

Announced Care Inspection Report 06 November 2020



Ardavon

Type of Service: Domiciliary Care Agency
Address: 27 a/b/c Bonds Hill, Waterside, Londonderry, BT47 6DW
Tel No: 028 71 345279
Inspector: Aveen Donnelly

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

1.0 What we look for



2.0 Profile of service

Ardavon is a supported living type of domiciliary care agency which provides services to up to 12 service users, living in their own homes who require care and support with learning disability. The service users' care is commissioned by the Western Health and Social Care Trust (WHSCT).

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager: Miss Alison Foley
Person in charge at the time of inspection: Miss Alison Foley	Date manager registered: 1 May 2019

4.0 Inspection summary

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.

The last care inspection was undertaken on 10 September 2019. Since the date of the last care inspection, RQIA was notified of a number of notifiable incidents. A small number of other correspondence, had also been received.

In consideration of the agency's regulatory history, in addition to RQIA not being made aware of any specific risk to the service users within the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to Covid transmission.

An announced inspection took place on 06 November 2020 from 10.00 to 12.15 hours.

This inspection was completed following a review of information requested to be submitted to RQIA prior to the inspection. During the inspection, we focused on discussing aspects of the submitted information, in order to substantiate the information. We also focused on contacting stakeholders to obtain their views on the service quality.

We reviewed the dates that criminal records checks (Access NI) had been completed to ensure that they were in place before staff visited service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with them. This was also verified through discussion with the manager, service users and service users' representatives. We also reviewed the list of all Covid-related information, disseminated to staff and displayed throughout the agency.

Evidence of good practice was found in relation to the recruitment practices and staff registrations with NISCC and the NMC. Good practice was also found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines.

All those spoken with indicated that they were happy with the care and support provided.

An area for improvement was made in relation to the monthly quality monitoring 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.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Alison Foley, 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 10 September 2019

No further actions were required to be taken following the most recent inspection on 10 September 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with the manager.

During our inspection we focused on contacting the service users, their relatives, staff and health and social care' (HSC) representatives to find out their views on the service.

To ensure that the appropriate staff checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI; NISCC and NMC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19: guidance for domiciliary care providers in Northern Ireland (updated 16 June 2020).

We discussed complaints and safeguarding incidents which had occurred with the manager and deemed that they had been managed appropriately. We also reviewed the quality

monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service users/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No responses were received.

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 What people told us about this agency

During the inspection we spoke with three service users, one staff member and four relatives who indicated that they were very happy with the care and support provided by Ardavon. Comments are detailed below:

Service users

- “It’s all very good, I am very happy. They keep me in craic and I had a great time at the Halloween party.”
- “I have no complaints, they help keep me safe, I love them all.”
- “I love every one of them here, especially all the craic. The dinners are great and I especially love Alison, the manager, I love her to bits.”

Service users’ representatives

- “I have no complaints. I keep in contact with them and have a good relationship with the manager. She is very fair and unbiased. I think they are all happy living there.”
- “Ardavon would be my first preference (for care). I cannot see how they could do anything better. They are treated with great respect and the staff follow- up with everything in relation to the service users’ mental and physical needs. They are very attentive and meticulous and have always been very welcoming to me.”
- “(My relative) is in good form, everything is going well and as long as I know that they are happy, that’s good enough for me.”

Staff

- “I would have no qualms in reporting anything on, we have such a great wee bunch of tenants here and they have really take on ownership of their own care needs (with our support), I just love it here.”

No staff responded to the electronic questionnaire. Two relatives returned the questionnaires within the timescale for inclusion within the report. The respondents indicated that they felt ‘very satisfied’ that the care was safe, effective and compassionate; and that the agency was well-led. Written comments included:

- “I think all the staff are very professional and respectful. They all work very hard especially now. They do their very best to ensure everyone is happy and safe. A big thank you to all of them.”

6.2 Inspection findings

Recruitment

The review of the staff records confirmed that recruitment was managed in keeping with the regulations and minimum standards, before staff members started work.

