

Announced Care Inspection Report 26 November 2020



Ballyoan House

Type of Service: Domiciliary Care Agency
Address: Clooney Road, Londonderry, BT47 6TG
Tel No: 02871860566
Inspector: Aveen Donnelly

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

Ballyoan House is a domiciliary care agency supported living type, which provides personal care and housing support to up to 16 people with enduring mental health difficulties.

Staff are available to support service users 24 hours per day and assist them 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.

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager: Ms Lorraine Harkin
Person in charge at the time of inspection: Ms Lorraine Harkin	Date manager registered: 17 December 2015

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 30 January 2021. Since the date of the last care inspection, RQIA was notified of a small number of notifiable incidents. No other correspondence or communications were received in respect of the agency.

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 Ballyoan, 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 26 November 2020 from 10.00 to 14.20 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 manager, service users and service users' representatives. We also reviewed the list of all Covid-related information, disseminated to staff and displayed throughout the agency.

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; 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 was made in relation to the quality monitoring process.

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
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lorraine Harkin, 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 30 January 2020

No further actions were required to be taken following the most recent inspection on 30 January 2020.

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, 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 manager.

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 and NISCC 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 manager advised that there had been no complaints or safeguarding incidents had occurred since the date of the last inspection. 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.

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.

6.0 What people told us about this agency

The information received shows that people were very satisfied with the current care and support. During the inspection we spoke with the manager, the deputy manager, a senior support worker and two care workers using technology. All staff were wearing face masks and they confirmed that they wore other personal protective equipment (PPE) as necessary. We also spoke with three service users and three service users' representatives, who indicated that that they were very happy with the care and support provided by the agency.

Staff

- "The staff have come on together in great unity, everything is fine here."
- "The tenants have great choice and variety in what they want to do, they all have different levels of abilities and have their different wants. We do whatever they want to do and sometimes they are happy just to have a conversation with us."
- "I like building better relationships with the tenants. You get to really understand them, they all have choices in what they want to don. If I had any concerns, I would bring them to my manager."
- "I really enjoy it. This is my favourite of all the schemes to work in. It's all about promoting independence and choice."

Service users' representatives

- "They are doing a very good service, I do feel (my relative) is safe there and they have got a lot better there with all the mod cons they have access to."
- "(My relative) seems to be happy enough, he certainly has not said anything different to me. They seem very understanding there."
- "I have always been happy with the care there. I have never seen anything underhanded or anything to be concerned about."

Five staff members and one visiting professional provided feedback via the electronic survey. With the exception of one respondent, who felt 'undecided', all other respondents indicated that they felt 'satisfied' or 'very satisfied' that the care was safe, effective and compassionate; and that the service was well-led. Written comments received are detailed below:

- "I think and feel our scheme adequately meets the needs of each individual focusing on the holistic approach."
- "Well run service, meeting the challenges that Covid-19 has presented this year, so far."
- "I am happy and satisfied with the care and support tenants receive and believe they are empowered to fulfil their life goals every day."

Fifteen service users responded to the electronic survey. With the exception of one respondent, who felt 'undecided', all other respondents indicated that they felt 'satisfied' or 'very satisfied' that the care was safe, effective and compassionate; and that the service was well-led. Written comments received are detailed below:

- "Best staff in the world."
- "Everything is great."

- “What we are going through with the virus affects everyone and I feel the staff are doing a good job taking care of us tenants.”

6.1 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 commence employment and direct engagement with service users.

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. The manager advised that staff are not permitted to work if their professional registration lapses. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Covid-19

No service users or staff had contracted Covid since the beginning of the pandemic. 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 being diagnosed with Covid-19.

Staff had also been completing training in relation to infection, prevention and control. This included training on the donning (putting on) and doffing (taking off) of PPE. All those consulted with described how their training included a video on the correct donning and doffing procedures and that they were required to complete this on a regular basis. The manager further described how signage was displayed in relation to donning and doffing guidance.

Staff described how they wore PPE for activities that brought them within two metres of service users. 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. There was a system in place to ensure that senior staff spot checked staff in relation to their adherence to the guidance. All service users spoken with confirmed that the staff wore PPE appropriately. Service users spoken with confirmed that the staff had provided them with masks, for use when they went to other social settings.

The manager described the availability of hand sanitisers which is accessible throughout the building for service users, staff and visitors to use. Service users spoken with confirmed that they had been provided with individual bottles of hand sanitiser, for their own use, when they were away from Ballyoan. Hand-washing posters were displayed as visual aids to ensure that handwashing was being done correctly.

