

Announced Care Inspection Report 16 February 2021



North West Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 17 Templemore Business Park, Londonderry, BT48 0LD
Tel No: 02871 308020
Inspector: Kieran Murray

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

This is a domiciliary care agency supported living type which provides personal care and housing support to up to eight service users living in their own homes with learning disabilities, mental health and behaviours that challenge within the Western Health and Social Care Trust (WHSCT) area. Service users are supported by 26 staff.

3.0 Service details

<p>Organisation/Registered Provider: Praxis Care Group</p>	<p>Registered Manager: Mrs Clare Shannon</p>
<p>Responsible Individual(s): Mr Greer Wilson</p>	

Person in charge at the time of inspection: Mrs Clare Shannon	Date manager registered: 23 July 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 13 August 2019. Since the date of the last care inspection, a number of correspondences were received in respect of the agency. RQIA was also notified of a number of incidents and concerns which had occurred within the agency.

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 the spread of Covid-19.

An announced inspection took place on 16 February 2021 from 10.30 to 13.30.

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 service users, relatives, staff and other stakeholders to obtain their views on the service quality.

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

No areas requiring improvement were identified during the inspection.

Evidence of good practice was found in relation to:

- AccessNI checks;
- care records;
- care reviews;
- restrictive practices;
- covid-19 education and management, including infection prevention and control (IPC) measures and updating of the policy;
- use of personal protection equipment (PPE);
- service user involvement; and
- registrations with Northern Ireland Social Care Council (NISCC)

Service user comments:

- "The staff are very good."
- "They treat me with respect and dignity."
- "The staff wear PPE."
- "They take my temperature two to three times a day."
- "I have a Covid-19 file in the house."
- "I got the first vaccine last week and I am looking forward to getting the second vaccine."
- "Overall, I am happy with the service."

- “I want to be able to stay in my own home supported by Praxis; I am very happy.”
- “The staff that support me are caring.”
- “Staff supported me to get SKY TV and internet installed.”

Relative's comments:

- “XXX is very well looked after.”
- “I am kept up to date every Friday.”
- “The service gives XXX a perspective in life.”
- “I have seen the staff wear PPE.”

Staff comments:

- “I absolutely love my job.”
- “We offer a unique package of care for service users.”
- “We got training on Covid-19.”
- “I would report any concerns.”
- “We do enhance cleaning four times during shifts.”
- “Praxis has everything in place to protect us as a staff group.”

Trust professional comments:

- “I have a good working relationship with the agency.”
- “The agency staff are very communicative.”
- “The agency has been a good support to me as a key worker in the Trust.”
- “Although Covid-19 has presented its own issues this service and its management team has continued to support staff really well.”

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.

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

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Clare Shannon, Registered 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 13 August 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 August 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifications, concerns, and written and verbal communication received since the previous care inspection.

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

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 registrations; covid-19: guidance for domiciliary care providers in Northern Ireland Updated 20 December 2020; and
- a range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

RQIA provided information to service users, service user's relatives, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user's, relatives and staff posters to enable the stakeholders to feedback to the RQIA.

The information received from service users, relatives, staff and WHSCT professionals generally showed that people were satisfied with the current care and support. One response from staff indicated that they were 'dissatisfied' that the service well led. As there were no contact details for the staff member we contacted the head of operations on 8 March 2021 and advised of the response. The head of operations agreed to discuss the response at next team meeting.

During the inspection we met with the manager, one staff member and a telephone communication with two service users, two service user's relatives, one staff member and one WHSCT professional.

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, manager, staff and WHSCT professionals for their support and co-operation throughout the inspection process.

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 13 August 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5.6 Stated: First time	All records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative. Ref: 6.3	Met
	Action taken as confirmed during the inspection: We reviewed training records that evidenced that staff had completed training on recording skills. We reviewed both team meeting minutes and management visit documentation and evidenced recording skills were discussed with staff.	

6.1 Inspection findings

The review of the agency's recruitment records and discussion with the manager confirmed that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI in conjunction with the HR department. We reviewed documentation relating to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of records confirmed the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

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 a number of safeguarding referrals to the WHSCT since the last inspection 13 August 2019 and that the referrals had been managed appropriately.

On the day of the inspection we noted that the agency had received a number of complaints since the last inspection on 13 August 2019. We noted that the complaints had been dealt with in accordance with policy and procedure and that the complainants were fully satisfied with the outcomes.

The inspector noted comments from service users, staff and WHSCT professionals during regular monthly quality monitoring:

Service Users:

- “XXX feels safe with staff team.”

WHSCCT professionals:

- “XXX is very happy with the support.”

Staff:

- • “XXX felt secure around her workplace and the measures the organisation has put in place to make the house Covid secure.”

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; and
- reviews

On the day of the inspection it was noted that there were a number of restrictive practices in place; those implemented were of the least restrictive nature considered necessary in conjunction with the service user, representatives and the SEHSCT and were noted to have been reviewed every year.

Covid-19:

We spoke with two staff members, who were knowledgeable in relation to their responsibility in relation 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 manager and staff were aware of the need to ensure shared areas were cleaned regularly and that service users remained at least two metres apart.

We reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include Covid-19 and were available within the agency.

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

Staff who spoke to us were aware of the need to ask and look out for symptoms such as fever of 37.8C or above, cough, loss of or change in sense of smell or taste in service users or staff. We evidenced completed documentation for both service users and staff in relation to temperature and health checks.

Staff who spoke to us on the day of the inspection were aware that if someone is in isolation with suspected Covid-19, they must not visit shared spaces such as sitting areas/common rooms.

Hand sanitisers were placed in different areas throughout the agency for staff and visiting professionals to use to ensure good hand hygiene.

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

The manager and staff who spoke to us advised that information was disseminated to staff via emails and the Covid-19 folders which were available in service user's homes and in the agency. We evidenced the folder on the day of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of checks of Access NI, NMC and NISCC registrations, care records, reviews, restrictive practice, safeguarding, monthly quality monitoring and compliance with Covid-19 guidance.

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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews