

Unannounced Care Inspection Report 18 December 2018



The Lodge

Type of Service: Domiciliary Care Agency
Address: 120 Belfast Road, Antrim, BT41 2BA
Tel No: 028 94465200
Inspector: Marie McCann

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The Lodge is a supported living type domiciliary care agency which provides 24 hour supported living with accommodation for six service users 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 service users to meet their potential to progress to more independent living. It further aims to support the rehabilitation and recovery of service users discharged from hospital and those referred by the Community Mental Health Teams.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)	Registered Manager: Mr Mark Stanley Farr
Responsible Individual: Dr Anthony Baxter Stevens	
Person in charge at the time of inspection: Senior Support Worker Mark Farr – registered manager arrived mid-morning	Date manager registered: 25 June 2014

4.0 Inspection summary

An unannounced inspection took place on 18 December 2018 from 09.00 to 14.15.

This inspection was underpinned by 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 and since the last care to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, risk management, care records and communication between service users and agency staff and other key stakeholders. Further areas of good practice were found in relation to the provision of compassionate care, the involvement of service users, monitoring the NISCC registration of staff and maintaining good working relationships.

Areas for improvement were identified in regards to statutory notifications and monthly quality monitoring visit reports.

Comments made by service users during the inspection are included within the report.

The inspector would like to thank the registered manager, service users and staff for their support and co-operation throughout the inspection process.

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mark Farr, registered 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 26 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 March 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Unannounced care inspection report and QIP from 26 March 2018
- Incident notifications which evidenced that no incidents had been notified to RQIA since the last care inspection in March 2018
- Information and correspondence received from the registered manager and the Northern Health and Social Care Trust

During the inspection the inspector met with the registered manager, a senior support worker, a support worker and three service users.

The following records were examined during the inspection:

- Staff induction records for one recently recruited member of staff.
- Two staff personnel records in relation to appraisal records.
- Staff supervision matrix.
- Staff training matrix.
- Two service users' care records.
- A sample of service users' daily records.
- The agency's complaints/compliments record from the last inspection.
- Staff roster information for November 2018 and December 2018.
- A sample of minutes of tenants' meetings for June 2018, October 2018 and December 2018.
- A sample of minutes of staff meetings for February 2018 and August 2018.
- A sample of incident records since the last inspection.
- A sample of monthly quality monitoring reports from March 2018 to November 2018.
- Whistleblowing Policy, April 2018.
- Records Management Policy, April 2017.
- Statement of Purpose October 2018.
- Tenants Handbook, April 2017.
- Staff Handbook, June 2018.

At the request of the inspector, the registered manager was asked to display a poster within the agency. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; three staff and one visiting professional responses were received.

A number of service user and/or relatives' questionnaires were provided for distribution; no questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the setting to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the setting.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 March 2018

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 26 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.3 Stated: First time	The registered person shall ensure mandatory training requirements are met. This area for improvement relates to the manager ensuring that governance records regarding mandatory training are completed in an accurate, consistent manner and available for inspection.	Met
	Action taken as confirmed during the inspection: A review of governance records evidenced that the registered manager is maintaining a training matrix which identifies staff training	

	needs and facilitates monitoring and planning to ensure that staff receive mandatory training in a timely manner.	
Area for improvement 2 Ref: Standard 12.7 Stated: First time	<p>The registered person shall ensure a record is kept in the agency, for each member of staff, of all training, including induction and professional development activities undertaken by staff. The record includes:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the training; • the date(s) of the training; • the name and qualification of the trainer or training agency; and • content of the training programme <p>This area of improvement relates to the manager ensuring that a robust governance system is in place in relation to monitoring the completion of mandatory training and ensuring these records are available for inspection.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A sample of records viewed evidenced that staff provide the registered manager with a copy of their training certificate when training is completed and that a copy of the training hand outs are maintained. Staff attendance at training is also maintained on the NHSCT electronic training system. The names and qualifications of trainers who provide training as directed by the NHSCT training department are maintained.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; which included a review of staffing arrangements in place within the agency.

The agency has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of these checks are retained by the HR department.

A review of the staff induction record for a recently recruited staff member and discussion with the registered manager confirmed that the duration of the induction period was in excess of three days and assessment was based on the individual staff member's learning needs and level of experience. Confirmation that the staff member had completed a number of shifts which involved working alongside more experienced staff as part of their induction was verified by the inspector after reviewing the agency's rota. Review of the induction record for one staff member highlighted that the adult safeguarding component of their induction had not been commenced prior to them being rostered to work independently. It was agreed with the registered manager that induction records must evidence that the service's adult safeguarding policy has been shared and discussed with each inductee before they are permitted to work independently with service users. Assurances were provided that the identified staff member had since completed this aspect of their ongoing induction. The inspector also highlighted the importance of ensuring that induction records are signed by both parties to confirm satisfactory completion at each stage of the induction process.

