

Announced Care Inspection Report 09 February 2021



Kimberley House Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 45 Abbey Road, Newtownards, BT23 8JL
Tel No: 028 9181 0003
Inspector: Joanne Faulkner

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

Kimberley House Supported Living Service is a domiciliary care agency, supported living type. The agency provides 24 hour care and support to nine service users who have a range of complex needs; seven of the service users reside in individual apartments within a shared facility and two in a house located adjacent to the service.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual: Mr Greer Wilson, Registration pending	Registered Manager: Mrs Joanne Black and Miss Nikki McMullan
Person in charge at the time of inspection: Miss Nikki McMullan	Date manager registered: 5 December 2019

4.0 Inspection summary

An announced inspection took place on 09 February 2021 from 09.30 to 12.45.

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-reg inspection on 25 October 2019, RQIA were notified of one notifiable incident. Whilst RQIA was not aware that there was any specific risk to the service users within Kimberley House Supported Living Service a decision was made to undertake an on-site inspection adhering to social distancing guidance.

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 and the Domiciliary Care Agencies Minimum Standards.

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

Evidence of good practice was found in relation to staff recruitment, management of complaints and management of all safeguarding concerns.

Evidence of good practice was found in relation to Infection Prevention and Control (IPC). It was evidenced that staff and service users had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

Two areas requiring improvement were identified during this inspection with regards to the quality monitoring process and the procedure for monitoring and recording staff registration status with The Northern Ireland Social Care Council (NISCC).

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	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Miss Nikki McMullan, Registered 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 25 October 2019

No further actions were required to be taken following the most recent inspection on 25 October 2019.

5.0 How we inspect

Prior to the 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 inspection.

During our inspection we focused on speaking to the service users, their relatives and staff to find out their views on the quality of the service provided.

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

- Recruitment information specifically relating to Access NI and NISCC registration.

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for staff and questionnaires for service users and relatives to feedback to the RQIA. Five service user/questionnaires were received and the information received indicated that people were satisfied with the current care and support.

During the inspection we communicated with the manager, staff, service users and relatives. Comments received included:

Service user comments:

- “Staff help me and I talk to staff.”
- “I am happy; staff are good.”
- “Staff help me make my dinner.”
- “I am very happy. I go out with my mum and dad to the garage.”
- “I like the staff.”
- “I am happy here; I can talk to staff if I have problems.”
- “I ring my friends.”

Relative’s comments:

- “My son is okay at Kimberley. ***** is well looked after and is very happy.”
- “Anything bothering me I get in touch with staff.”
- “I have no concerns.”

Staff comments:

- “I was worried about the supported living transition; but I find it fantastic.”
- “The independence the service users have got from moving to supported living is great.”
- “I feel supported in my job; one thing about working here is that you are listened to. I can raise issues and something will be done.”
- “Fantastic team; I have no issues. There is nothing I am not happy with.”
- “We were shown the donning (putting on) and doffing (taking off) of PPE.”
- “Plenty of PPE; hand sanitizers and cleaning of areas.”
- “Service users have more choice and are well looked after.”

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

6.0 The inspection

6.1 Inspection findings

Recruitment

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. Pre-employment checks are completed by the Human Resources (HR) department which is located at the organisation’s head office. We reviewed documentation relating to pre-employment checks which provided assurances that Access NI checks for staff employed were completed before commencement of employment.

We noted that a system is in place for recording registration status of staff with NISCC; however we identified that the list provided to us during the inspection was not an accurate reflection of staffs’ registration status. Further discussions with the manager and the review of electronic records confirmed that staff supplied were appropriately registered. We discussed with the manager the need to develop a more robust system for monitoring and recording the information on a monthly basis. An area for improvement was identified.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

On the day of the inspection we were informed that since the last inspection of 25 October 2019 the agency made two referrals to the South Eastern Health and Social Care Trust (SEHSCT) Adult Safeguarding team. Records viewed and discussions with the manager indicated that they had been managed in accordance with the procedures. Staff who spoke to us demonstrated that they had a clear understanding of the actions to be taken with regards to reporting matters relating to allegations of abuse. Staff were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection on 25 October 2019. We reviewed the records and noted that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedure.

