The Regulation and Quality Improvement Authority

# Inspection Report

## 18 October 2024

# Church Lane Mews Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 1-16 Church Lane Mews, Churchwell Avenue, Magherafelt, BT45 6FE
Tel No: 028 7936 6819

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>Mrs Laura Moffett<br><br>**Date registered:**<br>24 October 2024 |
| **Person in charge at the time of inspection:**<br>Mrs Laura Moffett | |
| **Brief description of the accommodation/how the service operates:**<br><br>Church Lane Mews, Supported Living Service is a supported living type domiciliary care agency located in Magherafelt, which provides personal care and housing support to up to 16 service users with mental health needs. | |

## 2.0 Inspection summary

An unannounced inspection took place on 18 October 2024 between 9.50 a.m. and 1.10 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), Service user involvement, Restrictive practices and Dysphagia management were also reviewed.

Areas for improvement identified related to the recruitment and induction process; and staff training.

There were effective governance and management arrangements in place.

Church Lane Mews 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?

As part of the inspection process we spoke with a number of service users, staff members and Trust representatives. The information provided indicated that there were no concerns in relation to the agency. Comments received included:

**Service users' comments:**

- "I get good support here, the staff are good and I can choose what I want to do and I can talk to all of them".
- "I get help to cook if I need it. I have my own place and I like it**".**
- "Staff are supportive. I am enjoy living here, staff listen and are there if I need it. They are all approachable".
- "I am getting on well here, the staff are nice and I can go to them if I have any worries".

**Staff comments:**

- " I enjoy it here, there is good support from management".
- " I like my job and can go to management with anything and they are supportive".

**Trust representative's comments:**

- "The staff are very proactive, they give us regular feedback on the (service users) physical health needs and their communication is always good."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "The staff are great and very professional"
- "I need encouragement to keep going and activities to keep me motivated"

We did not receive any responses from the staff online 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?

| **Areas for improvement from the last inspection on 28 July 2023** | | |
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| **Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref:** Regulation 14 (a) | The registered person shall ensure that Fire Evacuation Assistance Forms are updated in keeping with the agency's policies and procedures. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>There was evidence that this area for improvement was met. | |
| **Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref:** Standard 10.4 | The registered person shall ensure that the practice of using corrective fluid on records ceases. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>There was evidence that this area for improvement was met. | |

## 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 Designated Appointed Adult Protection Officer (DAAPO).

Discussions with the manager and review of records established that they were knowledgeable in matters relating to adult safeguarding, the role of the DAAPO 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 agency retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were generally provided with training appropriate to the requirements of their role. However, review of the training records identified that the staff had not been provided with training in respect of Diabetes Awareness. Additionally, review of the service users' support plans identified that they were not comprehensive and provided little detail for staff to follow. An area for improvement has been identified to address both matters.

The manager 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.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

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 MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

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?

It was good to note that the agency had service users' meetings on a regular basis which should provide an opportunity for the service users to discuss the provisions of their care. Some matters discussed included: the use of communal areas, views on the breakfast club, update on gardening, emotional well-being, allocated home care days, activities available and changes in staffing within Church Lane Mews. Although there was an agenda set for each of the meeting minutes viewed, the recording of service users' views on issues relevant to them could be further enhanced to evidence this as a forum in which their views are noted and taken into account.

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

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. The manager reported that there were no service users with SALT care plans.

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

A review of the agency's recruitment records identified that criminal records checks (AccessNI) had not been consistently undertaken on all staff. It was explained that this was due to the Trusts' policy and procedure in relation to Trust staff moving to other posts within the Trust. This was discussed with the manager, who took immediate action to address the matter. An area for improvement has been identified.

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

### 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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. It was identified that the proforma used for the new manager's induction was the same as used by Support Workers. Whilst there was evidence of regular supervision undertaken following completion of the induction, there was a need for the induction process to be further developed for those in management roles. An area for improvement has been identified.

### 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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

There was a system in place to ensure that all staff could access the service users' homes in the event of an emergency.

## 6.0 Quality Improvement Plan (QIP)/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 The Domiciliary Care Agencies Minimum Standards (revised) 2021

| | Regulations | Standards |
|---|---|---|
| **Total number of Areas for Improvement** | 1 | 2 |

The areas for improvement and details of the QIP were discussed with Mrs Laura Moffett, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## Quality Improvement Plan

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| **Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 21 (3)(d)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate from the date of the inspection | The registered person shall ensure that criminal records checks (AccessNI) are undertaken prior to employment and direct engagement with service users; this includes all staff regardless of whether or not they have transferred internally within the Trust.<br><br>Ref: 5.2.4 |
| | **Response by registered person detailing the actions taken:**<br>AccessNI check completed for staff member who recently transferred internally within the Trust. HSC employers are currently in discussion with RQIA and the Department of Health regarding the requirement to undertake criminal records checks for those staff transferring internally as this may be is contrary to AccessNI legislation and Departmental direction to employers in 2018. |
| **Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 21.4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate from the date of the inspection | The registered person shall ensure that all staff, receive training in respect of Diabetes Awareness; and all staff, as relevant to their roles and responsibilities, receive training in respect of care and support plan writing.<br><br>Ref: 5.2.1 |
| | **Response by registered person detailing the actions taken:**<br>All staff have completed Diabetes awareness training and this will be added to mandatory training list for all new staff commencing within the service.<br>Training to be arranged for all relevent staff according to their roles and responsibilities in respect of care and support plan writing. |

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| **Area for improvement 2**<br><br>**Ref:** Standard 21.1<br><br>**Stated:** First time | The registered person shall ensure that an induction programme specifically relevant for managers is developed and implemented<br><br>Ref: 5.2.5 |
| **To be completed by:**<br>Immediate from the date of the inspection | **Response by registered person detailing the actions taken:**<br>Induction programme specifically for Managers has been implemented. |

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

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