

Announced Care Inspection Report 18 August 2020



L&B Care Services

Type of Service: Domiciliary Care Agency
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Inspector: Caroline Rix

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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

L & B Care Service is a domiciliary care agency based in Bessbrook, Co. Down which provides a range of personal care and social support to 31 adults living in their own homes. Service users have a range of needs including dementia, mental health, learning disability and physical disability. These services are commissioned by the Southern Health and Social Care Trust (SHSCT).

3.0 Service details

Organisation/Registered Provider: L&B Care Services Responsible Individual: Mary Elizabeth Fitzpatrick	Registered Manager: Acting manager
Person in charge at the time of inspection: Mary Elizabeth Fitzpatrick	Date manager registered: Acting manager

4.0 Inspection summary

An announced inspection took place on 18 August 2020 from 09.35 to 16.10.

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 pre-registration inspection on the 20 July 2018 RQIA have not completed a primary inspection. In response to this RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site inspection approach in line with social distanced guidance.

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

The inspection assessed progress with areas for improvement identified during the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

On the day of the inspection we discussed with the registered provider and the deputy manager a safeguarding incident which had occurred and deemed that it had been managed appropriately. We also reviewed the quality monitoring processes to ensure that this area was routinely monitored as part of the monthly checks in line with Regulation 23.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received three complaints since the last inspection. These complaints reviewed were dealt with satisfactorily and show positive outcomes for the complainants.

Evidence of good practice was found in relation to Access NI, recruitment and induction of staff, the management of incidents and complaints and the timely return of daily logs. Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including Infection Prevention and Control (IPC) measures.

No areas requiring improvement were identified during this inspection.

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. We apologise that, due to unforeseen circumstances, there has been a delay in issuing this report.

4.1 Inspection outcome

	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 Elizabeth Fitzpatrick, registered provider and the deputy manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 20 July 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 July 2018.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report Quality Improvement Plan (QIP), notifiable events, and 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 and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated on 16 June 2020.
- A range of documents, policies and procedures relating to the service were reviewed during this inspection and are referred to within the body of the report.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell us' cards, Service user's questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No service user/relative questionnaires were received. Four staff responses were received and are included within the body of the report.

- During the inspection we met with the registered provider and deputy manager, and had telephone communications with two staff, one service user and one service user's relative.
- The information received from the service user, relative and staff indicates that they are satisfied with the current care and support.

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

We would like to thank the service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 21 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (6)(a) Stated: First time To be completed by: 23 June 2018	The registered person shall review their safeguarding adult's policy and procedure in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. Ref: 6.1	Met
	Action taken as confirmed during the inspection: We viewed the revised procedure maintained by the agency in relation to the safeguarding of adults which was found to be in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.	

<p>Area for improvement 2</p> <p>Ref: Regulation 11 (3)</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2018</p>	<p>The registered person/registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency. (Adult Safeguarding training)</p> <p>Ref: 6.1</p> <p>Action taken as confirmed during the inspection: We reviewed training records confirming that the responsible person and the deputy manager have completed training in relation to Adult safeguarding and the role of Adult Safeguarding Champion (ASC).</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2018</p>	<p>The registered person shall review their staff recruitment procedure in relation to; recording that written references are required, include a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform, details and documentary evidence of registration with an appropriate regulatory body.</p> <p>Ref: 6.1</p> <p>Action taken as confirmed during the inspection: We reviewed the revised recruitment procedure which was found to be in line with the required regulation. We reviewed a sample of staff records and it was noted that all the pre-employment information had been obtained and documented as required.</p>	<p>Met</p>

Area for improvement 4 Ref: Regulation 17 (1) & (2) (a)(c)(d)and (e) Stated: First time To be completed by: 23 June 2018	<p>The registered person shall prepare a staff handbook and provide a copy to every member of staff. The handbook shall include a statement as to –(a)the conduct expected of members of staff, and disciplinary action which may be taken against them; (c) record keeping requirements; (d) recruitment procedures; and (e) training and development requirements and opportunities.</p> <p>Ref:6.1</p>	Met
Action taken as confirmed during the inspection: We reviewed the staff handbook and it was noted to contain all the elements required. A system was found to confirm each staff member had received their copy of the handbook.		
Area for improvement 5 Ref: Regulation 16 (5) (a) Stated: First time To be completed by: 23 June 2018	<p>Where an agency is acting otherwise as an employment agency, the registered person shall ensure that- (a) a new domiciliary care worker is provided with appropriately structured induction training lasting a minimum of three full working days.</p> <p>Ref: 6.1</p>	Met
Action taken as confirmed during the inspection: We reviewed the staff induction procedure and a sample of staff records that confirmed each new domiciliary care worker had been provided with appropriately structured induction training lasting a minimum of three full working days.		
Area for improvement 6 Ref: Regulation 16 (4) Stated: First time To be completed by: 23 June 2018	<p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>Ref: 6.1</p>	Met
Action taken as confirmed during the inspection: We reviewed records confirming staff had been subject to regular supervision, in line with their policy and procedure.		

Area for improvement 7 Ref: Regulation 21 (1) schedule 4 (1). Stated: First time To be completed by: 23 June 2018	The registered person shall ensure that the records specified in Schedule 4 are maintained. Copies of all agreements between the agency and domiciliary care workers supplied or to be supplied by the agency and evidence that a copy of any standard terms and conditions has been supplied by the agency to each domiciliary care worker. Ref: 6.1	Met
	Action taken as confirmed during the inspection: We reviewed three staff files and it was evidenced that a copy of the agency's standard terms and conditions had been provided to each domiciliary care worker in a timely way.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 1.8 Stated: First time To be completed by: 23 June 2018	The registered person shall expand their Quality Assurance policy and procedure to specify how service users/representatives views and opinions about the service provided by the agency will be sought and the frequency undertaken. Ref: 6.1	Met
	Action taken as confirmed during the inspection: We reviewed the Quality Assurance procedure which had been updated to specify how service users/representatives views and opinions about the service provided by the agency will be sought and the frequency undertaken.	

