

# Announced Care Inspection Report 8 October 2020



## Lisburn Supported Living Service

**Type of Service: Domiciliary Care Agency**

**Address: Thompson House Hospital, 19-21 Magheralave Road, Lisburn,  
BT28 3BP**

**Tel No: 028 9263 3181**

**Inspector: Corrie Visser**

[www.rqia.org.uk](http://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

Lisburn Supported Living Service is a supported living type domiciliary care agency which provides personal care and housing support to service users to live as independently as possible within the local community. Services are provided at a number of addresses in the greater Lisburn area. The agency works in partnership with the Northern Ireland Housing Executive's Supporting People programme, the South Eastern Health and Social Care Trust and with a number of housing associations.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust	<b>Registered Manager:</b> Mrs Carrie Robson – acting, no application
<b>Responsible Individual:</b> Mr Seamus McGoran	
<b>Person in charge at the time of inspection:</b> Mrs Carrie Robson	<b>Date manager registered:</b> Acting since 29 June 2020

### 4.0 Inspection summary

An announced inspection took place on 8 October 2020 from 10.15 to 16.30 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.

RQIA have not completed an inspection since the 16 May 2019. In response to this, RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site inspection approach in line with social distanced 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 and 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 during and 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 procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

On the day of the inspection it was noted that no incidents had taken place since the previous inspection on 16 May 2019.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received one complaint since the last inspection. The complaint reviewed was dealt with satisfactorily and showed a positive outcome for the complainant.

One new area for improvement was identified in relation to spot checks and two areas for improvement from the previous inspection have been restated for the second time in relation to the monthly quality monitoring reports and staff training.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), management of complaints, staff recruitment and staff induction. 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 and control (IPC) measures.

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
<b>Total number of areas for improvement</b>	3*	0

\*Two regulations are stated for the second time

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Carrie Robson, 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 16 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 May 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, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out 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.

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.

During the inspection we communicated with three service users and five staff.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

Areas for improvement from the last care inspection dated 16 May 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23.1 & (3)  <b>Stated:</b> First time	The manager has agreed to forward to RQIA an update on the areas highlighted above once they have further discussions with staff. The inspector was satisfied with the agency’s responses.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed a sample of the monthly quality monitoring reports dated May 2020, July 2020 and August 2020. June 2020 report was not available for review. We noted that the reports were not robust and a full analysis of the service was not undertaken. This area for improvement has been restated for the second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 7 (a)  <b>Stated:</b> First time	The registered person shall keep under review and, where appropriate, revise the Statement of purpose and the Service User guide. These documents are required to be update and reviewed and forwarded to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The Statement of Purpose and the Service User guide were both revised as of September 2020 and included the new manager’s details. This will be further revised when the new manager is appointed.	

<b>Area for improvement 3</b> <b>Ref:</b> Regulation 16 (2) (a) <b>Stated:</b> First time	The registered person shall ensure that each employee of the agency receives training which is appropriate to the work he is to perform. Training records are to be updated and forwarded to RQIA.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed the training matrix for all staff which we were informed was not updated and it was noted that a significant amount of staff had outstanding training. The manager stated that she was currently working on this matrix in an attempt to update it however had only commenced this process. This area for improvement will be restated for the second time.	

## 6.1 Inspection findings

### Recruitment records:

The service's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussions with the manager identified that they were 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 relate to Access NI. The manager provided us with confirmation emails from HR advising that all the pre-employment checks had been completed and a commencement date could be provided.

The manager reported that there is a recruitment drive commencing in November 2020 for three Band 3 posts which will assist with easing the pressures of staffing when the redeployed staff return to the day centre on a full time basis.

The NISCC matrix reviewed confirmed all staff were registered with NISCC. The manager advised that the staffs' certificates are contained in their files and registration is reviewed during supervisions. We discussed this with the manager and advised to devise a matrix detailing registration numbers and dates of expiry for ease of reference. The manager agreed to act upon this. This will be reviewed at the next inspection. The manager and staff are aware that if their registration lapses, they are not permitted to work.

### Monthly Quality Monitoring Reports:

We reviewed the monthly quality monitoring reports and noted that the report for June 2020 was not available. May 2020, July 2020 and August 2020 reports were reviewed and it was discussed with the manager that these reports were not robust and did not provide a detailed analysis of all aspects of the service delivery. Stakeholders had not been consulted in order to obtain their feedback on the quality of the service's delivery of care, there had not been a reflection on the progress of improvement, training of staff had not been reviewed which is important to ensure all staffs' skills and knowledge are up to date and there had not been a

review of the finances or medication. This was discussed with the manager who agreed to take forward. An area for improvement has been restated for the second time in this regard.

### **Complaints:**

We reviewed the complaints received by the service since the previous inspection. The service had received one informal complaint which was managed appropriately and the complainant was satisfied with the outcome. It was positive to note that this was resolved at a local level.

