

Announced Care Inspection Report 11 March 2021



Mid and East Antrim Domiciliary Care Services

Type of Service: Domiciliary Care Agency
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Inspector: Joanne Faulkner

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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

Mid and East Antrim Domiciliary Care Services is a domiciliary care agency supported living type which provides personal care and support to people living in shared accommodation and their own homes. Under the direction of the manager staff are available to provide support to the service users with tasks of everyday living, and emotional support with the overall goal of promoting health and maximising their quality of life.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Ms Emma McLaughlin
Responsible Individual: Mr Greer Wilson- registration pending	
Person in charge at the time of inspection: Ms Emma McLaughlin	Date manager registered: 04 September 2019

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 of the agency was undertaken on 9 December 2019. Since the date of the last care inspection RQIA was informed of any notifiable incidents which had occurred within the agency in accordance with regulations. Having reviewed the agency's regulatory history, and in the absence of 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 the spread of Covid-19.

An announced inspection took place on 11 March 2021 from 10.00 to 12.30 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by us in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information. We contacted stakeholders to obtain their views on the quality of service provided.

We reviewed the dates that criminal record checks (AccessNI) for staff employed by the agency had been completed to ensure that they were in place before staff were supplied to service users. We reviewed and confirmed that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations.

Staff adherence to the Covid-19 Guidance was also reviewed and supported through discussions with a number of staff and service users. In addition, we reviewed Covid-19 related information, disseminated to staff by the agency.

The inspection assessed progress with any areas for improvement identified during the last care inspection and to determine 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 recruitment practices and staff registrations with NISCC. Good practice was also 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).

Those consulted with indicated that they were generally satisfied with the care and support provided. A comment made by one service user with regards to staff that provide the care to them was discussed with the deputy manager for further follow up.

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 and the Domiciliary Care Agencies Minimum Standards, 2011.

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 Emma McLaughlin, 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 9 December 2019

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 9 December 2019.

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 and QIP, notifiable events, and any written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, staff and Health and Social Care Trust (HSCT) representatives to find out their views on the service.

To ensure that the required pre-employment checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI checks completed for staff employed;
- Staff NISCC registration information.

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

We discussed with the manager any complaints received by the agency and incidents that occurred. In addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks completed in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

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 service users, relatives and staff with regards to providing feedback to the RQIA.

6.0 What people told us about this agency

The feedback received indicated that people were satisfied with the current care and support. During the inspection we spoke with the manager and a number of staff with the use of video technology.

We also spoke with a number of service users who indicated that that they were satisfied with the care and support provided by the agency. Feedback was requested from HSCT representatives; however, no responses were received. Comments are detailed below:

Staff

- “I find it very good really.”
- “The service users are very independent.”
- “I am proud to see the progress service users make; going to work and doing own medication.”
- “Fearful about Covid at the start, not wanting to expose service users to risk.”
- “We have enough PPE.”
- “Education and information was given to service users with regards to PPE and cleaning.”
- “I feel supported in my job; communication is good; especially around Covid.”
- “Manager approachable.”
- “I enjoy my job.”
- “If there is something I am not happy with at present I can talk to the manager.”

Service users

- “Staff are quite good.”
- “Staff help me.”
- “I get on well with the staff.”
- “I can talk to staff if I am worried.”
- “They will get my social worker if I need it.”
- “Covid can get you down, with all the restrictions.”
- “Not too bad; staff pretty good.”
- “Staff treat us all the same.”
- “Staff support me; staff ring me morning and night.”
- “I cannot complain about anything.”
- “Staff visit me and support me at times when I am out.”
- “Staff do the temperature checks.”

A comment made by one service user with regards to staff that are provided was discussed with the deputy manager for further follow up.

No feedback was received from the electronic survey for service user, staff and relatives.