Service users spoken with were aware of their responsibilities in relation to maintaining a two metre distance from other people. The manager described how they used practical items to demonstrate to the service users what two metres looks like. Environmental changes and changes to the routines of the agency had been made, to ensure that social distancing could be maintained. Meal times had been staggered and changes had also been made to the way medicines were administered, to ensure that the service users were not congregating to get their medicines. Staff meetings had also been arranged differently, to ensure that the staff could continue to maintain social distancing in the workplace.

The manager described how signage in relation to visiting was displayed prominently at the entrances. The relatives spoken with also described the use of technology used to provide social support, at times when service users were not getting as many visitors as they used to have. Relatives spoken with advised that visits had taken place outdoors to enable social distancing to be maintained. The visiting protocol had recently been updated to include internal visits. This included relatives agreeing to a specified visiting timeslot, where they are observed washing their hands and provided with a mask. Visitors had their temperatures checked and completed wellness checks to ensure that they had not been in contact with anyone who had Covid-19 and that they had no symptoms. Discussion with relatives confirmed the procedure, as described by the manager and staff. The protocol also included cleaning of the visiting room after each use.

There was also a system in place to ensure that staff and service users had their temperatures checked twice daily.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. There was also a protocol in place in relation to service users attending hospital appointments. This included service and staff travelling in separate cars.

The manager provided a list to RQIA, by email, regarding the signage that was available throughout the agency, in relation to Covid-19 precautions. Daily updates in relation to Covid-19 are provided to staff via email from Apex Head Office. Other information in relation to Covid-19 was displayed throughout the building and retained in a Covid-19 folder. This included information related to:

- Coronavirus (printed power point presentation)
- Information relating to the use of PPE
- Tenant Information – breakdown of steps being taken to reduce the risk of contracting/transmission of Covid-19
- Procedure in relation to a staff member's household or staff member becoming symptomatic at work
- Covid-19 Guidance for domiciliary care providers in Northern Ireland; and the Guidance for Nursing and Residential care homes in Northern Ireland
- The Covid-19 Emergency Response Plan for Supported Living Services
- Covid-19 Guidance for managing a funeral
- HSC Hospital Discharge Protocols
- Guidance for Daily Activities Supported Living
- Covid-19 testing guidance; and the Procedure for reporting Covid-19 results
- Visiting procedure, including the principles for HSC staff visiting community settings
- Covid-19 and high blood pressure medication
- Guidance for step down of infection control precautions and discharging Covid-19 patients
- Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from Covid-19
- Guidance for facilities managing an outbreak of acute respiratory illness including Covid-19 and influenza
 - Activities and Tasks Risk Assessment – Staff Protection during Covid-19
 - Self-care during Covid-19; and Coronavirus and your wellbeing
- Support for staff mental health and wellbeing via Inspire Workplaces Support Hub and the Western Trust Psychological Support Helpline

Specific risk assessments had been completed for service users in respect of social engagement in terms of visiting, both internally and visits occurring outside of the home. The care plans had been updated to include the prevention and reduction of contracting/spreading

Covid-19, maintaining a safe environment, management of symptoms and environmental issues. The support plans had also been updated to incorporate social risks of contracting Covid-19 and service users' responsibilities.

The manager described how consideration had been given to the wishes of the service users regarding who they would like to be notified should this happen.

Governance and Management Arrangements

In April 2017, Apex Housing Association implemented an alternative approach to assuring quality monitoring and this was deemed appropriate by RQIA at that time. RQIA has been engaging with senior representatives from Apex Housing since February 2020, to ensure that the monitoring visits revert to being undertaken on a monthly basis, in keeping with Regulation 23. Whilst we acknowledge that the organisation has been working towards this, an area for improvement has been made to ensure that this matter is concluded.

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. Based on manager, staff and relatives' feedback, it was evident that 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 quality monitoring process.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorraine Harkin, 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.

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 Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 23 (1)(2)(3)(4)(5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the current system of undertaking bi-monthly visits to the agency ceases and that monthly visits are reinstated, in keeping with regulation 23.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The Director of Supported Living has discussed the current system of undertaking bi monthly visits with the Inspector and agreed monthly visits will commence in January 2021.</p>

****Please ensure this QIP is completed in Full and submitted via Web Portal****



The Regulation and
Quality Improvement
Authority

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
 [@RQIANews](https://twitter.com/RQIANews)