

# Announced Care Inspection Report 27 November 2020



## Alexander House

**Type of Service: Domiciliary Care Agency**  
**Address: Bishop Street, Londonderry BT48 6UX**  
**Tel No: 028 7136 3891**  
**Inspector: Aveen Donnelly**

[www.rqia.org.uk](http://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

Alexander House is a supported living type domiciliary care agency, situated in Londonderry. The agency's aim is to provide care and support to 20 service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life.

Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Apex Housing Association  <b>Responsible Individual:</b> Miss Sheena McCallion	<b>Registered Manager:</b> Not applicable
<b>Person in charge at the time of inspection:</b> Manager	<b>Date manager registered:</b> Samantha Magee - application received 27 November 2020 - "registration pending".

### 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 21 October 2019. Since the date of the last care inspection, RQIA was notified of a small number of incidents which had occurred within the agency. 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 Alexander House, 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 27 November 2020 from 10.00 to 14.00 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 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.

The vast majority of those consulted with indicated that they were happy with the care and support provided. One service user provided written comment in relation to particular aspects of the care and support provided. Following the inspection, these matters were relayed to the manager for review and action as appropriate.

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
<b>Total number of areas for improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Samantha Magee, 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 21 October 2019

No further actions were required to be taken following the most recent inspection on 21 October 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 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).

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 generally satisfied with the current care and support. During the inspection we spoke with the manager, the deputy manager and two care workers using technology. All staff spoken with confirmed that they wore other personal protective equipment (PPE) as necessary. No service users were available for the inspector to speak with on the day of the inspection. However, we also spoke with five service users' representatives, who indicated that that they were very happy with the care and support provided by the agency. Comments are detailed below:

### Staff

- "I believe we are managing, we are doing the best we can, I have no concerns."
- "I love it here, I really like the job. I get a lot of encouragement to do courses and the manager is very supportive and encouraging."
- "I love it here. The staff are brilliant and they are just the easiest to get on with. The tenants are brilliant, I just love coming to work here."

### Service users' representatives

- "(My relative) gets meals handed to her there. They are very good and helpful to her. It is a great comfort knowing they would pick up the phone and keep in touch."
- "If they are happy, we are happy. They report no concerns to us. We have no hassle with them. They even gave us a courtesy call recently to let us know what is going on."
- "They are well cared for, I have no concerns at all. (My relative) is happy enough and had never complained to us. He always seems happy to go back there."
- "I ask (my relative) and they seem happy enough, I have no complaints. We are happy that they are there and the people are very good at getting her help when needed."
- "Everything is fantastic, they have been so so good. They have always been respectful and more than good to him. The manager and deputy manager and all the care staff even are just fantastic. During the lockdown they went above and beyond the call of duties, when the carers couldn't get in to him."

One relative described how the deputy manager helped cut a service user's hair, when barbering services were closed to the public. This evidenced the staff member understood the pride the service user took in their appearance.

No staff members responded to the electronic survey. However, four relatives responded. Whilst there were mixed responses noted in relation to whether or not the care was safe, effective, compassionate and well-led, thirteen service users responded, indicating that they

were generally satisfied with the care and support provided. Written comments are detailed below:

- “We are more than happy with the care my (relative) is getting in Alexander House.”
- “Really approachable staff, we have a great bond with them all. Samantha and Gerry are doing an amazing job and have done amazing keeping them all safe. They are the best bunch.”
- “I feel very loved here. This is my second home and I feel very safe. The staff are great and do everything they can for us. One of the staff members always brings me in a newspaper and a magazine for when I have my breakfast in the morning.”
- “I love playing Bingo with the staff and I like the food. My room is kept very clean and tidy and the staff do a great job.”
- “I can’t fault the place. I love it here. Everyone is very helpful and easy to speak to.”
- “I love it here. The staff are friendly and very helpful. Since coming here it has really made me more independent and I have met some great friends. Alexander House has changed my life for the best. The manager is great.”

