

Unannounced Care Inspection Report 19 October 2020



PCG Castle Lane Court

Type of Service: Domiciliary Care Agency
Address: 45 Castle Lane, Lurgan, BT67 9BD
Tel No: 02838348937
Inspector: Kieran Murray

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

This is a domiciliary care agency supported living type which provides personal care and housing support to 20 service users living at two locations with learning disabilities, mental health and complex needs within the Southern Health and Social Care Trust (SHSCT) area. Service users are supported by 43 staff.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual(s): Mr Greer Wilson	Registered Manager: Ms Chloe Mulholland
Person in charge at the time of inspection: Ms Chloe Mulholland	Date manager registered: 6 September 2018

4.0 Inspection summary

An unannounced inspection took place on 19 October 2020 from 09.15 to 13.30.

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.

Since the last inspection on 17 June 2019, RQIA were notified of a number of notifiable incidents and concerns. Whilst RQIA was not aware that there was any specific risk to the service users within PCG Castle Lane Court. 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, The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection sought to determine 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.

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 Chloe Mulholland, 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 care inspection dated 17 June 2019

No further actions were required to be taken following the most recent inspection on 17 June 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, notifiable events, concerns, 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 SHSCT 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 16 June 2020.
- 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.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell us' cards, Service user's questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

A number of areas were recorded as 'very unsatisfied' on a questionnaire returned by a service user. As there were no contact details for the service user these were discussed with the manager on the 9 November who has agreed to discuss at the next tenant meeting.

During the inspection we met with the manager, assistant manager, two service users, two staff and a telephone communication with one service users' relative and one SHSCT professional.

RQIA would like to thank the manager, assistant manager, service users, service user's relatives, staff and SHSCT professionals for their support and co-operation throughout the inspection process.

6.0 The inspection

There were no areas for improvement made as a result of the last 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. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that AccessNI checks were completed before commencement of employment.

We 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.

We examined the agency's provision for the welfare, care and protection of service users. We 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. We 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. We noted that records relating to safeguarding training completed by staff were up to date.

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

We 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 we noted that the agency had made a number of safeguarding referrals to the SHSCT since the last inspection 17 June 2019 and that the referrals had been managed appropriately.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection 17 June 2019. We examined the records and found 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; these records are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection we noted that the agency had received a number of complaints since the last inspection 17 June 2019. We reviewed the records relating to the complaints and found that they had been managed within the agency's policy and procedure. We also noted that the complainants were fully satisfied with the outcomes.

We noted the agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and SHSCT representatives.

On the day of the inspection we received the following feedback:

Service Users:

- "I am here a month."
- "You can sign the red book on arrival."
- "Staff wear Personal Protective Equipment (PPE) at all times."
- "I wear the mask when I am out."
- "I get told by staff about updates on Covid-19."
- "I have no concerns or worries at the minute."

Relatives:

- “The staff are respectful.”
- “The staff kept me informed during Covid-19.”
- “If I had anything wrong I would just phone up and chat to whoever.”
- “I am happy with the service.”

SHSCT professionals:

- “I find the place very focused on service users.”
- “Castle Lane is a good set up.”
- “Manager is very dedicated to the role.”
- “(Agency) Is very good and accommodating.”

Staff:

- “We got an induction.”
- “Management would listen to any concerns.”
- “We use a small number of agency staff who are familiar with the scheme.”
- “We are all supportive of each other.”
- “There is a one way system in the agency.”
- “We got Covid-19 training.”
- “We have donning (putting on) and doffing (taking off) stations.”

We reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included:

- referral information
- care plan
- risk assessments
- reviews

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 SHSCT and were noted to have been reviewed every year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of checks of Access NI in conjunction with the HR Department, NISCC registrations, safeguarding, monthly quality monitoring, care records, reviews, restrictive practices, incidents and complaints management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19:

We spoke with two staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. Two staff who spoke to us 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 told us they were aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed records relating to Infection Prevention and Control (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 electronically within the agency.

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

We reviewed records that indicated that service users and staff had their temperatures monitored 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 our temperature before entering the agency.

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

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

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

The manager advised us that monitoring of staff practices took place by direct observations.

The manager and staff who spoke to us advised that information was disseminated to staff via emails and links to 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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