

Announced Care Inspection Report 20 August 2020



Clogher Valley Care Ltd

Type of Service: Domiciliary Care Agency
**Address: T5 Dungannon Enterprise Centre, 2 Coalisland Road,
Dungannon, BT71 6JT**
Tel No: 02885548378
Inspector: Michele Kelly

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

Clogher Valley Care Ltd is a domiciliary care service based at the Dungannon Enterprise Centre. The service provides care and support to 114 individuals living in their own homes who have their services commissioned by the Southern Health and Social Care (HSC) Trust. Services provided include personal care, medication support and meal provision.

3.0 Service details

Organisation/Registered Provider: Clogher Valley Care Ltd Responsible Individual: Miss Evelyn Jennifer Frizelle	Registered Manager: Miss Evelyn Jennifer Frizelle
Person in charge at the time of inspection: Miss Evelyn Jennifer Frizelle	Date manager registered: 6 January 2009

4.0 Inspection summary

An announced inspection took place on 20 August from 10.10 to 13.00.

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
- HSC Trust

Since the last inspection on 10 October 2019, correspondence has included:

- Monthly monitoring reports
- HSC Trust communication

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.

An area for improvement was identified from this inspection and refers to ensuring the infection prevention and control policy is updated.

Evidence of good practice was found in relation to training, Access NI, staff registration with the Northern Ireland Social Care Council (NISCC) and monthly quality monitoring reports.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jennifer Frizelle, 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 10 October 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 October 2019.

5.0 How we inspect

Prior to inspection the inspector 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 the inspection the inspector focused on contacting the service users, their relatives and staff to find out their views on the service.

The inspector ensured that the appropriate staff checks were in place before staff visited service users. The following records were reviewed:

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

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

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; no responses were received for inclusion in the report.

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 responses were received for inclusion in the report.

During the inspection the inspector communicated with three service users, two staff and three service users' relatives.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 Review of areas for improvement from the last care inspection dated 10 October 2019

Areas for improvement from the last care inspection 10 October 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1 Ref: Regulation 13(d) Schedule 3 (4)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that recruitment records are appropriately maintained and that the records specified in Schedule 4 are at all times available for inspection. This refers specifically to:</p> <ul style="list-style-type: none"> Two written references, including a reference from the applicant's present or most recent employer, if any. <p>Refers to verifying the identity of the referee clearly on the reference request and response.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed four recruitment files and confirmed that each employee had two written references, including a reference from the applicant's present or most recent employer and those references had been verified.</p>	
<p>Area for improvement 2 Ref: Regulation 16(2)(a)</p> <p>Stated: Second time</p> <p>To be completed by: 10 January 2019</p>	<p>The registered person shall ensure that each employee of the agency receives training which is appropriate to the work they are to perform.</p> <p>This also refers to ensuring training records are up to date and available for inspection</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed the training matrix and employee training records which were up to date at the time of inspection.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 23 (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>This area for improvement relates to the quality of a number of monthly quality monitoring reports available for inspection. In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Four recent monthly monitoring reports were viewed by the inspector and they were sufficiently detailed and robust.</p>		
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall evaluate the quality of services provided on at least an annual basis and follow-up action taken. Key stakeholders, specifically HSC Trust' representatives should be included in this process.</p>	<p style="text-align: center;">Met</p>

	<p>Action taken as confirmed during the inspection: An annual report dated April 2020 was available for inspection and this included the views of key stakeholders.</p>	
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6.1 Inspection findings

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 four recruitment files in relation to pre-employment checks which provided assurances that AccessNI checks were completed before commencement of employment. The inspector also verified that recently recruited staff had two verified references with one being from the applicant's last employer.

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 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. Records viewed by the inspector confirmed that all staff were currently registered with NISCC and applications for recently recruited staff were in progress.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the staff training matrix which indicated compliance with regulations and standards.

Following the inspection 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.

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.

Information regarding some of the agency's carers not spending the full allocated time with service users had been communicated to RQIA. The inspector noted that the agency had responded by informing all staff of the need to ensure service users had their full allocation of time and had monitored staff compliance with this.

The inspector noted the following comments from Health and Social Care Trust (HSCT) professionals within the Annual report 2020:

- “I have found them to be resilient and patient in the most trying situations”
- “ Agency supplies a beneficial service to my service user, the family would struggle without them”
- “ I have never had any concerns about this agency”

Staff comments following the inspection;

- “ Management are very supportive and I am not just saying that”
- “ This is a good agency to work for”
- “ There is plenty of PPE we get a text each week to ensure we have enough”

Service user comments following the inspection;

- “They are very good, I couldn’t say a word”
- “ I couldn’t say a bad word”
- “ They wear everything (PPE) and always wash their hands”

Relatives’ comments following inspection;

- “Girls are very good, care has been excellent”
- “In an emergency I am able to lift the phone and they respond very quickly”
- “Yes, their service is very good”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, monthly monitoring and NISCC registrations

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 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 inspectors reviewed records relating to Infection prevention and control policies, training and use of PPE. However, the agency’s policy in respect of infection prevention and control had not been updated to include recent guidance. An area for improvement has been made in relation to standards.

Staff who spoke to the inspector described how and where donning and doffing of PPE happened while they carried out their duties.

The manager advised the inspectors that information was disseminated to staff via regular memorandums, training and guidance circulated by the Public Health Agency (PHA), HSCT and RQIA.

Spot checks are undertaken on staff regularly to ensure they are fully compliant with current guidance; the HSCT has also monitored and reported on staff compliance in relation to the use of PPE.

Areas of good practice

There were examples of good practice found in relation to staff training and the dissemination of information.

Areas for improvement

An area for improvement has been identified in relation to the Infection Prevention and Control policy which was not updated to include procedures in respect of Covid-19.

	Regulations	Standards
Total number of areas for improvement	0	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 Jennifer Frizelle, 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 Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>This relates specifically to updating the Infection Prevention and Control policy to include procedures in respect of Covid-19.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>We have updated our Infection Control policy & procedures to include guidance on Covid-19. We have also included information regarding Covid-19 in our Service User Guide, our Statement of Purpose and we have now have a Policy & Procedure specifically for Covid-19.</p>

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



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