

# Announced Care Inspection Report 10 November 2020



## Dumbarton House

**Type of Service: Domiciliary Care Agency**  
**Address: 79 Somerton Road, Belfast, BT15 4DG**  
**Tel No: 02890872121**  
**Inspector: Aveen Donnelly**

[www.rqia.org.uk](http://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

Dumbarton House, located on Somerton Road in Belfast, is a supported living type domiciliary care agency, provided by Threshold (Richmond Fellowship NI Ltd). The agency's aim is to provide care and support to meet the individual assessed needs of up to 12 people with enduring mental ill-health issues.

Under the direction of the manager, staff are available to provide care and support to service users 24 hours a day with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

### 3.0 Service details

|  |  |
|--|--|
| <b>Organisation/Registered Provider:</b><br>Threshold (Richmond Fellowship NI Ltd) | <b>Registered Manager:</b><br>Not applicable   |
| <b>Responsible Individual:</b><br>Dr Raman Kapur                                   |  |
| <b>Person in charge at the time of inspection:</b><br>Operations Manager           | <b>Date manager registered:</b><br>Maria McGoldrick - Application submitted 03 November 2020 |

### 4.0 Inspection summary

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.

The last care inspection was undertaken on 12 November 2018. An inspection was not undertaken in the 2019-2020 inspection year, due to the risks associated with the spread of Covid-19. Since the date of the last care inspection, RQIA was notified of a number of notifiable incidents. A small number of other correspondence were received.

In consideration of the agency's regulatory history, in addition to RQIA not being made aware of any specific risk to the service users within the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to Covid transmission.

An announced inspection took place on 10 November 2020 from 10.00 to 13.45 hours.

This inspection was completed following a review of information requested to be submitted to RQIA prior to the inspection. During the inspection, we focused on discussing aspects of the submitted information, in order to substantiate the information. We also focused on contacting stakeholders to obtain their views on the service quality.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff visited service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) ) and the Nursing and Midwifery Council (NMC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with them. This was also verified through discussion with the person in charge, service users and service users' representatives. We also reviewed the list of all Covid-related information, disseminated to staff and displayed throughout the agency.

The inspection also assessed progress with the area for improvement identified during the last care inspection.

Evidence of good practice was found in relation to the recruitment practices and staff registrations with NISCC and the NMC. Good practice was also found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance on the use of personal protective equipment (PPE).

An area for improvement has been made in relation to the need for wellness checks to be done in keeping with the Covid Guidance for supported living services.

All those spoken with indicated that they were happy with the care and support provided.

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.

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, the Domiciliary Care Agencies Minimum Standards, 2011 and the Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

#### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the person in charge, 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 12 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 October 2018.

#### 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report, QIP, notifiable events, and written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with the person in charge.

During our inspection we focused on contacting the service users, their relatives, staff and health and social care' (HSC) representatives to find out their views on the service.

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

- Recruitment records specifically relating to Access NI, NISCC and NMC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19: guidance for domiciliary care providers in Northern Ireland (updated 16 June 2020).

The person in charge advised that no complaints had been received since the date of the last inspection. There had also been no safeguarding incidents reported. We reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service users/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

## 6.0 The inspection

| Areas for improvement from the last care/finance inspection dated 12 October 2018                           |  | Validation of compliance |
|---|--|--------------------------|
| Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 |  |                          |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 21(1)(a)<br><br><b>Stated:</b> First time       | The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-<br>(a) kept up to date, in a good order and in a secure manner.<br><br>This relates specifically to the agency's staff rota information.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Discussion with the person in charge and review of records confirmed that all staff had received training in records management since the date of the last inspection. Review of two weeks staffing rosters confirmed that the practice of using correction fluid had ceased. |                          |

## 6.1 What people told us about the agency

The information received shows that people were satisfied with the current care and support. During the inspection we spoke with two service users, three staff members using technology. We also spoke with three relatives by telephone, who indicated that they were very happy with the care and support provided by Dumbarton House. Comments are detailed below:

## Service users

- “I have no complaints, they treat me very well.”
- “I have no concerns, nothing but praise for them. Dumbarton House has saved my life.”

## Service users’ representatives

- “I have no concerns, (my relative) is getting on grand, they would let me know if there were any concerns.”
- “(My relative) never raises any concerns about the place, they seem quite happy there.”
- “They are looked after very well there.”
- “They look after them very well, I would say (they) are very happy there, couldn’t say a bad word against them.”