The agency maintains a policy relating to complaints and compliments. On the day of the inspection we noted that the agency had received a small number of complaints since the last inspection on 25 October 2019. We found that the complaints had been managed in accordance with organisation's policy and procedure, and that the complainants were satisfied with the outcomes.

We reviewed the agency's monthly monitoring reports and noted that monthly monitoring visits had not been undertaken in December 2020 and January 2021. An area for improvement has been made in this regard.

However, on reviewing reports completed prior to December 2020 we identified that the process included engagement with service users, service user's relatives and staff. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff training and staffing arrangements.

Covid-19:

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow whilst providing care and support to service users and in the event of service users or staff testing positive with Covid-19.

Staff had been provided with a range of information with regards to Covid-19 specifically relating to IPC, Covid-19 awareness and environmental cleanliness. This also included guidance on the donning (putting on) and doffing (taking off) of PPE. We noted that information relating to Covid-19 was stored in a folder and accessible for all staff.

There was a system in place to ensure that IPC procedures were being adhered to. 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 described how they wore PPE for activities that brought them within two metres of service users. Staff reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. Staff who spoke to us described how and where donning and doffing of PPE happened within the agency. The service users spoken with confirmed that the staff wore PPE appropriately when providing care and support to them.

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. Staff stated that service users were being discouraged from spending long periods in shared areas.

Staff could describe how they supported service users to adhere to Covid-19 guidance with particular regards to handwashing, wearing face masks and cleaning of their individual living spaces/flats. A range of easy read documents had been provided for service users to support them in having a clear understanding of the information being communicated.

Staff who spoke to us were aware of the need to observe for symptoms of Covid-19 in service users, such as fever of 37.8C or above, cough, loss of or change in sense of smell or taste. We evidenced completed documentation for both service users and staff in relation to temperature checks completed at least twice daily. All visitors to the agency were required to have a temperature check on entering and requested to sanitise their hands and wear appropriate PPE.

Hand sanitisers were placed in a number of areas throughout the agency for staff and visiting professionals to use to ensure good hand hygiene. Posters detailing the procedure for effective handwashing were displayed as visual aids to encourage good handwashing techniques.

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

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building.

The agency had access to large print/font and easy-read material, which they could access if needed.

We noted that risk assessments had been completed for service users and staff in respect of social engagement in shared areas and whilst out in the community.

Areas of good practice

Good practice was found in relation to staff recruitment and the management of complaints and safeguarding concerns.

Good practice was found in relation to IPC; all staff had been adhering to the current Covid-19 guidance on the use of PPE and supporting service users to adhere to guidance with regards to social distancing, hand hygiene and the wearing of facemasks.

Areas for improvement

Two areas for improvement were identified during the inspection with regards to quality monitoring process and the system for managing staff registration with the appropriate regulatory body.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Nikki McMullan, registered 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 and the Domiciliary Care Agencies Minimum Standards, 2011.

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) Stated: First time To be completed by: Immediate and ongoing from the date of inspection.	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. Ref: 6.1 Response by registered person detailing the actions taken: EMMRs completed by Head of Operations have been completed from January 2021 with monthly review in place- no further absences present in this process from this date.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 12.6 Stated: First time To be completed by: Immediate and ongoing from the date of inspection.	The registered person shall ensure that a robust system is in place for monitoring staffs' NISCC registration status, and that the record retained is accurate and up to date. Ref: 6.1 Response by registered person detailing the actions taken: Monthly Audit document has now been commenced in relation to Manager checking not only all Praxis Care staff's registration but also the agency that have been booked in for the month ahead to ensure that this is monitored. Registration expiry dates are no longer provided via the certificates provided to staff so this is now also manually checked by APO on a monthly basis as part of manager's monthly audit process. ITrent (HR System) also being updated regularly in relation to staff's registrations to ensure monitoring within head office also.

****Please ensure this document is completed in full and returned via Web Portal****



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