The Regulation and Quality Improvement Authority

Inspection Report

6 August 2021

The Lodge

Type of Service: Domiciliary Care Agency
Address: 120 Belfast Road, Antrim, BT41 2BA
Tel No: 028 9446 5200

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Northern HSC Trust **Responsible Individual:** Ms Jennifer Welsh	**Registered Manager:** Mr Mark Stanley Farr **Date registered:** 25 June 2014
Person in charge at the time of inspection: Mr Mark Stanley Farr	
Brief description of the accommodation/how the service operates: The Lodge is a supported living type domiciliary care agency which provides 24 hour support with accommodation for six tenants with enduring mental health needs. The service is managed by the Northern Health and Social Care Trust (NHSCT). The aim of the service is to enable tenants to meet their potential to progress to more independent living. It further aims to support the rehabilitation and recovery of tenants discharged from hospital and those referred by the Community Mental Health Teams.	

2.0 Inspection summary

An announced inspection took place on 6 August 2021 between 9.45am and 12.00pm by the care inspector.

The inspection focused on staff recruitment and the agency's governance and management arrangements as well as registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing Midwifery Council (NMC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the tenants. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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.

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

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with NISCC and NMC were monitored by the agency.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, tenants and their relatives, to request feedback on the quality of service provided. This included an electronic survey and tenant/relative questionnaires to enable them to provide feedback to the RQIA. No responses were received from the staff and seven questionnaires were received from tenants and their relatives.

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

4.0 What people told us about the service

We spoke with one staff member during the inspection. No tenants were available on the day of inspection.

In addition we received feedback from two relatives and five tenants via the questionnaires; however no comments were included.

Staff comments

- "This is a good unit."
- "I am aware of Dysphagia and how to refer to SALT."
- "I am aware of DoLS and am trained to Level 2."
- "I think about how I would want one of my family members to be treated if they lived here."
- "We have craic and banter with the tenant."
- "We know our tenants so well."
- "We have a small, steady, close knit team."

5.0 The inspection

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

The last inspection of the agency was undertaken on 2 March 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of tenants was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 has a system for retaining a record of referrals made in relation to adult safeguarding matters. No safeguarding referrals had been made since the last inspection.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The manager and staff were provided with training appropriate to the requirements of their role. This included DoLS training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager confirmed the agency does not manage individual monies belonging to the people they support.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised that there were no care partners visiting tenants during the Covid-19 pandemic restrictions.

5.2.3 Is there a system in place for identifying tenants Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager confirmed that there were no tenants with Dysphagia needs. Staff spoken with demonstrated that they have an understanding of their responsibility with regards to SALT assessments and understood the requirement for same.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with tenants. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates were 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 for ensuring their registrations were up to date.

5.2.5 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

The reports included details of the review of tenants' care records; accident/incidents; safeguarding matters; complaints; and staffing arrangements including recruitment and training. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been addressed.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

There was a system in place to ensure that support workers received supervision and training in accordance with the agency's policies and procedures.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency was providing safe and effective care in a caring and compassionate manner; and that the agency was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	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 Mr Mark Farr, Registered Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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