

Inspection Report

7 November 2023



The Lodge

Type of Service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern HSC Trust	Registered Manager: Miss Deborah Williamson
Responsible Individual: Ms Jennifer Welsh	Date registered: 27 March 2023
Person in charge at the time of inspection: Deputy manager	
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. There is accommodation for up to six service users who have individual rooms and a number of shared facilities.	

2.0 Inspection summary

An unannounced inspection took place on 7 November 2023 between 10.15 a.m. and 12.45 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, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Restrictive Practices, and Dysphagia management was also reviewed.

There were good governance and arrangement arrangements in place. All stakeholders consulted with commented positively in relation to the care and support provided.

The Lodge uses the term 'tenants' to describe the people to whom they provide care and support. 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 any previous areas for improvement identified, 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.

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 did people tell us about the service?

During the inspection we spoke with a number of staff. The information provided indicated that there were no concerns in relation to the agency.

It was good to note positive comments within the annual quality report. These included: "Staff are great."

- "I wouldn't want to move anywhere else."
- "I enjoy the peace and quiet."

Returned questionnaires indicated that the respondents were generally very satisfied with the care and support provided. No written comments were received.

No responses were received to the electronic survey.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 16 January 2023 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 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 person in charge 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 induction and every two years thereafter.

The inspector was informed that no concerns had been raised under the whistleblowing procedures.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. We were satisfied that these had been managed appropriately.

RQIA had been notified appropriately of any in keeping with the regulations. However, review of incidents identified that the risk assessments and care plans were not consistently updated following incidents. A specific incident was discussed with the person in charge, who took immediate action to rectify the records. On the day of the inspection, the relevant risk assessment and care plan were updated. We were satisfied that this was an isolated occurrence; However, RQIA will keep this matter under review at future inspection.

Staff were provided with training appropriate to the requirements of their role.

The person in charge reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future and of the need to record the dates when such training is provided.

The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware of the need to develop the agency's medicine competency assessment should this be required in the future.

There were systems in place to ensure that any restrictive practices were as least restrictive as possible.

The Mental Capacity Act (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.

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).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing care records, it was evident that service users care plans were person centred. Records contained details about their likes and dislikes and the level of support they may require.

The service users' consent had been obtained in relation to the use of external CCTV, the sharing of their personal information and whether or not they wanted to self-administer their own medicines.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care and support. Some matters discussed included health and safety issues and budgeting support. Staff encouraged the service users to pursue their individual interests and hobbies. Some of the activities the service users had availed of included day trips to Portrush and Ballycastle and going to restaurants. Creating new experiences for service users is aimed at building self-confidence and promoting self-esteem. There was also evidence that staff encouraged service users to improve their social skills by integrating and socialising in the local community. For example, service users had been encouraged to take up volunteering and they had also been given information on courses that are available in the Recovery College.

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

None of the service users required their diet to be modified to a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

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

There was a system in place to ensure that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

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

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

5.2.6 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 quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; complaints, safeguarding matters; staff recruitment and training, and staffing arrangements.

There was a system in place to ensure that all staff were registered with NISCC or the NMC as appropriate. Review of the records relating to staffs' registrations identified that these were up to date.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedures.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

All staff were able to gain access to service users' private living space, in the event of an emergency.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.



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