

Announced Care Inspection Report 10 December 2020



Dunvale House

Type of Service: Domiciliary Care Agency
Address: Duncreggan Road, Londonderry, BT48 0AA
Tel No: 02871374130
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

Dunvale House is a supported living type domiciliary care agency, located in Londonderry. The agency offers domiciliary care and housing support to adults with enduring mental health issues for up to 16 service users. Service users have an identified 'key worker' and staff are available to support them 24 hours per day. The care and support is commissioned by the Western Health and Social Care Trust.

The agency's registered premises are located in the same building as the service users' accommodation and accessed from a shared entrance. The service users have individual rooms and a range of shared facilities which includes a lounge; bathrooms and kitchen. The agency aim is to provide care and support to service users with the overall goal of promoting good mental health and maximising quality of life.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena Mc Callion	Registered Manager: Mary Patricia McBride
Person in charge at the time of inspection: Mary Patricia McBride	Date manager registered: 18 November 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 27 September 2019. Since the date of the last care inspection, a small number of correspondence were received in respect of the agency. RQIA was also notified of a small number of incidents which had occurred within 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 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 10 December 2020 from 10.00 to 12.30 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 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).

Areas for improvement was made in relation to the quality monitoring process and the management of complaints.

The majority of those spoken with indicated that they were happy with the care and support provided. One identified relative spoke about a particular matter, which we agreed to raise with the manager on their behalf.

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	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Marie McBride, 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 27 September 2019

No further actions were required to be taken following the most recent inspection on 27 September 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, 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, 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).

We discussed any complaints and incidents during the inspection with the manager and 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 satisfied with the current care and support. No electronic feedback was received. During the inspection we spoke with the manager, deputy manager and three care workers using technology. All those spoken with confirmed that staff wore personal protective equipment (PPE) as necessary. We also spoke with one service user and three service users' representatives, who indicated that they were very happy with the care and support provided by the agency. Comments are detailed below:

Staff

- "I love, I won't lie, I just love it. There are lovely staff here. I have no complaints personally."
- "It's going grand, the staff are brilliant with compliance with the PPE. We are all doing our best to be there for the tenants and to keep reassuring them. We try to keep to their care and support plan, just the same as we did before Covid."
- "I have no concerns whatsoever, I would recommend Dunvale because it just feels like an extended family and I hope the tenants would feel like members of our family."
- "I have no concerns, I like it and it's enjoyable work too."

Staff spoken with praised the manager and the deputy manager for their approachability and responsiveness. Comments included that the manager is 'always keen to help in any way she can' and 'one hundred percent, you can go to them with anything'.

Service users

- "I am running really well with them, they are very good and I have a good social support network around me."

Service users' representatives

- "I couldn't be any happier, couldn't praise them enough. (My relative) loves it, they are in their own wee bubble there."
- "Very pleased with the way they get you to wash your hands both before and after visiting the place."
- "They seem to be doing well, I have never seen anything that would concern, they are really happy and she is getting on great."

One identified relative spoke about a particular matter, which we agreed to raise with the manager on their behalf. Refer to section 6.1 for further detail.

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.

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 being diagnosed with Covid-19. There was a protocol in place in relation to managing the care of new referrals and in relation to service users who may be discharged from hospital.

Staff had also completed training in relation to infection, prevention and control, Covid awareness training and environmental cleanliness. 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 watch at the start of their working day. The manager further described how a range of other Covid-related information was available for staff to read.

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 Infection Control procedures were being adhered to. This included senior staff spot checking care staff in relation to their adherence to the guidance, handwashing audits and cleanliness of the building. The service user and relatives spoken with confirmed that the staff wore PPE appropriately.

The manager described the availability of hand sanitisers which is accessible throughout the bungalows for service users and staff to use. Hand-washing posters were displayed as visual aids to ensure that handwashing was being done correctly.

Service users had been supported to maintain a two metre distance from other people. Changes to the routines of the agency had been made, to ensure this could be maintained. The dining room had been rearranged to ensure that a limited number of service users ate together at the same time. A new staff room had been designated to ensure staff could maintain the two metre distance from each other, when taking their breaks.

The manager described how signage in relation to visiting was displayed prominently at the entrance. There was a visiting protocol in place. This included relatives having to agree to a specified visiting timeslot, where they are observed washing their hands and provided with a mask. The system also included having visitors' temperatures checked and completion of a health declaration to ensure that they have not been in contact with anyone who has Covid-19 and that they have no symptoms. The protocol also includes 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 and wellness checks recorded.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building.

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 and the manager communicated these to staff on a regular basis. 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 Awareness (printed PowerPoint presentation)
- Personal protective equipment
- Staff action in the event of a staff member's household, a staff member, or staff member becoming symptomatic of COvid-19
- Covid-19 testing of health and social care worker or household contact protocol – WHSCT
- Covid-19 guidance for domiciliary care providers in Northern Ireland
- Covid-19 guidance for Nursing and Residential care homes in Northern Ireland
- Emergency Response Plan – Supported / Living Services
- Covid-19 guidance for managing a funeral during the coronavirus pandemic
- Reporting Covid-19
- Guidance for Daily Activities Supported Living
- Guidance for step down of infection control precautions and discharging Covid-19 patients
- Guidance on shielding
- 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

Signage displayed around the building included information on:

- How the virus spreads and how to protect yourself
- PHA Symptom checker
- How to use face coverings
- Advice for safer shopping during Covid-19
- Advice on travel during Covid-19
- Clean your desk signs and instructions at staff computer stations.

The agency also had access to large print/font and easy-read material, which they could access if needed.

Specific risk assessments had been completed for service users and staff in respect of social engagement in designated visiting areas, internally and externally. Service users' care plans had been updated to include preventing and reducing the risks of contracting/spreading Covid-19, maintaining a safe environment, managing symptoms and environmental factors. Support plans had also been updated in terms of risk management, provision of information and education and the service users' responsibilities in relation to keeping themselves safe.

The business continuity plan had also been updated to include staffing contingency measures. This included establishing Virtual Covid Teams, to help support the agency should there ever be an outbreak of Covid-19.

Governance and Management Arrangements

During the inspection we discussed any complaints and any safeguarding incidents which had occurred since the date of the last inspection. We also reviewed the quality monitoring processes in relation to the governance and management oversight of these two areas. However, we identified that a complaint which had been raised had not been concluded in a timely manner. Whilst we acknowledge that the manager had responded to a representative of the Commissioner for Older People in Northern Ireland (COPNI) in this regard, in March 2020, the matter had still not been concluded on the day of the inspection. An area for improvement has been made in this regard.

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. We further identified that there was limited input from key stakeholders in the monthly monitoring reports reviewed. 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 for improvement

An area for improvement was made in relation to the quality monitoring process and in relation to the management of complaints.

	Regulations	Standards
Total number of areas for improvement	2	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 Marie McBride, 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	
Area for improvement 1 Ref: Regulation 23 (1)(2)(3)(4)(5) Stated: First time To be completed by: Immediate from the date of the inspection	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. Ref: 6.1
	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.
Area for improvement 2 Ref: Regulation 22 (6) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that complaints are managed in accordance with the agency's policies and procedures. This refers specifically to following up on an ongoing complaint, to ensure it is concluded. Ref: 6.1
	Response by registered person detailing the actions taken: The complaint has been successfully resolved following contact with the family member.



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