Discussions with the registered manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with on the day of inspection confirmed the availability of supervision and appraisal processes and an open door policy for discussions with the management team. This was verified by review of a sample of staff appraisal records and the staff supervision matrix.

Discussion with the registered manager and a review of the training matrix evidenced that staff were up to date with the majority of mandatory training updates and arrangements were in place to secure training updates for those staff for whom such updates were now due. Staff confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role and they had training opportunities over and above mandatory requirements; some available training was specific to individual service users' assessed needs. Examples of additional training provided included: domestic violence awareness, autism awareness, deprivation of liberty and falls prevention.

The registered manager described the staffing levels which have been assessed as necessary to provide a safe service. The staff rota information reviewed was noted to be consistent with the staffing levels described.

On the day of the inspection, discussion with staff and observations of them supporting service users did not highlight any areas for improvement regarding their practice. Staff demonstrated a clear understanding of service users' needs and how those needs should be met. Observation of staff interactions with service users revealed that they promoted open and supportive communication opportunities to assist service users with maximising their independence.

In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the NHSCT's whistleblowing policy and were able to access it.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user and others. They acknowledged that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

The agency's governance arrangements in place that identify and manage risk were inspected. This confirmed that an effective incident/accident reporting system was in place. Discussions with staff and the registered manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. The registered manager identified how staff help to redirect and support a service user if their behaviour indicated that they were at risk of self-harm. Staff are required to record any incidents and accidents on an electronic system which is then reviewed and audited by the registered manager, the senior manager and the NHSCT governance department. A paper record was also maintained of all incidents and accidents and these had been audited on a monthly basis. The review of a sample of the records evidenced that those incidents had been managed appropriately and effectively documented, with safety issues, risks and actions taken to minimise risk of reoccurrence being identified.

A review of records confirmed that there had been two adult safeguarding referrals since the last care inspection. Discussions with the registered manager and staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. However, it was identified that an incident relating to two adult safeguarding referrals had not been reported to RQIA as per the statutory notification guidelines. An area for improvement was made in this regard.

Discussion with service users and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "Staff are good."
- "I'm happy with the place."

Staff comments:

- "We make sure we are always available for the tenants."

Returned staff questionnaires indicated that two respondents were very satisfied and one respondent was satisfied that care provided to service users was safe. The response from a visiting professional indicated that they were very satisfied that care provided to service users was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision, appraisal and risk management.

Areas for improvement

An area for improvement was identified in relation to the statutory notification of incidents.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Tenant's Guide. The inspector advised that the agency's Statement of Purpose and Tenant's Guide should be updated to include the details of the patient client council (PCC). The registered manager agreed to action this.

The inspector reviewed a sample of two service users' care records. The care records were noted to be comprehensive and maintained in an organised manner. The care records evidenced referral information, multi-disciplinary assessments, risk assessments and care plans provided by the NHSCT community team. The inspector noted that one of the service user's care plans provided by the community keyworker was due review. The registered manager confirmed that the agency are in contact with relevant community keyworkers to request that updated care plans are provided as required, for a number of the service users. In addition to the information received from the community team, the agency completed support plans and individual risk assessments for areas of support such as personal safety, diet and smoking.

Support plans were noted to be comprehensive and person centred while clearly and concisely describing service users' support needs. The registered manager advised that there are no restrictive practices in place, other than the need for some service users to receive support with the management of their finances and medications. These arrangements are recorded in conjunction with the service users and their NHSCT keyworker. The inspector highlighted the importance of regularly reviewing restrictive practices to ensure that they are proportionate, necessary and in the best interests of service users at all times. The registered manager agreed to examine the records of any practice that is deemed restrictive to ensure they are reviewed in a timely manner.

The registered manager advised that service users typically had access to a care review on an annual basis or more frequently if required, with the relevant NHSCT professionals. It was noted in one of the service user records that a service user's annual care review with the NHSCT community keyworker was outstanding. It was agreed that this would be followed up with the community keyworker, in the absence of a review with the service user's community keyworker the agency are to ensure that a review meeting is held with the service user and a record maintained.

Examination of agency care records established that they were shared with and signed by service users to indicate their agreement with their content. This consultation process was also verified during discussions with service users, who confirmed that they were supported to be involved in their risk assessments and care plans and that staff discussed with them how to stay safe and be as independent as possible.

The registered manager and staff confirmed that they use service users' care records to guide their practice and therefore recognised the importance of ensuring that such records remained current and relevant. They spoke knowledgeably regarding the instances in which contact was

maintained with the multi- professional team to support service users and ensure they had access to safe and effective care.

Discussions with the registered manager and staff concluded that effective communication systems were in use within the staff team to ensure that staff receive information relevant to the care and support of service users.

The inspector confirmed with the three service users spoken with during the inspection that there were no matters arising regarding the support being provided by staff in The Lodge.

Discussion with service users and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users' comments:

- “No problems here, except you need to get a taxi everywhere.”
- “I am still happy here; being here has helped me stay healthy.”
- “I wouldn’t want to leave here.”

