- Covid-19: Guidance for domiciliary care providers in NI
- Testing details/protocol
- DOH Circular regarding PPE guidance and IPC guidance on bare below the elbow

It was good to note that easy-read documents were available to the service users, which included:

- Information explaining what Covid-19 is and how to recognise the signs and symptoms
- Information explaining the importance of social distancing
- How to wash your hands correctly
- What self-isolation looks like
- Information on why visiting has been restricted
- Consent to have a test
- Keep safe while doing your shopping and/or going to pubs/restaurants
- Information on PPE

Governance and management oversight

The manager advised that there had been no complaints received since the date of the last 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 acting management arrangements were discussed. The recruitment of a permanent manager is underway. When received, RQIA will review the application for registration in this regard.

Areas of good practice

Areas of good practice were identified in relation to recruitment practices and in relation to staff registrations with their professional body. Based on manager, staff and relatives' feedback, it was evident that all staff and service users had been adhering to the current Covid-19 use of PPE guidelines.

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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