One service user provided written comment in relation to particular aspects of the care and support provided. Following the inspection, these matters were relayed to the manager for review and action as appropriate.

## 6.1 The inspection

### 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. 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 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. 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 this during their handover at the beginning of each shift. The training video was also available for staff to access on their own phones. The manager further described how signage was displayed in relation to donning and doffing guidance. The manager and deputy manager had also undertaken training to enable them to test other staff members/service users.

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 an Infection Control audit was undertaken on a daily basis. This included senior staff spot checking care staff in relation to their adherence to the guidance and handwashing audits. All relatives spoken with confirmed that the staff wore PPE appropriately.

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

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 chairs in communal areas had been rearranged to ensure that the two metre distance could be maintained. Staff and tenants' 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. Whilst visiting had been temporarily suspended due to Covid, there was a visiting protocol in place. This meant that when visiting recommences, relatives will have to agree to a specified visiting timeslot, where they will be observed washing their hands and be provided with a mask. A system was in place to ensure that visitors have their temperatures checked and complete wellness checks 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 and a decontamination schedule for the bedroom used by staff who were on-call during the night.

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:

- Covid-19 Admissions policy and contingency measures.
- Covid-19 Guidance for Domiciliary care providers in Northern Ireland
- Covid-19- Pandemic guidance for handling the Infection risks when caring for the deceased and managing their funerals
- Guidance for households with possible or confirmed Covid- 19 Infection
- Information regarding the safe administration of medicines, including the assessment of unused prescribed medicines potentially being reused
- Community/pharmacy seasonal flu vaccination services
- HSC Covid-19 Environmental cleanliness in care homes
- Covid-19 Laundry Advice leaflet
- Visitor guidance in health settings during times of Covid-19
- Covid-19 community rapid response Team (flow chart)
- Communicating with your client during Covid-19
- Covid-19 shopping advice

- Information on PPE for primary, outpatient and community care by setting, NHS and the Independent sector and additional considerations in addition to standard infection prevention and control precautions
- Minimising risks of Covid-19 in healthcare settings
- Track and trace App information
- Social distancing, isolation or shielding
- Frequently asked questions regarding Covid (Apex)

It was good to note that easy-read documents were available to the service users, which included:

- Stay at home
- How to keep safe
- Key facts/ symptoms/protect yourself/ treatment/ Advice and support
- Explaining Covid-19
- How to stop germs and infections
- 12 things to stop the spread of infection
- What can I do to help my visitors from catching anything
- Coronavirus and going to hospital
- Importance of social distancing
- Respiratory etiquette

The agency also had access to large print/font and audio versions of the easy-read material, which they could access if needed. We also viewed a poster which Apex had developed which encouraged the service users to speak up, if they observed people who were not adhering to the infection, prevention and control guidance.

It was also good to note that there was a culture within the organisation which promotes learning between each of the agencies. This is good practice as it means that those agencies which have not been directly affected by Covid-19, can learn from those which have had outbreaks.

Specific risk assessments had been completed for service users in respect of Covid- 19 risks and in regards to the need for isolation, social distancing and shielding. Additional risk assessments were completed, as appropriate, in relation to areas such as use of PPE, handwashing, shopping, visiting and any specific medical condition which may be considered to increase their risk if they became ill.

## **Governance and Management Arrangements**

During the inspection we discussed any complaints and incidents which had occurred since the date of the last inspection. We also reviewed the quality monitoring processes and were satisfied that there was governance and management oversight of these two areas. However, 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.

We discussed with the manager a particular incident which had occurred. Whilst we were generally satisfied in relation to the way in which this matter had been managed, advice was

given to the manager in relation to reporting the incident to the Adult Safeguarding Gateway Team, in accordance with the regional HSCT guidance.

### 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
<b>Total number of areas for improvement</b>	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 Samantha Magee, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 23 (1)(2)(3)(4)(5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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><b>Response by registered person detailing the actions taken:</b>  <u>Monthly visits will be reinstated from January 2021</u></p>



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