

Inspection Report

16 June 2021



Greenisland House

Type of service: Domiciliary Care Agency
Address: 91 Shore Road, Greenisland, Carrickfergus, BT38 8TZ
Telephone number: 028 9086 1455

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Triangle Housing Association	Registered Manager: Mr Richard Cadwallader
Responsible Individual: Mr Christopher Harold Alexander	Date registered: 20 November 2020
Person in charge at the time of inspection: Mr Richard Cadwallader	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency, supported living type which provides housing support to service users living in self-contained apartments in a shared accommodation arrangement. The care is commissioned by the relevant Health and Social Care Trust (HSCT). Service users are supported to be as independent as possible. The agency's staff support service users in a range of areas including assistance with medication and a number of general household tasks. Personal care is provided in conjunction with another registered domiciliary care agency.	

2.0 Inspection summary

An unannounced inspection was undertaken by a care inspector on 16 June 2021, between 10.15 and 16.15.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users. There was evidence of robust governance and management oversight systems in place. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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.

The inspection focused on:

- contacting the service users, their relatives, HSC Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

One questionnaire was returned and the respondent's comments indicated that the person was satisfied that the service provided was safe and effective. However they indicated that they were dissatisfied with some aspects of the service, although no details were provided. This information was discussed with the manager for further follow up.

We spoke with two service users and two staff during the inspection; comments received are detailed below.

Service users' comments:

- "I am happy living here, the staff are great."
- "I have no complaints; the staff help me with anything."
- "I have no concerns."
- "I miss the social end due to the virus."
- "Find the days long since Covid-19."
- "I am happy with the staff; they are all good; they help me with all I need."
- "I can speak to staff."
- "I have no problems at the minute."

Staff comments:

- "I love working here, there is good teamwork."
- "Nice place to work."
- "Sometimes it feels we need more time with service users due to increased needs."
- "The staff team work well together."

There was one response to the electronic survey; the respondent was generally satisfied with the care and support provided. A comment received with regards to the funding model of care was discussed with the manager for follow up with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Greenisland House was undertaken on 10 September 2019 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position Report for the agency has been formulated.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that referrals made to HSC Trust adult safeguarding teams since the last inspection had been managed appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that a number of service users had regular contact with family and friends.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's human resources department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives on the majority of the visits.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, NISCC registration and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that a complaint received since the last inspection had been managed in accordance with the policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within their home environment. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. However, it was identified following the review of care records for one service user and discussions with the manager that a risk assessment was required to be reviewed and updated in conjunction with relevant HSC Trust representatives. This was identified as an area for improvement.

It was identified that staff have not completed training with regard to Dysphagia and Speech and Language Therapist (SALT) swallow assessments and recommendations. There is currently one service user who has been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made; however their care is provided by another domiciliary care agency.

6.0 Conclusion

As a result of this inspection one area for improvement was identified in with regard to safe care. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with the Minimum Standards for Domiciliary Care Agencies 2011.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Richard Cadwallader, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan																												
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards 2011																												
Area for improvement 1 Ref: Standard 3.3 Stated: First time To be completed by: Immediate and ongoing	The registered person ensures that the care plan includes information on the management of identified risks. Ref: 5.2.4																											
	<p>Response by registered person detailing the actions taken:</p> <p>I have completed the required care plan and attached to the report below. I was also mistaken when I stated staff had not had swallowing training and have attached the dates Greenisland staff completed the training below.</p> <p>Dates Staff Completed Supporting Adults with Swallowing Difficulties Training on the On-Line Learning Hub.</p> <table> <thead> <tr> <th>Staff</th><th>Date</th></tr> </thead> <tbody> <tr> <td>Richard Cadwallader</td><td>10/12/2017</td></tr> <tr> <td>Gemma Sheldon</td><td>26/02/2018</td></tr> <tr> <td>Jade McClean</td><td>17/01/2018</td></tr> <tr> <td>Karen Ross</td><td>21/02/2018</td></tr> <tr> <td>Hannah Montgomery</td><td>08/07/2018</td></tr> <tr> <td>Christine Smith</td><td>18/06/2018</td></tr> <tr> <td>Kiera Clements</td><td>07/06/2018</td></tr> <tr> <td>Bernadette Muldoon</td><td>05/05/2019</td></tr> <tr> <td>Cheryl Preshaw</td><td>08/05/2020</td></tr> <tr> <td>Susan El-Homsi</td><td>17/01/2019</td></tr> <tr> <td>Eamon Quinn</td><td>15/01/2019</td></tr> <tr> <td>Jane mason</td><td>16/05/2020</td></tr> <tr> <td>Jeanine Hamilton</td><td>16/05/2020</td></tr> </tbody> </table> <p>CARE PLAN Choking</p> <p>NAME: Robert Thompson DATE: 29/07/21</p> <p>DATE OF BIRTH:24/07/1958</p> <p>CARE OBJECTIVE NUMBER: 3</p> <p>RISK ASSOCIATED WITH PLAN: Choking and Aspiration</p>	Staff	Date	Richard Cadwallader	10/12/2017	Gemma Sheldon	26/02/2018	Jade McClean	17/01/2018	Karen Ross	21/02/2018	Hannah Montgomery	08/07/2018	Christine Smith	18/06/2018	Kiera Clements	07/06/2018	Bernadette Muldoon	05/05/2019	Cheryl Preshaw	08/05/2020	Susan El-Homsi	17/01/2019	Eamon Quinn	15/01/2019	Jane mason	16/05/2020	Jeanine Hamilton
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	<p>IDENTIFIED NEED ACTION RISK TO By Whom REVIEW DATE</p>
	<p>On the 12/03/2021 the SLT assessed that I required a level 6 Diet.</p> <p>OUTCOME</p> <p>To enable me to eat a full and varied diet while minimising the risks of choking and aspiration.</p> <ul style="list-style-type: none"> On the 12/03/21 the SLT (Speech and Language Therapist) assessed that I required a Level 6 Diet, soft and bite sized. Bite sized are pieces of food no bigger than 1.5cm squared. The information sheet overleaf titled 6 SOFT AND BITE-SIZED. It details on how to serve food and how to ensure the food is soft enough for consumption, as well as detailing food textures to avoid due to the risk of choking they pose for people on a level 6 diet. The SLT assessed that Robert can remain at level 0- Thin for fluids. The SLT assessment requires staff to be aware of the signs of Aspiration / Difficulty. <ul style="list-style-type: none"> Coughing / Choking. Shortness of Breath / Wheeziness. Eye Watering. We Voice quality / Chest. Change of Voice Quality when Eating and Drinking. Recurrent Chest Infections. Difficulty Holding Food or Liquid in the Mouth. Food sticking in the Mouth / Throat. Additional Comments from the assessment. I require full assistance when eating. Eat and drink slowly taking small bites / pieces of food as per the level 6 diet leaflet over leaf. I need to chew food thoroughly before swallowing. Take several mouthfuls of a drink before eating then take a sip of drink after every two mouthfuls of food. (ensure food is cleared from the mouth first) I have been discharged from the SLT service but if I develop any problems staff can re-refer me to the SLT service by contacting them on 02890552576. <p>Self – Choking or aspirating on food.</p>

	<p>19/01/22</p>
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****Please ensure this document is completed in full and returned via Web Portal****



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