### **Staff Training:**

We reviewed the training matrix which was noted to be out of date, with a significant amount of outstanding training for staff. This was discussed with the manager who advised it is being worked on however was not up to date on the day of inspection. It was discussed with the manager and staff that staff have received training through the Training Resource Centre (TRC) however the matrix had not been updated to reflect this. An area for improvement has been restated for the second time in with regard.

### **Staff Supervision:**

During discussions with staff, it was evident that spot checks had not been undertaken on staff as per the service's policy and procedure. This was also confirmed by the manager. It was discussed that spot checks were essential to ensure staff were practicing in a safe manner with service users, especially in relation to IPC measures, PPE and following the guidance from the Public Health Agency (PHA). The manager agreed to commence these with effect from the date of inspection. An area for improvement has been made in this regard.

### **Comments from service users included:**

- "Staff are ok."
- "They help me with money and support me to go out walking."
- "I wear my mask in shops and in the taxi."
- "I'm happy."
- "Staff supported me to get my house painted."
- "It's lovely to live here."
- "I feel safe."
- "Staff are great."
- "My key worker helps me sort out any problems."
- "They are doing a good job."
- "Staff are good to me."
- "Staff take me out."

### **Comments from care workers included:**

- "We didn't have a manager through the pandemic but the manager of the day centre stepped up which was positive."
- "Coming through a pandemic has been an experience."
- "We have a good staff team."
- "There is a very strong team of Band 5s who have been a good support to the new managers."
- "If the Band 5s are off shift, we can still ring them if we need to."
- "Our service users have managed well during the pandemic."

- “Training is good.”
- “I love working here.”
- “I did shadow shifts to show me what to do and if I needed further support, I got it.”
- “The manager is very helpful and approachable.”
- “Any issues are worked through straight away.”
- “I never thought I would get used to shift work but I have decided to stay here which says a lot.”
- “I love all the service users.”
- “I enjoy coming to work which is great.”
- “There are very strict rules with medication.”
- “If I have any issues, the manager sorts it.”
- “I’ve got a good rapport with the service users.”
- “Staffing levels are unsafe at night.”
- “Our service users have a fantastic lifestyle and have a lot of fun.”
- “We need a contingency plan if someone rings in sick.”
- “Bank staff need to be included in team meetings.”

The comments above were discussed at length with the manager and the breakdown of shifts was reviewed. The manager advised there was a meeting arranged the following week with senior management and the night shift rota will be reviewed and a contingency plan will be devised. It was also reported that a team meeting was arranged the following day for all members of staff including bank staff.

### **Covid-19:**

We spoke to the manager and to five 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. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

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



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. Staff 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 the Northern Ireland Social Care Council (NISCC), management of complaints, staff recruitment and induction.

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 and control (IPC) measures.

### Areas for improvement

Two areas for improvement have been restated for the second time in relation to the monthly quality monitoring reports and staff training. A new area for improvement was identified in relation to spot checks of staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	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 Mrs Carrie Robson, 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 and the Domiciliary Care Agencies Minimum Standards, 2011.

## **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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 23 (1) and (3)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph and in the form and manner required by the Regulation and Improvement Authority.</p> <p><b>The service to submit the monthly quality monitoring reports to RQIA by the fifth of every month until further notice.</b></p> <p>Ref: 6.0 and 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person has provided guidance to the monitoring officer with regard to completing monitoring reports ensuring that each report contains the views and opinions of a broad range of service users and carers pertaining to the quality of the service provided. The Monitoring Report has been revised to ensure a more detailed analysis and evaluation of the service</p> <p>Monthly regulation 23 reports shall be forwarded by the 5<sup>th</sup> of every month to RQIA via email</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (2)(a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure that each employee of the agency receives training which is appropriate to the work he is to perform.</p> <p>Ref: 6.0 and 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person has ensured that all staff are familiar with the NISCC standards. New employees and agency staff will receive a local package induction specific to Lisburn Supported Living and will complete a NISCC standards workbook.</p> <p>The registered person has ensured all mandatory training (where possible / Covid related training may not be delivered in a classroom setting) is completed within local guidelines and records of such training is recorded on the Lisburn Supported Living training matrix and team plan. Any other individual identified training will be discussed at monthly supervisions and at yearly appraisals.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the</p>	<p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>This relates specifically to spot checks of staff.</p> <p>Ref: 6.1</p>

date of inspection	<b>Response by registered person detailing the actions taken:</b> The registered person has provided all employees a scheduled list of dates as to when individual supervisions are expected. Supervisions will be completed in a timely manner and absences will be recorded by the registered person. The monitoring officer has completed a monthly audit and completed spot checks to evidence timely supervisions.
--------------------	--

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)