# Inspection Report

## 16 January 2023

# 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

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| **Organisation/Registered Provider:**<br>Northern HSC Trust<br><br>**Responsible Individual:**<br>Ms Jennifer Welsh | **Registered Manager:**<br>Miss Deborah Williamson<br><br>**Date registered:**<br>Registration pending |
| **Person in charge at the time of inspection:**<br>Deputy manager | |
| **Brief description of the accommodation/how the service operates:**<br><br>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 unannounced inspection took place on 16 January 2023 between 09.15 am and 12 pm. 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), service user involvement, restrictive practices, dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Service users consulted with spoke positively about 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 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 staff survey.

## 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency. Comments received included:

**Service users' comments:**

- "It is good."
- "I have no concerns."

**Staff comments:**

- "I have no concerns at all."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. No written comments were received/Written comments included:

- "xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx."

No responses were received to the electronic survey.

A number of staff (and visiting professionals) responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- "xxxxxxx."
- "xxxxxxx."
- "xxxxxxx."

## 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 6th August 2021 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 person in charge advised that no concerns had been raised to her under the Whistleblowing policy and procedure.

The agency has a system for retaining a record of any referrals made in relation to adult safeguarding. No safeguarding referrals had been made since the last inspection.

Service users said they had no concerns regarding their safety and that they could speak to staff and the manager if they had any concerns about safety or the care being provided.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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

There was evidence of regular contact with service users and their representatives.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

Review of records identified that where medicines were given in response to distressed reactions, the records recorded the reasons why the medicine was required.

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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training relevant to their job roles. A resource folder was available for staff to access information in relation to DoLS.

The person in charge reported that none of the current service users were subject to DoLS arrangements.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

### 5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care and support plans were person-centred and were kept under regular review. Services users and/or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

The review of the care records identified that the agency focused on the service users' human rights.

Review of service users' meeting notes identified that service users were involved in a range of activities. These included:

- Planning the Christmas lunch
- Planning Halloween party
- Recycling
- Cooking Classes with the Occupational Therapist

It was good to note that the service users were encouraged to attend courses in the Recovery College; the aim of these courses is to improve resilience, self-confidence and to help with better sleeping. Service users were also consulted with regarding the cost of living crisis and how this may impact upon them.

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

No service users were assessed by SALT. 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 staff are recruited in keeping with the regulations. The person in charge advised that there had been no new staff recruited since the date of the last inspection.

There were no volunteers working in the agency.

### 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 a structured orientation and induction programme in place, which reflected the NISCC's Induction Standards for new workers in social care. This ensures that any new staff are competent to carry out the duties of their job in line with the agency's policies and procedures. This included a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

### 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; safeguarding matters; staff recruitment and training, and staffing arrangements

The Annual Quality Report was reviewed and was satisfactory.

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

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The person in charge advised that no complaints had been received since the last inspection. We noted that complaints were reviewed as part of the agency's quality monitoring process.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager.

The Statement of Purpose was in the process of being updated. This will be reviewed at future inspection.

There was a system in place for staff to gain access to the service users' accommodation 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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