A review of the staff records confirmed that all staff are currently registered with NISCC and the NMC. We noted that there was a system in place each month for monitoring staff' registrations. Staff are not permitted to work if their professional registration lapses.

Covid-19

Discussion with the manager identified that she had a good understanding of the procedure to follow in the event of service users or staff were diagnosed with Covid-19.

Service users had been supported to keep a distance of 2 metres from other people and seating in communal areas had been spaced in a way to make this easier to comply with. Meal times and activities were also staggered to ensure that the service users maintained the 2 metre distance from each other. Changes were also made to the agency's service users' meetings to reduce the risk of having people from separate bungalows interacting. The manager also described changes that had been made to the agency's transport arrangements, to ensure social distancing was maintained and that appropriate cleaning was undertaken in between use.

Hand sanitisers was available throughout the bungalows for vice users, staff and visitors to use to ensure good hand hygiene. The staff member spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposed of PPE. Enhanced cleaning schedules were in place, to minimise the risks of cross contamination.

Service users spoken with confirmed that staff wore PPE for activities that brought them within two metres of service users. Those spoken with were able to describe the protocol for self-isolation, should they or the service users display symptoms of Covid-19.

Visiting protocols were in place, which ensured that all visiting was time-limited and planned in advance, to ensure social distancing could be adhered to.

There was a system in place to ensure that staff and service users had their temperatures checked twice daily and that they were observed for other signs or symptoms of Covid-19.

Staff had been completed training in relation to infection, prevention and control. This included video demonstration of the donning (putting on) and doffing (taking off) of PPE.

The manager provided a list to RQIA, by email, regarding the signage that was available throughout the agency, in relation to Covid-19 precautions. Information in relation to Covid-19 was also available to staff on notice boards and in a Covid-19 folder. This included information on:

- Table 4 of the PPE Guidance
- Self-care during Covid-19
- Covid-19 NI Executive Restrictions dated 15/10/20
- Information on social distancing
- Emergency contact details for management support within Apex and in the relevant Trust

- Chief Medical Officer communication regarding Covid testing in residential and nursing homes with suspected or confirmed outbreak dated 20/08/20
- Flow charts regarding actions staff are required to take and a Covid-19 symptom checklist
- Handwashing signage (Appendix 2 of the Guidance)

Easy-read documents available to the service users included:

- Information on Covid-19
- Maintaining social distancing
- Handwashing
- How staff look differently when they are wearing PPE
- Self-isolation

Specific risk assessments and care plans had been completed for service users in respect of how they would be cared for and supported in the event that they contracted Covid-19. The manager described how consideration had been given to how this may impact on visiting, their ability to work/attend day centres and the wishes of the service users regarding who they would like to be notified should this happen.

Governance and Management Arrangements

In April 2017, Apex Housing Association implemented an alternative approach to assuring quality monitoring and this was deemed appropriate by RQIA at that time. RQIA has been engaging with senior representatives from Apex Housing since February 2020, to ensure that the monitoring visits revert to being undertaken on a monthly basis, in keeping with Regulation 23. Whilst we acknowledge that the organisation has been working towards this, an area for improvement has been made to ensure that this matter is concluded.

Areas of good practice

Areas of good practice were identified in relation to recruitment practices and in relation to staff registrations with their professional body. Good practice was found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance and the use of PPE guidelines.

Areas for improvement

An area for improvement was made in relation to the quality monitoring process.

	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 Alison Foley, 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.

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	
Area for improvement 1 Ref: Regulation 23 (1)(2)(3)(4)(5) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the current system of undertaking bi-monthly visits to the agency ceases and that monthly visits are reinstated, in keeping with regulation 23. Ref: 6.2
	Response by registered person detailing the actions taken: The Director of Supported Living has discussed the current system of undertaking bi monthly visits with the Inspector and agreed monthly visits will commence in January 2021.

****Please ensure this QIP is completed in full and submitted via Web Portal****



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