## Staff

- “I feel very well supported here, Threshold checks in on us every day. The relatives have been very pleased with the way we support our residents.”
- “I think the staff here are phenomenal during the outbreak and all the way through. Threshold has been very supportive, I feel very valued and I am very grateful to them, I do not have any concerns.”
- “All residents are treated with respect and dignity, some of them, their quality of life is better than it may ever have been.”

No other feedback was received.

## 6.2 Inspection findings

### Recruitment

The review of the staff records confirmed that recruitment was managed in keeping with the regulations and minimum standards, before staff members started work.

A review of the staff records confirmed that all staff are currently registered with NISCC and the NMC. We noted that there was a system in place each month for monitoring staff’ registrations. Staff are not permitted to work if their professional registration lapses.

### Covid-19

Discussion with the person in charge identified that she had a good understanding of the procedure to follow in the event of service users or staff were diagnosed with Covid-19.

Service users had been supported to keep a distance of 2 metres from other people and seating in communal areas had been spaced in a way to make this easier to comply with. Meal times were also staggered to ensure that the service users maintained the 2 metre distance from each other. Changes were also made to the agency’s service users’ meetings to reduce the risk of having too many people gathering together.

The person in charge described the availability of hand sanitisers which is accessible throughout the building for service users, staff and visitors to use to ensure good hand hygiene. The staff members spoken with reported that there was an appropriate supply of PPE and

sufficient bins available to allow the safe disposal of PPE. Enhanced cleaning schedules were in place, to minimise the risks of cross contamination.

Service users spoken with confirmed that staff wore PPE for activities that brought them within two metres of service users. Those spoken with were able to describe the protocol for self-isolation, should they or the service users display symptoms of Covid-19.

Visiting protocols were in place, which ensured that all visiting was time-limited and planned in advance, to ensure social distancing could be adhered to.

There was a system in place to ensure that staff and service users had their temperatures checked twice daily. However, the system in place required further development, to include asking about and looking out for an elevated fever of 37.8C or above, a persistent cough, loss of or change in sense of smell or taste. An area for improvement has been made in this regard.

Staff had been completed training in relation to infection, prevention and control. This included training on the donning (putting on) and doffing (taking off) of PPE.

The person in charge provided a list to RQIA, by email, regarding the signage that was available throughout the agency, in relation to Covid-19 precautions. Information in relation to Covid-19 was displayed throughout the building and retained in a Covid-19 folder. This included information on:

- Protocol for dealing with positive cases for service users and for the whole service.
- Risk assessment for the use of the smoking room
- Consent forms for sharing the service users' Covid status with relevant others
- Temperature checks
- Cleaning and handwashing information
- General risk assessment and control measures; including risk assessments for managing new referrals
- Visiting risk assessment and protocols
- Covid-19 Information/resources
- Staff Training Information
- Infection Prevention and Control environmental risk assessment
- Signage for visitors
- Procedures for daily status updates to the relevant health and social care trusts
- Public Health Agency (PHA) Managing Covid-19 in care homes and other facilities – Outbreak pack
- Business Continuity Plan

### **Governance and management oversight**

The person in charge advised that there had been no complaints received since the date of the last inspection; and that no safeguarding incidents had occurred. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

An application was submitted to RQIA for Maria McGoldrick, to register with RQIA as the registered manager. When the required checks have been undertaken, we will review the application for registration.

**Areas of good practice**

Areas of good practice were identified in relation to recruitment practices and in relation to staff registrations with their professional body. Good practice was found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 use of PPE guidelines.

**Areas for improvement**

An area for improvement was made in relation to the need for wellness checks to be done twice daily in keeping with the current guidance (updated 16 June 2020).

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 the person in charge, 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 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.



| <b>Quality Improvement Plan</b>  |   |
|--|---|
| <b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>   |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate from the date of the inspection</p> | <p>The registered person shall ensure that working practices are safe and without risk to health and wellbeing. This refers specifically to wellness checks being undertaken for service users and staff, as outlined in the Covid-19 Guidance for supported Living Services.</p> <p>Ref: 6.2</p> |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/>a section to record wellness checks was added to our existing Covid 19 temperature checks on 10/11/2020</p>  |

***\*Please ensure this is completed in full and submitted via Web Portal\****



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