

Announced Care Inspection Report 11 September 2020



Church Lane Mews Supported Living Service

Type of Service: Domiciliary Care Agency

**Address: 1-16 Church Lane Mews, Churchwell Avenue, Magherafelt,
BT45 6FE**

Tel No: 028 7936 6819

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

Church Lane Mews, Supported Living Service is a supported living type domiciliary care agency located in Magherafelt which provides personal care and housing support to up to 14 service users with mental health needs. The service users are supported by 15 staff.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust	Registered Manager: Ms Sheila Lagan
Responsible Individual: Ms Jennifer Welsh	
Person in charge at the time of inspection: Ms Sheila Lagan	Date manager registered: 10 July 2019

4.0 Inspection summary

An announced inspection took place on 11 September 2020 from 10.00 to 14.00.

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 last inspection on 11 February 2019, RQIA was notified of four notifiable incidents; no other correspondence had been received. Whilst RQIA was not aware that there was any specific risk to the service users within Church Lane Mews, it had been some time since the last care inspection. Therefore, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during 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.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC). 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 and the use of PPE guidelines.

An area for improvement has been made in relation to the need for temperature/wellness checks to be done in keeping with the Covid Guidance for supported living services.

All those spoken with commented positively in relation to the care and support provided.

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
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sheila Lagan, 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 11 February 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 February 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, any notifiable events, written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives 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.

- Recruitment records specifically relating to Access NI, NISCC and NMC 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.

“Tell us” cards were provided for service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for care givers detailing how they could complete an electronic questionnaire. Three staff responded. Details are outlined within the report.

Ten questionnaires were also provided for distribution to the service users and their representatives, no responses were received prior to the issue.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately.

During the inspection the inspector spoke with one service user, three staff, two service users’ representatives and two Health and Social Care (HSC) representatives.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 11 February 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23 (2)(3) Stated: First time	<p>The registered person shall establish and maintain a system for evaluating the quality of the service which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) 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>	Met
	Action taken as confirmed during the inspection: Following the last inspection, the monthly quality monitoring reports had been submitted to RQIA for a number of months, until they were deemed satisfactory.	

6.1 Inspection findings

Service User Experience:

As part of the inspection process, we spoke with three staff members, one service users and two service users' representatives. Comments are detailed below:

Service user

- “They are very good, I love it here. They are there for me if I need them. They never stop me from doing anything I want to do. They kept me informed about everything Covid.”

Staff

- “All very good here, we feel well supported. If we have any concerns we raise it (to line managers).”
- “I have no concerns, very happy.”
- “I am delighted, it's all very good. We get all the information we need.”

Service users' representatives

- “(My relative) loves it there, they are all very good to them, doing brilliantly and the staff are always there for (him/her).”
- “(My relative) is so happy there.”

We also spoke with two Health and Social Care representatives, who commented positively in relation to the care and support provided.

Three staff members provided feedback via the electronic survey. Two respondents indicated that they felt ‘very satisfied’ that the care was safe, effective and compassionate; and that the service was well led. However, one respondent indicated that they felt ‘very unsatisfied’ in relation to all four domains. Given that there were no written comments to support their responses, the matter was relayed to the manager, for review and action, as appropriate.

Recruitment:

The agency'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. One staff member had been recruited since the last inspection. The review of the staff member's recruitment record identified that an Access NI check had been completed before the staff member commenced employment.

A review of the staff records confirmed that all staff are currently registered with NISCC and with the NMC, as relevant to their roles and responsibilities. We noted that there was a system in place for monitoring staff' registrations. Staff are not permitted to work if their professional registration lapses.

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI and staff' registrations with their professional body.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19:

The manager advised the inspector that there had been no service users had Covid-19 since the beginning of the pandemic.

The service user spoken with advised the inspector that they had been advised to keep a distance of 2 metres from other people and that they had been encouraged to meet friends and family members outdoors, where possible. Guidance had been given to the service users in relation to wearing facial coverings, when in shops. Hand sanitisers were placed in different areas throughout the agency for service users, staff and visitors to use to ensure good hand hygiene. Staff were observed changing PPE between service users and appropriately disposing of PPE. Enhanced cleaning schedules were in place, to minimise the risks of cross contamination.

The staff spoken with stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Those spoken with were able to describe the protocol for self-isolation, should they or the service users display symptoms of Covid-19.

Visiting protocols were discussed with the manager. Whilst we acknowledge that no staff or service users had Covid-19 since the beginning of the pandemic, measures aimed at preventing the spread of infection needed to be addressed. Advice was given in relation to the need for temperatures checks to be done twice daily in keeping with the current guidance (updated 16 June 2020). The manager immediately put a system in place to address this. The new monitoring records also included asking about and looking out for an elevated fever of 37.8C or above, a persistent cough, loss of or change in sense of smell or taste. The manager further emailed evidence of completed records, to the inspector on 14 September 2020. However, an area for improvement has been made in this regard.

Information in relation to Covid-19 was available to staff on a notice board and through signage located around the main building. Advice was also given in relation to sourcing the updated Covid-19 Guidance document (16 June 2020).

There was evidence that training had been provided specific to Covid-19, in addition to a demonstration on the correct procedures for donning (putting on) and doffing (taking off) of PPE. A number of staff had not completed the IPC refresher training, since it had been updated in March 2020. This was raised with the manager, who confirmed to the inspector, by email on 07 October 2020, that the training had been completed.

Areas of good practice

Good practice was found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance and the use of PPE guidelines.

Areas for improvement

An area for improvement was made in relation to the need for temperatures/wellness checks to be done twice daily in keeping with the current guidance (updated 16 June 2020).

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sheila Lagan, 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 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 Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that working practices are safe and without risk to health and wellbeing. This refers specifically to wellness checks being undertaken for service users and staff, as outlined in the Covid-19 Guidance for supported Living Services.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Wellness checks were immediately including twice daily temperature checks for service users and staff as per Covid-19 Guidance for Supported Living Services.</p>
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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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)