Staff comments:

- “We support the tenants, rather than do everything for them, it’s important to promote independence.”

Three returned staff questionnaires indicated that respondents were very satisfied that care provided to service users was effective. The response from a visiting professional indicated that they were very satisfied that care provided to service users was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observations of staff and service users during the inspection found that staff communicated respectfully with service users. Service users were observed freely approaching staff to ask for assistance and for a chat. Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns.

The registered manager and staff identified the importance of promoting independence and social inclusion of service users to encourage a sense of wellbeing. They described the choices and flexibility service users could exercise while having access to the support of the staff team who were responsive to their needs.

Observations of staff interactions with service users and discussions with staff during the inspection indicated that support was provided in an individualised manner.

A review of records evidenced that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

It was positive to note that the core values which are required of staff were identified in the agency's staff handbook, which included: equal rights, patience, honesty, time, advocacy, confidentiality and a non-discriminatory and non-prejudice home environment.

The registered manager advised that meetings with service users were organised as agreed by service users. A review of the records maintained noted that the minutes were signed by service users to confirm attendance and agreement with the record. Minutes from a meeting held in October 2018 evidenced discussion with the service users with respect to human rights and encouraged service users to exercise their right to raise any concerns if needed. The inspector recommended that the record of staff meeting minutes should be improved to clearly reflect actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more effectively reviewed at the next meeting. The registered manager agreed to action this. In addition, a suggestions/comments box was located for service users in a communal area should they wish to raise issues.

Discussion with service users and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "Can talk to them (staff) if you need to."
- "Being able to talk to the staff when I need to has really helped me."

Three returned staff questionnaires indicated that respondents were very satisfied that care provided to service users was compassionate. One staff member commented: "I feel the tenants and staff have a good relationship and we are all approachable and willing to assist/support the in any way we can and that goes for all staff members without exception." The response from a visiting professional indicated that they were very satisfied that care provided to service users was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector sought to assess the agency's leadership, management and governance arrangements to meet the assessed needs of service users. The agency is managed on a day to day basis by the registered manager, two senior support workers and a team of support workers.

Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Positive feedback was given in respect of leadership and good team working and effective communication. The registered manager and staff advised that there had been minimal changes to the staff team over a number of years; this was noted to provide a consistent staff team who were knowledgeable about service users' support needs, which enabled appropriate responses to be taken to any changes in service users' needs.

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A review of records confirmed that the monthly quality monitoring visit reports are completed on a peer review basis by managers across similar supported living services. Monthly quality monitoring visit reports were available to be examined since the last inspection with the exception of April 2018 and May 2018. These reports were provided to RQIA post inspection. While a sample of reports examined evidenced that monthly monitoring was found to be in accordance with minimum standards regarding input from service users, relatives, staff members and professionals, some inconsistencies were evidenced in respect of other matters. The inspector highlighted that reports need to be more explicit in relation to the audit of files and additional areas such as training that have been completed to ensure a comprehensive review of all records over a period of time. An area for improvement has been stated regarding submission of monthly reports to RQIA post inspection for review.

A complaints file was available within the agency to record the management of complaints. There had been no complaints recorded since the previous care inspection. Discussion with the registered manager confirmed that a robust complaints management process was in place and that the agency's complaints policy and procedure was in accordance with the relevant legislation and DHSSPS guidance relating to complaints handling.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council or other regulatory bodies, as appropriate. The registered manager described the system maintained by the agency to review information regarding staff registration and renewal dates and which ensures compliance. The registered manager stated that all staff are registered and are aware that they are not permitted to work if their NISCC registration has lapsed.

The registered manager confirmed that the agency has a range of policies and procedures in place to guide and inform staff. Staff confirmed that they can access these as needed. A sample of policies viewed were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The inspector was advised that all staff had received training with regards to the General Data Protection Regulation (GDPR) to help them understand and be aware of recent legislative changes and how they relate to their role.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred support plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- Adult Safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussion with service users and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "I know how to make a complaint but don't need to."

Staff comments:

- "The staff team work well together; have no problem talking to manager if I had any concerns."

Three returned staff questionnaires indicated that respondents were very satisfied that the service was well led. The response from a visiting professional indicated that they were satisfied that the service was well led.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the monitoring the NISCC registration of staff and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in regards to the submission of monthly quality monitoring visit reports.

	Regulations	Standards
Total number of areas for improvement	1	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 Mark Farr, registered 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/or 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>Area for improvement 1</p> <p>Ref: Regulation 23 (2)(3)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: A completed copy of the Monthly Monitoring reports with the additional information included which was highlighted during the inspection will be sent to RQIA on a monthly basis.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all statutory notifications are submitted to RQIA in compliance with current RQAI guidance.</p> <p>This relates specifically to the notification of an adult safeguarding concern with PSNI involvement.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A staff meeting was held and all staff were made aware to contact RQIA if there is any PSNI involvement.</p> <p>A new incident flow chart has been devised to ensure all staff are aware of this.</p>

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



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