

Unannounced Care Inspection Report 10 November 2020



Ards Supported Living and Domiciliary Service

Type of Service: Domiciliary Care Agency
Address: Unit 4, 6, 7 Strangford Park, Ards Business Centre, Jubilee Road, Ards Business Centre, Newtownards, BT23 4YH
Tel No: 02891820650
Inspector: Kieran Murray

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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 which provides personal care and housing support up to 13 individuals living in their own homes and rented accommodation with challenging behaviours and learning disabilities. Services have been commissioned by the South Eastern HSC Trust, the Belfast HSC Trust and the Northern HSC Trust and the HSC Kilkenny. Service users are supported by 12 staff.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual: Mr Greer Wilson	Registered Manager: Mrs Nicola Taylor
Person in charge at the time of inspection: Mrs Nicola Taylor	Date manager registered: 6 September 2018

4.0 Inspection summary

An unannounced inspection took place on 10 November 2020 from 09.30 to 13.20.

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 11 February 2020, RQIA were notified of a number of notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within Ards Supported Living and Domiciliary 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, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

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 Mrs Nicola Taylor, 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 11 February 2020

No further actions were required to be taken following the most recent inspection on 11 February 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 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 ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following:

- 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.

The information received from service users indicated that they were satisfied with the current care and support.

No staff responses were received prior to the issue of the report.

During the inspection we met with the manager, head of programme and a telephone communication with one service user, two service users' relative and two staff.

RQIA would like to thank the manager, head of programme, service users, service user's relatives, and staff 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 Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI 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 small number of safeguarding referrals to the SEHSCT since the last inspection 11 February 2020 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 11 February 2020. 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 not received any complaints since the last inspection 11 February 2020.

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.

We noted comments from service users, relatives and HSC trust professionals during regular monthly quality monitoring:

Service Users:

- “XXX loved living in XXX new flat and that staff working with XXX were all lovely and helped him.”

Relatives:

- “XXX really satisfied with the care and support her XXX receives.”

HSC Trust professionals:

- “XXX stated how well staff had been supporting XXX through XXX shielding period.”

Staff:

- “Staff are focusing on supporting service users through the Covid-19 pandemic and return to day services.”

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

Service Users:

- “The staff are fantastic.”
- “They help me in any way I need help.”
- “There is enough Personal Protective Equipment (PPE) in my house.”
- “I know to keep two metres apart.”
- “I get my temperature taken twice a day.”
- “Covid-19 is pretty awful.”
- “Everybody is polite, respectful and protect my human rights.”

Relatives:

- “The staff are marvellous.”
- “The staff are very welcoming.”
- “Don’t get to see XXX because of Covid-19.”
- “We are very pleased with all of the staff.”

Staff:

- “I got an induction.”
- “We wear full PPE with all service users.”
- “We change PPE between service users.”
- “I got more training and support in Praxis than my previous job.”
- “We have updated information on government guidance.”
- “We have all the Covid-19 policies in the service users home and on-line.”
- “We know the protocol to isolate service users if they show Covid-19 symptoms.”
- “I really enjoy working for Praxis.”

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 SEHSCT 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 and incidents 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 were 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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