

Announced Care Inspection Report 05 November 2020



Woodbank House

Type of Service: Domiciliary Care Agency
Address: 9 Deverney Road, Omagh, BT79 0ND
Tel No: 028 8225 1762
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

Woodbank House is a supported living type domiciliary care agency located in Omagh. The service's aim is to provide accommodation, care and support to meet the needs of up to 16 people with enduring mental health issues in an environment that takes into account the physical, social, emotional and spiritual needs of the service users. Staff are available to support service users 24 hours per day and support 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.

The service users' care is commissioned by the Western Health and Social Care Trust (WHSCT).

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena Mc Callion	Registered Manager: Miss Caroline Swift
Person in charge at the time of inspection: Miss Caroline Swift	Date manager registered: 18 April 2011

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 10 February 2020. Since the date of the last care inspection, RQIA was notified of a number of notifiable incidents. A number of other correspondence or communications had also been received.

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 Covid transmission.

An announced remote inspection took place on 05 November 2020 from 10.00 to 14.15 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 (Access NI) 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.

The inspection also assessed progress with the area for improvement identified during the last care inspection.

Evidence of good practice was found in relation to the 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 and the use of personal protective equipment (PPE) guidelines.

The majority of those spoken with indicated that they were happy with the care and support provided. Comments made by two identified service users were relayed to the manager who agreed to request care reviews in relation to the issues raised.

An area for improvement previously made in relation to monthly monitoring was not met and has been stated for the second time.

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

The area for improvement and details of the Quality Improvement Plan (QIP) were discussed with Caroline Swift, manager, as part of the inspection process.

*One area for improvement previously made has been stated for the second time. 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 10 February 2020

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 February 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, QIP, 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 complaints and safeguarding incidents which had occurred with the manager and deemed that they had been managed appropriately. 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. No responses were received.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as not being met.

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 10 February 2020		Validation of compliance
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	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.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the bimonthly visits had not ceased. Whilst we acknowledge that the organisation has been working towards remedying this matter across all services within Apex, this area for improvement was not met and has been stated for the second time.	

6.0 What people told us about this agency

During the inspection we spoke with three service users who provided mixed responses in relation to the care and support provided. Comments made by two identified service users were relayed to the manager who agreed to request care reviews in relation to the issues raised. We also spoke with the HSCT key worker during the inspection, in relation to specific comments made by one service user and we were assured that they had been reviewing the service user on a regular basis.

We also spoke with three staff members and four relatives who commented positively about the care and support provided. Comments are detailed below:

Staff

- “Apex have done as much as anyone to keep us safe, If I ever were to witness anything untoward, I would go to my line manager. I would go as far as to say that I would be happy if any of my own family lived here.”
- “I am very happy, never seen anything wrong going on here. We do our best to prompt the service users to keep safe.”
- “It is very good, I have no concerns.”

Service users’ representatives

- “It is a good place; they are being looked after the best.”
- “They look after (my relative) very well, the food is great and they are very happy there.”
- “No problems, definitely very happy there and they have a very good rapport with the manager.”
- “I am very happy, no complaints, they always let me know anything I need to know.”

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

Discussion with the manager identified that she had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19.

Service users had been supported to keep a distance of 2 metres from other people and hand sanitisers was available throughout the building for service users, staff and visitors to use to ensure good hand hygiene. There was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. Enhanced cleaning schedules were in place, to minimise the risks of cross contamination.

Staff described how they wore PPE for activities that brought them within two metres of service users. Those spoken with were able to describe the protocol for self-isolation, should they or the service users display symptoms of Covid-19.

The manager described how signage in relation to visiting was displayed prominently at the entrances. Visiting was time-limited and planned in advance, to ensure social distancing could be adhered to.

There was a system in place to ensure that staff and service users had their temperatures checked twice daily and that they were asked / observed for other signs or symptoms of Covid-19.

Staff had been completed training in relation to infection, prevention and control. This included video demonstration of the donning (putting on) and doffing (taking off) of PPE.

The manager provided a list to RQIA, by email, regarding the signage that was available throughout the agency, in relation to Covid-19 precautions. Information in relation to Covid-19 was displayed throughout the building and retained in a Covid-19 folder. This included information related to:

- Novel coronavirus training information
- Personal protective equipment (PPE) - What is PPE, importance, usage, donning and doffing and frequently asked questions on wearing PPE (Public Health England)
- Staff action in the event of a staff member's household, a staff member, or staff member becoming symptomatic at work of Covid-19, including reporting Covid-19
- Emergency Response Plan – Supported / Living Services – Covid-19
- Apex Visiting Policy during Covid-19.
- Guidance for Daily Activities
- Guidance on car sharing
- Business Activities and Tasks Risk Assessment
- Advice, Information and guidance on welfare issues
- Self-care during Covid-19 and details of the WHSCT Psychological Support Helpline and Inspire Workplaces Support Hub
- Covid-19 and high blood pressure medication
- Guidance for step down of infection control precautions and HSC Hospital Discharge Protocols
- 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
- Guidance for Domiciliary care Providers in Northern Ireland
- STOP THE SPREAD - visual guidance on measure in place to reduce spread, i.e. wash hands, 2m distancing, avoiding touching eyes, nose and mouth and symptoms.
- Advice for safer shopping during Covid-19.

Specific risk assessments had been completed for service users in respect of social engagement in designated visiting areas, internally in the building and in terms of external outings. The manager also described how the agency developed generic mental health care plans for service users to prevent and reduce risk of contracting/spreading Covid-19, maintaining a safe environment, management of symptoms and the environment. Support plans had also been developed to incorporate social risk and tenant responsibilities

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.

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. Good practice was found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance and the use of PPE guidelines.

Areas for improvement

An area for improvement previously made in relation to monthly monitoring has been stated for the second time.

	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 Caroline Swift, 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: Second 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: 6.0</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>
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