

Unannounced Care Inspection Report 8 December 2020



Livability North Down and Ards

Type of Service: Domiciliary Care Agency
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Inspector: Corrie Visser

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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

Livability North Down and Ards is a domiciliary care agency supported living type located in Newtownards. The agency's aim is to provide care and support to service users in their own homes; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting service users to live as independently as possible and maximising quality of life.

3.0 Service details

Organisation/Registered Provider: Livability Responsible Individual: Mr Stuart Dryden	Registered Manager: Miss Jill Houston
Person in charge at the time of inspection: Miss Jill Houston	Date manager registered: 30 January 2019

4.0 Inspection summary

An unannounced inspection took place on 8 December 2020 from 10.15 to 15.45 hours.

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. Since the date of the last care inspection, RQIA was notified of a small number of notifiable incidents. It was therefore decided that an inspection would be carried out using an on-site inspection approach in line with social distancing guidance.

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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 which is maintained by the agency in relation to the safeguarding of adults (2016).

On the day of the inspection we discussed 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.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received two complaints since the last inspection. The complaints reviewed were dealt with satisfactorily that show positive outcomes for the complainants.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), monthly quality monitoring reports, compliance with GDPR, the management of incidents and complaints and the timely return of daily logs.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Jill Houston, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 19 June 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 June 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

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Following our inspection we focused on contacting the service users, their relatives and staff to obtain their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. Two service user/relative questionnaires were received; analysis and comments are included in this report. No staff responses were received.

Following the inspection we communicated with two service users, five staff members and three service users' relatives.

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

We would like to thank the manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

Areas for improvement from the last care inspection dated 19 June 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (11) Stated: First time	The registered person shall ensure that appropriate risk assessments and care plans are in place and kept under review for practices deemed to be restrictive. This relates to the use of lap straps on wheelchairs.	Met
	Action taken as confirmed during the inspection: We reviewed risk assessments and care plans for three service users which included restrictive practices and it was found that the agency had undertaken their own assessments for any restrictive practice in place. This included lap belts and bed rails.	
Area for improvement 2 Ref: Regulation 21.(1)€ Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained and that they are at all times available for inspection at the agency premises by any person authorised by the Regulation and Quality Improvement Authority. This relates to a detailed record of the prescribed services provided to the service user.	Met
	Action taken as confirmed during the inspection: We reviewed the records specified in Schedule 4 for three service users and noted that they contained a detailed record of the services provided to the service users.	
Area for improvement 3 Ref: Regulation 14.(e) Stated: First time	The registered person shall ensure that the principals of The General Data Protection Regulation (GDPR) are adhered to with regard to the management of personal data. The identity of service users should be protected in reports regarding the quality of the service.	Met

	<p>Action taken as confirmed during the inspection: We reviewed a sample of the monthly quality monitoring reports and noted that the service users' identity were protected.</p>	
<p>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 5.7 Stated: First time</p>	<p>The registered person shall ensure that the information governance policy has been updated to reflect the requirement for service user records to be transferred from the service user's home to the agency in a timely manner in accordance with best practice.</p> <p>Action taken as confirmed during the inspection: We reviewed four service users' records and the agency was deemed compliant with this standard as they had been returned to the office in a timely way for monitoring and auditing purposes.</p>	<p>Met</p>

6.1 Inspection findings

Recruitment:

On the day of inspection, we reviewed three staff recruitment files. It was evident that the manager was knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards, 2011 which relates to Access NI. All pre-employment checks had been completed prior to a date of commencement being provided to the staff member. This ensures that the persons employed are suitable to be working with service users.

The NISCC matrix reviewed confirmed all staff were registered with NISCC. The manager advised that staff registration is checked on a monthly basis and a reminder is sent to staff who are due to renew their registration. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Staff also confirmed their knowledge of this when providing feedback.

Care Plans and Daily Logs:

We reviewed the care plans for three service users which included restrictive practice assessment for the use of lap belts and bed rails. These assessments were undertaken by the agency following advice during the previous care inspection. It was discussed with the manager during the inspection on 8 December 2020 that these assessments are to be completed by the Trust in liaison with the service user, next of kin and the agency. The agency was commended, however, that these had been completed and the reasons why restrictive practices were being used had been analysed and rationalised. The manager will follow this up with the relevant care managers for the service users.

It was also positive to note that the daily logs for four different service users had been returned to the agency in a timely way. This allows the agency to audit and monitor these records to ensure the service users' needs are being met.

GDPR/Monthly Quality Monitoring Reports:

We reviewed a sample of the monthly quality monitoring reports and it was noted that service users could not be identified from these reports in accordance with GDPR. There was a full and robust analysis of the services being delivered to service users and positive feedback from stakeholders.

Comments from service users included:

- "I'm happy living here."
- "Staff are very good."
- "They help me."
- "They take me out for runs in the bus."
- "I enjoy going to work."
- "I enjoy living here."
- "xxxx (care worker) is my favourite as he spends times with me and is my key worker."
- "I can't leave the house cause of the coronavirus so we just watch TV."

Comments from service users' relatives included:

- "I am generally happy with the care."
- "They have been very helpful during Covid."
- "They motivate my relative."
- "My relative gets on well with all of the care workers and has a good relationship with them."
- "The care workers are pretty respectful."

Comments from care workers included:

- "I absolutely love it."
- "I think my manager is brilliant. I can contact my manager at any time of the day and I get a response straight away."
- "They are flexible."
- "My manager is approachable and always available."
- "It is a really good company to work for."
- "Unfortunately there is no face to face training due to the pandemic."
- "I had a lot of shadow shifts when I first started."
- "I'm enjoying it, it really doesn't feel like work."
- "Management are pretty good and quick at helping me out."
- "There are ongoing checks to make sure we are using the PPE appropriately and maintaining good hand hygiene."
- "We have received a lot of guidance throughout the pandemic and full PPE is provided."
- "Hand on heart, it's the best job I have ever had."
- "Any queries, even at 11.30pm, someone is there for you."
- "They encourage us to gain qualifications to progress our careers."
- "I love it so much."
- "It has been a tough change, but we're all working together and the service users understand the situation."

Two service user/relative questionnaires were received and all the respondents were either 'very satisfied' or 'satisfied' that the care being delivered was safe, effective, compassionate and well led.

Covid-19

We spoke to the manager and to five staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance. Competency assessments had also been completed for every staff member in relation to IPC and a hand hygiene audit had also been undertaken on staff.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- Dissemination of information to staff.
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19.
- PPE storage and disposal.
- Staff training and guidance on IPC and the use of PPE equipment in line with guidance.

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

Based on feedback it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. During discussion with staff it was positive to note that they are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with NISCC, monthly quality monitoring reports, compliance with GDPR, the management of incidents and complaints and the timely return of daily logs.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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