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

7.0 The inspection

Areas for improvement from the last care inspection dated 9 December 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary worker is supplied by an agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.1 and 6.3</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>It was identified that the agency has a process in place to ensure that a statement of physical and mental fitness is in place for all staff employed.</p>		
<p>Area for improvement 2</p> <p>Ref: Regulation 23 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person must ensure that the monthly quality monitoring reports specifically monitor and respond to areas for improvement identified in Quality Improvement Plans.</p> <p>Ref: 6.6</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>It was identified that the agency’s monthly quality monitoring reports refer to actions taken with regards to areas for improvement identified in Quality Improvement Plans.</p>		

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.2 Stated: First time To be completed by: 31 March 2020	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process. The annual quality report should be submitted to RQIA, when complete. Ref: 6.6	Met
	Action taken as confirmed during the inspection: The annual quality report was submitted and reviewed. In addition it was noted that the quality of the services is evaluated monthly as part of the agency's quality monitoring process and key stakeholders are involved.	

7.1 Inspection findings

Recruitment

Staff recruitment is completed in conjunction with the organisations Human Resources (HR) department. The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for all staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff displaying symptoms or being diagnosed with Covid-19. We noted that staff had received training in IPC in line with their roles and responsibilities.

Staff had also completed training in relation to Covid-19 and on the donning (putting on) and doffing (taking off) of PPE and Covid -19 awareness training. Staff described how they wore PPE for activities that brought them within two metres of service users. Staff reported that there was a good supply of PPE.

There was a system in place to ensure that IPC procedures were being adhered to. This included senior staff undertaking spot checks of care staff in relation to their adherence to the

guidance and handwashing audits. The service users spoken with confirmed that the staff wore PPE appropriately.

The manager and staff described the availability of hand sanitisers which are accessible throughout the areas staff use. They stated that information detailing the procedure for effective hand-washing was displayed as visual aids to encourage good handwashing techniques.

There were measures in place to support service users to maintain a two metre distance from other people. Staff described how they supported service users to adhere to Covid-19 guidance with particular regards to handwashing, social distancing and the wearing of facemasks. There was also a system in place to ensure that staff and service users had twice daily temperature checks completed. Enhanced cleaning schedules were in place to minimise the risk of cross contamination. This included the frequently touched points throughout the agency.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address current guidance in relation to Covid-19
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance

We reviewed records relating to infection prevention and control policies which were in line with the guidance. A folder containing Covid-19 information was available for staff and includes current guidance documents from the Public Health Agency (PHA) and the DOH.

The procedures and guidance in place evidenced that:

- clear systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff;
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices;
- staff are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service;
- service users had been provided with information with regards to Covid-19 and IPC.

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a safe, effective and compassionate manner. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Specific risk assessments had been completed for service users and staff in respect of social engagement in designated areas.

Governance and Management Arrangements

We noted that there is a process for recording complaints in accordance with the agency's policy and procedures. On the day of the inspection we noted that complaints received had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monitoring processes.

We discussed the monitoring arrangements in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. We reviewed the agency's monthly monitoring reports completed in November and December 2020 and January 2021. We identified that the process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff training and staffing arrangements.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures and that a number of the incidents had resulted in an adult safeguarding referral being made. One incident was forwarded to RQIA retrospectively following the inspection as it was identified that there was police involvement as part of an adult safeguarding investigation.

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the organisation.

Discussion with the manager and staff indicated that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns. The manager confirmed that a number of adult safeguarding referrals were made since the last care inspection. Discussions with the manager indicated that the appropriate actions had been taken by the agency; however it was noted that one incident had not been reported to RQIA as required, this was completed following the inspection.

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.

Discussion with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication and social engagement. Service users indicated that they felt the care provided was safe, effective, compassionate and well led.

Areas of good practice

Evidence of good practice was found in relation to staff recruitment practices specifically relating to Access NI checks and staff registrations with NISCC. Good practice was found in relation to IPC practices; there was evidence that staff and service users had been adhering to the current Covid-19 guidance on the use of PPE.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

8.0 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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