

# Unannounced Care Inspection Report

## 20 August 2020



## The Croft

**Type of Service: Domiciliary Care Agency**  
**Address: 26 Abbots Road, Newtownabbey, BT37 9RB**  
**Tel No: 02896931137**  
**Inspector: Corrie Visser**

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Assurance, Challenge and Improvement in Health and Social Care

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

The Croft is a domiciliary care agency that provides support, care and accommodation for up to 30 people usually over the age of 65 years with a diagnosis of dementia that require support to live in the community. This service aims to ensure that individuals affected with dementia are provided with 24 hour support which enables them to live as independently as possible. The Croft endeavours the service users' best interests are core to the service being provided. The Northern Health and Social Care Trust (NHST) commissions the packages of care.

## 3.0 Service details

**Organisation/Registered Provider:**  
Praxis Care Group

**Registered Manager:**  
Mr Colin Fullerton

**Responsible Individual(s):**

Mr Greer Wilson – registration pending	
<b>Person in charge at the time of inspection:</b> Mr Colin Fullerton	<b>Date manager registered:</b> Mr Colin Fullerton – application received – registration pending

#### 4.0 Inspection summary

An unannounced inspection took place on 20 August 2020 from 09.35 to 16.15 hours.

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 19 April 2019 RQIA have not completed a primary inspection. In response to this RQIA decided to undertake an inspection of the service. The 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, 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified 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 for improvement were identified from this inspection.

Evidence of good practice was found in relation to training, Access NI, staff registration with the Northern Ireland Social Care Council (NISCC), staff supervision, management of accidents and incidents, monthly quality monitoring reports and risk assessments and care plans of service users. 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 measures. It was also positive to note that staff temperatures were taken four times daily and temperatures are taken of all visitors to the service, including the inspector.

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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Colin Fullerton, 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 12 April 2019**

No further actions were required to be taken following the most recent inspection on 12 April 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, the returned 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 also spoke with HC professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff visited service users.

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided for care workers, service users and visitors to the service to give them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for care workers detailing how they could complete an electronic questionnaire to give their views. Five responses were received prior to the issue of the report, however two responses were incomplete.

Ten questionnaires were also provided for distribution to the service users and their representatives; three responses were received and comments included in this report and one was received after the closing date however the respondent was very satisfied with all aspects of the delivery of care.

During the inspection the inspector met with two service users, three staff and one visiting professional.

No areas for improvement were identified at the last care inspection.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

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

## 6.1 Inspection findings

### Recruitment records:

The services staff recruitment processes were noted to be managed in conjunction with the organisations Human Resources (HR) Department located at the organisations head office. Discussion with the 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 relating to Access NI. The inspector was provided with evidence of communication from HR in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of all staff records confirmed that all staff, apart from two are currently registered with NISCC. It was noted that NISCC have extended the period of registration due to the Covid-19 pandemic to reduce the financial strain that people may be facing. No registrations can be renewed until 1 October 2020. The inspector advised for the communication from NISCC advising of this extension be placed in the staff members' files. The inspector noted that the manager had a system in place each month for monitoring the 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.

### Care planning and review:

The inspector reviewed four care plans in place for individual service users. These fully described the care and support required for individuals and included:

- referral information
- care plan
- my care passport
- risk assessments
- reviews
- restrictive practice assessments

### Comments from service users included:

- "We were on our own but now we've got good company."
- "The staff are great."
- "We can mix in with the other residents."
- "The girls are more than capable."
- "Everything in our bungalow is our own."
- "I like to do things myself and not rely on anyone."
- "You miss some things but it was inevitable that this was going to happen."
- "They were planning on taking us out on bus runs and take us to places of interest but it's all been knocked on the head due to this coronavirus."
- "All the staff are very good to us."
- "If we need a doctor no matter what time of day or night, the staff can arrange it."

**Comments from staff included:**

- “I was seconded here due to Covid and then wanted to stay as I really enjoyed working here.”
- “When I came, it needed work to bring it up to date. We have all come together and have progressed well.”
- “There is good guidance.”
- “Management is fantastic.”
- “Face masks have made communication with service users difficult.”
- “Good team.”
- “We have good craic with the people that live here.”
- “Good supervision.”
- “There has been improvements from the new manager started.”
- “We could do with clearer guidance of what referrals we can accept in relation to the stages of dementia.”
- “Shifts can be busy.”
- “With service users’ needs changing all the time, we could benefit from another staff member on shift for safety.”
- “There has been an improvement on delivery and quality of care since the new manager has taken over.”
- “The morale of the team has improved.”
- “I love my job.”
- “Every day is different.”
- “There is an open door policy.”
- “The team of support workers are amazing and we all pull together.”
- “The manager is proactive and gets things done.”
- “Everyone knows their role now.”
- There is an easy read guide to explain Covid-19 to the service users.”

**Comments from professionals included:**

- “It’s a very well run service.”

Three service user/relative questionnaires were received and the respondents were very satisfied that the care being provided is effective, compassionate and well led. One of the respondents was satisfied that the care is safe and two respondents were very satisfied.

**Comments from the relatives included:**

- “The Croft is a fabulous place to live.”
- “The staff bot over and above what they need to do. They are very kind and patient and any problems or worries I have, are dealt with in a caring manner.”
- “The staff in this service are excellent. The care and support they give \*\* (service user) is great. I have no complaints.”

Five staff surveys were also received however two were incomplete. One staff member was very satisfied that the care being provided is compassion and two respondents were satisfied. Two staff members were satisfied that the care is being delivered in a safe way, one was undecided. Three staff members were satisfied that the care is effective. Two staff members were satisfied that the service is well led and one was undecided.



## Areas of good practice

Evidence of good practice was found in relation to training, Access NI, staff registration with the Northern Ireland Social Care Council (NISCC), staff supervision, management of accidents and incidents, monthly quality monitoring reports and risk assessments and care plans of service users. 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 measures. It was also positive to note that staff temperatures were taken four times daily and temperatures are taken of all visitors to the service, including the inspector.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### Covid-19:

The inspector spoke with the manager and to three staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two meters of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- dissemination of information to staff
- monitoring of staff practice
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19
- temperature monitoring four times a day in line with guidance
- used PPE storage and disposal
- staff training and guidance on IPC and the use of PPE equipment in line with guidance

The inspector reviewed records relating to IPC policies which were in line with the guidance. The policies and procedures had been updated to include Covid-19.

The inspector reviewed records that indicated that service users, staff and visitors had their temperatures monitored throughout the day in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms: fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas through the scheme for service users, staff and visitors to ensure good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning and doffing of PPE was provided to staff and there was evidence that staff had completed training with regards to IPC. The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately.

Spot checks are undertaken on staff throughout the day to ensure they are fully compliant with current guidance.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff
- there are effective systems in place to monitor staff compliance with good IPC practices.
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

It was positive to note that staff are working well together to support the best outcomes for service users, in a caring manner, whilst being caring and compassionate to service users and their relatives. It was also positive to note that staff are 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. Staff 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 within the scheme.

### Areas of good practice

- dissemination of information to staff
- monitoring of staff practice
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19
- temperature monitoring in line with guidance
- used PPE storage and disposal
- staff training and guidance.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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