6.2 Inspection findings

Recruitment:

On the day of inspection, we reviewed five staff recruitment files. Discussion with the responsible provider and deputy manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care

Agencies Minimum Standards, 2011 which relates to Access NI. All pre-employment checks had been completed prior to commencement of employment. This ensures that the persons employed are suitable to be working with service users.

We noted that the agency had a system in place each month for monitoring registration status of staff with NISCC. However, whilst staff registrations had been monitored as part of the process, the system was not sufficiently robust. This was particularly evident in the lack of follow up each month to ensure that the NISCC applications had progressed from the previous month. We noted a number of appointed staff were not checked for registration with NISCC prior to and following their commencement of employment with the agency.

The responsible provider and deputy manager provided satisfactory assurance to us, following the day of inspection that these staff is registered. The NISCC matrix reviewed confirmed all staff were registered with NISCC. The deputy manager advised that staff registration is checked monthly and a reminder is sent to staff who are due to renew their registration. The deputy manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Staff also confirmed their knowledge of this when providing feedback.

Adult Safeguarding:

We examined the agency's provision for the welfare, care and protection of service users. We viewed the procedures maintained by the agency in relation to the safeguarding of adults which were in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. We received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. We noted that records relating to safeguarding training completed by staff were up to date.

The staff who spoke to us were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

We noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection we noted that the agency had made one safeguarding referral to the SHSCT since the last inspection 20 July 2018. We examined the records and found that the agency had dealt with the referral report in accordance with the required regulations and their own policy and procedure.

Complaints and Compliments Records:

A complaints and compliments record was maintained in the agency. There were three complaints received since the last inspection and upon reviewing these, they were managed appropriately with a satisfactory outcome for the complainant. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided. Some compliments included:

- "We could not have managed without your care. Thank you for the great work you all do every day."
- "Thank you sincerely for the wonderful care you gave my relative. Our family are very grateful for all your kindness and support during those last weeks."

- “Thank you for taking such good care of mum, it is considerable consolation to know she is being well looked after and can stay in her own home.”

The information we received from the service user, relative and staff during telephone communication on the day of inspection included the following:

Comments from the service user included:

- “They are most respectful and put me at ease.”
- “No problems at all, they never rush me.”
- “The care is unreal; they can’t do enough for me.”
- “I feel I am improving myself with staff encouragement.”

Comments from service users’ relative included:

- “It was a big hurdle to accept help, now so happy we did.”
- “We couldn’t do without them.”
- “They are amazing, friendly, efficient and all with big smiles.”
- “The agency is flexible and don’t rush, have time to chat.”
- “The office staff are well organised and run a tight ship.”
- “I could speak to the owner any time if we had any concerns and know they would be sorted out immediately.”
- “They always wear full PPE and wash their hands, feel sorry for staff when it is hot weather.”
- “We have peace of mind.”

Comments from care workers included:

- “If I have any concern or query, I can lift the phone and someone will be there to help me.”
- “I thoroughly enjoy my job, building relationships with my service users and their families.”
- “Training is beneficial.”
- “Induction and shadowing was excellent, I felt confident going in to service users homes.”
- “I am really happy working with L& B Care Service.”
- “We have been updated in relation to Covid-19 steps on how to keep our service users and ourselves safe.”

Four staff questionnaires were received and all the respondents were either ‘very satisfied’ or ‘satisfied’ that the care being delivered to service users is safe, compassionate, effective and well-led.

Service Users’ Records:

We reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included:

- referral information
- care plan
- risk assessments

- reviews

On the day of the inspection we were informed that there were no restrictive practices in place.

Quality Monitoring:

We 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 reports were completed by the registered provider. We advised the registered provider that these reports needed to be more detailed to demonstrate more robust governance and management monitoring within the agency. The registered provider was signposted to the template available on the RQIA website for future use.

Following the inspection, within an agreed timeframe, the agency submitted a number of monthly monitoring reports to RQIA in the form and manner required. We reviewed these reports and found they were robust and analysed all aspects of service delivery.

The responsible person described on-going difficulty recruiting a registered manager, despite a variety of advertisements and recruitment attempts. We were advised that the deputy manager has enrolled on training course to undertake the Level 5 Diploma in Leadership for Health and Social Care Services (Adults' Management) Wales and Northern Ireland qualification starting in October 2020. However, the timescale for completion of this training is one year before eligible for consideration as registered manager, therefore efforts to recruit a registered manager is on-going.

Covid-19:

We spoke with two staff members, who were knowledgeable in relation to their responsibility in regards to Covid-19. The two staff who spoke to us on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff told us that they were aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The policies and procedures had been updated to include Covid-19 and were available within the agency. We reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. Competency assessments had also been completed for every staff member in relation to IPC and a hand hygiene audit had also been undertaken on staff. The responsible person, deputy manager and staff who spoke to us advised that information was disseminated to staff via emails, WhatsApp group and phone calls and updates were attached to the Covid-19 risk assessment folder which is available to all staff.

Staff who spoke to us described how and where donning and doffing of PPE happened within the agency and service users homes.

Hand sanitisers were in place throughout the agency office for staff and visiting professionals to use to ensure good hand hygiene.

The responsible person, deputy manager and staff spoken to on the day of the inspection advised us that monitoring of staff practices took place by direct observations during spot checks.

Based on feedback it was positive to note that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. During discussion with staff it was positive to note that they are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of checks of Access NI, safeguarding, care records, reviews and management of incidents.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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