

Announced Care Inspection Report 4 December 2020



Daleview House

Type of Service: Domiciliary Care Agency

Address: Shepherd's Way, Dungiven Road, Londonderry, BT47 5GW

Tel No: 02871140148

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Daleview House is a supported living type domiciliary care agency, located in Londonderry. The agency offers domiciliary care and housing support to 13 older people. The agency's office is located in the same building as the service users' accommodation and accessed from a shared entrance. Service users have individual rooms and a range of shared facilities which includes a lounge, bathrooms and a kitchen.

The agency's aim is to provide care and housing support to service users; this includes helping service users with personal care and the 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.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager: Mrs Marcella Harriet McCorkell
Person in charge at the time of inspection: Mrs Marcella Harriet McCorkell	Date manager registered: 30 March 2009

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 Daleview 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.

The area for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 Marcella McCorkell, 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 07 February 2020

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 07 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, 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 and staff 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 area for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 Review of areas for improvement from the last care inspection dated 7 February 2020

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5.6 Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.	Met
	Action taken as confirmed during the inspection: The review of two care records confirmed that all care plan updates were signed and sated appropriately.	

6.1 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, one senior support worker and two care workers using technology. All those spoken with confirmed that staff wore personal protective equipment (PPE) as necessary. We also spoke with two service users, three 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 have no concerns, you are well supported here, our senior support worker in very thorough. The tenants here make our day easier.”
- “We are here for the tenant’s safety and comfort. We try to promote their independence as much as we can and they tell us that they appreciate that. I fell they are all treated with respect and dignity.”

Service users’ representatives

- “I am very happy with the staff and how they have managed everything and how they managed to keep (my relative) safe. They are like an extended family. They are absolutely brilliant. They never hesitated in picking up the phone to let us know anything that is going on.”
- “We are very happy with them. The staff are absolutely excellent the standard of care is very high and they are very quick to react if there is any changes in their condition.”
- “Not concerned in the slightest, One hundred percent, there is never an issue. We are well happy, no issues at all. My (relative) is very content there.

Three staff member provided feedback via the electronic survey. Two respondents indicated that they felt ‘very satisfied’ that the care was safe, effective and compassionate and that the service was well-led. One staff member commented that they felt very unsatisfied. However, the comments received did not support this. Written comments included:

- “Staff and service users are well supported with anything needed. I thoroughly enjoy my work.”
- “No, I am happy with the service.”

Six service users and one relative provided feedback via electronic survey. All respondents indicated that they felt ‘vert satisfied’ that the care was safe, effective and compassionate and that the service was well-led. No written comments were received.

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.

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, environmental cleanliness and Covid awareness training. 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.

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 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 required.

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.

Service users spoken with were aware of their responsibilities in relation to maintaining a two metre distance from other people. 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 rearranged to ensure that the two metre distance could be maintained. This meant that their meals were served wherever they wanted to eat.

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 had their temperatures checked twice daily and wellness checks recorded. We were informed that service users had their temperatures monitored twice daily. Advice was given in relation to expanding the monitoring records to include asking about and looking out for an elevated fever of 37.8C or above, a persistent cough, loss of or change in sense of smell or taste.

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 these were communicated to staff in the daily handover reports and were also entered into a communication book. 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: Ethical Advice And Support Framework
- 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
- Gov.uk Guidance on Shielding and protecting people defined on medical grounds as extremely Vulnerable
- Guidance for households with possible or confirmed Covid- 9 Infection
- HSC Regional Arrangements for Medicines during Covid-19 pandemic in Care homes
- Community/pharmacy seasonal flu vaccination services
- HSC Covid-19 Environmental cleanliness in care homes
- Covid-19 Laundry Advice leaflet
- Visiting policy during times of Covid-19
- Communicating with your client during Covid-19
- Information on PPE, including correct donning and doffing procedures
- Minimising risks of Covid-19 in healthcare settings
- Track and trace App information
- Social distancing, isolation or shielding
- Frequently asked questions regarding Covid (Apex)

The agency also had access to large print/font and 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.

Specific risk assessments had been completed for service users and staff 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 visiting and any specific medical condition which may be considered to increase their risk if they became ill. The business continuity plan had also been updated to include staffing contingency measures. This meant that the agency is prepared should they have a significant staffing shortage.

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 and were satisfied that there was governance and management oversight of these two areas. However, we identified that there was no input from key stakeholders in the monthly monitoring reports reviewed. Of note, 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 Marcella McCorkell, 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: Monthly visits will be reinstated from January 2021</p>



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)