

Unannounced Care Inspection Report 17 August 2020



Templemore Supported Living

Type of Service: Domiciliary Care Agency
**Address: Unit 17, Templemore Business Park, Northland Road,
Derry/Londonderry, BT48 0LD**
Tel No: 02871372181
Inspector: Kieran Murray

www.rqia.org.uk

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

This is a domiciliary care agency supported living type which provides personal care and housing support to four people with learning disability, mental health and complex needs from the Western Health and Social Care Trust (WHSCT) area. Service users are supported by 41 staff.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Ms Ciara Duffy
Responsible Individual(s): Mr Greer Wilson	

Person in charge at the time of inspection: Ms Ciara Duffy	Date manager registered: 16 December 2019
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4.0 Inspection summary

An unannounced inspection took place on 17 August 2020 from 09.30 to 16.30.

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.

RQIA have reviewed correspondence received from the:

- agency

Since the last pre-registration inspection on: 16 December. Correspondence has included:

- notifications
- other

Following review of this information, the inspector identified that the information received show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time.

In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using a:

- on-site inspection approach

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 determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

No areas requiring improvement were identified during this inspection.

Evidence of good practice was found in relation to:

- staff recruitment
- staff induction
- care records
- care reviews
- 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
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)

Service user comments:

- “I find staff wearing masks very strange.”
- “I am happy in the house.”
- “Staff are good to me.”
- “I know to keep two metres apart.”
- “I have no complaints or worries.”
- “I wear a mask at times.”

Relative's comments:

- “The service they provide is amazing.”
- “We feel great as a family at the care XXX gets.”
- “They (Agency) give XXX respect and dignity.”
- “Lockdown had a drastic effect as we didn't get to see XXX.”
- “I am 100% happy with staff compliance of covid guidance.”

HSCT representative comments:

- “Manager works closely with the Trust.”
- “Very committed to the service user.”
- “Service users family are always complimenting the staff team.”
- “I have recommended Praxis to others.”
- “The team hold a genuine caring role with my service user and have demonstrated the ability to hypothesise when difficulties arise; can think outside the box and are very informative.”

Staff comments:

- “This is the new normal.”
- “We got training on donning and doffing.”
- “I wear PPE when carrying out personal care.”
- “I got training which lasted over a week.”
- “If we touch handles then we clean automatically.”
- “There is enough PPE in the scheme.”
- “Praxis was very quick to deal with covid and inform staff of the risks.”
- “The training prepared me for the job.”
- “Templemore Supported Living is an excellent service, promoting independent living in the community.”
- “The management team are approachable, receptive, and supportive to Service Users and staff alike.”

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
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 Ms Ciara Duffy, 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 pre-registration inspection dated 16 December 2019

No further actions were required to be taken following the most recent inspection on 16 December 2020.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous pre-registration 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.

During the inspection the inspector met with the manager, team leader and telephone communications with one service user, one service users' relative, two staff and one Trust professional.

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.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; eight responses were received from staff and three from visiting professionals for inclusion in the report.

There were three responses which indicated that staff were 'very unsatisfied' that the care was safe, effective, compassionate and the service was well led. However, the comments made alongside these responses did not indicate any concerns. As there was no contact details recorded for staff, the inspector spoke to the manager on the 2 September 2020 and discussed the feedback received. The inspector has been assured by the manager that the comments made would be discussed with staff in the forum of a staff meeting and a record retained for review at the next inspection.

Eight returned responses did not indicate that the staff/visiting professionals had concerns that care was not safe, effective, compassionate or that the service was not being well led.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were received for inclusion in the report.

The inspector requested that the person in charge place a "Tell us" card in a prominent position in the agency to allow service users, family members and friends who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

The inspector would like to thank the manager, service users, service user's relatives, staff and WHSCT 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 pre-registration care inspection.

6.1 Inspection findings

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to AccessNI. The inspector reviewed documentation in staff files in relation to pre-employment checks which provided assurances that AccessNI checks were completed before commencement of employment.

The agency's induction programme outlines the induction programme which included the NISCC Induction Standards, lasting at least three days which is in accordance with the timescales detailed within the Regulations.

The manager advised the inspector that the agency uses a small pool of staff from an employment agency which is also a domiciliary care agency to meet the needs of service users. The manager provided the inspector with a detailed list of the domiciliary care agency staff, their photographic evidence and evidence of their NISCC registration, AccessNI and the induction programme provided to them.

A review of six records confirmed that staff were currently registered with NISCC. The inspector noted that 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.

The inspector reviewed the records relating to staff training which indicated compliance with regulations and standards.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted that records relating to safeguarding training completed by staff were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

The inspector 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 the inspector noted that the agency had made a number of safeguarding referrals to the WHSCT since the last inspection 16 December 2019 and that the referral had been managed appropriately. On the day of the inspection the Annual Position Report was available for review by the inspector. The inspector reviewed the report and found it be satisfactory.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

The inspector spoke to two staff members, who were knowledgeable in relation to their responsibility in reporting concerns. The staff members spoken to were confident that management would take them seriously and act upon their concerns.

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 WHSCT and were noted to have been reviewed every year.

The manager discussed the plans in place to address Deprivation of Liberty safeguarding (DoL's) practices in conjunction with the WHSCT.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans, and annual care reviews with the service user, representatives and relevant Trust representative.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector noted the following comments from service users, relatives and agency staff on the monthly quality monitoring reports:

Service users

‘XXX told me she was always happy.’

Relatives

- ‘Happy with this house and the contact she has had with the team leader and manager.’
- ‘(Relative) Very happy with the service. XXX thinks the staff team are great.’

Staff

- ‘XXX is very happy to be working with us.’
- ‘XXX spoke about how much she loves her job.’

The agency maintains a policy relating to complaints and compliments; these records are recorded and managed in accordance with the agency’s policy and procedure. On the day of the inspection it was noted that the agency had received a number of complaints and compliments. The inspector reviewed the records relating to the complaints and found that they had been managed within the agency’s policy and procedure. The inspector also noted that the complainants were fully satisfied with the outcomes.

The inspector reviewed the Statement of Purpose (2020) and Service User Guide (2020) and noted that both documents needed to be updated to include information on DoL’s and Covid-19. The manager updated both documents on the day of the inspection. The inspector reviewed both documents and found them to be satisfactory.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, AccessNI, NISCC registrations, adult safeguarding, risk management, collaborative working and service user involvement.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19:

The inspector spoke to two staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff spoken to 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 were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. It was positive to note that the agency provided training to the small pool of staff from an employment agency to ensure compliance with the Covid-19 guidance. The policies and procedures had been updated to include Covid-19 and were available electronically within the agency.

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

The inspector reviewed records that indicated that service users and staff had their temperatures monitored twice daily 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. It was also positive to note that the agency staff checked the inspectors temperature on entering the agency.

Service users and staff spoken to on the day of the inspection were that if someone is in isolation with suspected Covid-19, they must not visit shared spaces such as sitting areas /common rooms.

The inspector evidenced daily cleaning schedules within the agency. The inspector noted easy read two meter guides for service users throughout the agency.

It was positive to note that the agency had easy read guides for service users on self-isolation and staying at home.

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

The manager advised the inspector that monitoring of staff practices took place by direct observations and service user feedback.

The manager advised the inspector that information was disseminated to staff via emails and new links on updates were attached to the Covid-19 risk assessment folder which is available to all staff.

Areas of good practice

Compliance with Covid-19 guidance.

Areas for improvement

No areas for improvement were identified in this domain 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.



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