

Unannounced Care Inspection Report 18 February 2021



Western Health & Social Care Trust Home Care Department Hope Centre

Type of Service: Domiciliary Care Agency

**Address: Homecare Department, The Hope Centre, Erne Road,
Enniskillen, BT74 6NN**

Tel No: 028 6634 2409

Inspector: Angela Graham

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

Domiciliary care provided by the Western Health and Social Care Trust in the Fermanagh area is known as the Home Care Department Hope Centre and the registered manager is Mr Martin McGeady.

Homecare Services are currently being provided to 293 service users who require care/support due to physical disability, learning disability, mental health care needs and older people. The range of services includes personal care, practical and social care support. The agency has a current staff compliment of 146 staff. The agency also provides a reablement homecare service in partnership with the Occupational Therapy (OT) department. This short term programme supports people to relearn essential skills and regain independence to enable them to continue to remain at home.

3.0 Service details

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|--|--|
| Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Killgallen | Registered Manager: Mr Martin McGeady |
| Person in charge at the time of inspection: Homecare/Reablement Services Manager | Date manager registered: 28 April 2009 |

4.0 Inspection summary

An unannounced inspection took place on 18 February 2021 from 09.40 to 13.45 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.

The last care inspection was undertaken on 28 June 2018. Since the date of the last care inspection, RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users a decision was made to undertake an on-site inspection adhering to social distancing guidance.

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 the manager, service users and service users' representatives. We also reviewed the list of all Covid-19 related information, disseminated to staff and verified staff understanding in the context of staff discussions during and post inspection.

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, the use of personal protective equipment (PPE) and Covid-19 education.

No areas for improvement were identified during the inspection.

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 and the Domiciliary Care Agencies Minimum Standards, 2011.

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 the Homecare/Reablement Services 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 28 June 2018

No further actions were required to be taken following the most recent inspection on 28 June 2018.

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 and written and verbal communications received since the previous care inspection.

Following our inspection we focused on contacting the service users, service users' representatives, staff and Health and Social Care (HSC) professionals to obtain their views on the service. We spoke with four service users, three service users' representatives and four staff post inspection. We also obtained the views of four HSC professionals.

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 December 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 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

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. One service user/relative response was received and the respondent was very satisfied that care was safe, effective, compassionate and well led.

We would like to thank the manager, HSC professionals, service users, service users' representatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 What people told us about this agency

During the inspection we spoke with the manager and two supervisors. We also spoke with service users' representatives; service users and staff post inspection and obtained views from HSC professionals. All those spoken with indicated that that they were very happy with the care and support provided by the agency. Comments are detailed below:

Comments from staff included:

- "I have completed PPE Safety Officer training and we have received very detailed information about IPC measures and Covid-19."
- "Risk assessments and care plans are always in place when we start a new run."
- "Action cards are issued regularly regards Covid-19 and all updates are included, embedded links are also included which is a really useful resource."
- "Management always available."
- "I have had several spot checks and they are always unannounced."
- "We get lots of information regarding Covid via emails. I feel we are safe in our roles with all the information provided and our PPE."
- "We wear our PPE in line with table 4 this is to keep all the service users safe as they are vulnerable and are at risk due to the virus."
- "All mandatory training is up to date. I have had recent IPC training which included donning and doffing."
- "We have been supplied with lots of PPE including hand sanitiser and anti-bacterial wipes."
- "Supervisor is fantastic, supportive and very approachable."

Comments from service users' included:

- "I could not get a better service. Fantastic carers."
- "Staff always turn up on time and I have never had a missed call."
- "Care and attention is excellent."
- "The carers treat me first class and never once have I had a concern."
- "Very good service and the girls are friendly and helpful. They update my notes every visit."
- "Staff always wear their PPE to keep me safe."
- "Staff always wash their hands and wear their PPE. I feel safe."

Comments from service users' representatives included:

- "Very happy with the service and my husband loves to see the carers coming."
- "Staff always wear PPE in the house."

- “The girls treat Xxxx very well. Care is excellent and staff pay particular attention to Xxxx’s skin to ensure it does not breakdown.”
- “The girls would bend over backwards to help.”
- “Staff have never missed a call.”
- “Wonderful service and very pleasant staff.”
- “My husband finds the staff lovely and they always take time to talk to him.”

Comments from HSC professionals included:

- “I have confidence in the service and staff will update me if there are any changes.”
- “Effective communication and very professional.”
- “Staff are always willing to contribute to or participate in reviews.”
- “Feedback from clients is that the care is good.”
- “Bernie (Supervisor) is very helpful and will go the extra mile.”
- “I have received no complaints from service users or relatives. I have had positive feedback.”

6.2 Inspection findings

Recruitment

The manager confirmed that the agency’s staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information has been obtained prior to commencement of employment. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed prior to staff being provided into service users homes.

The NISCC matrix reviewed confirmed all staff are currently registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Covid-19

We spoke with the manager, two supervisors and four staff members, who were knowledgeable in relation to their responsibility related to Covid-19. Staff advised 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 guidance in relation to replacing PPE and how to appropriately dispose of used PPE. The staff members spoken with reported that there was an appropriate supply of PPE and PPE was of a good quality.

Service users and service users’ representatives spoken with confirmed that staff wore PPE for activities that brought them within two metres of service users.

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

- Dissemination of information to staff.
- Monitoring of staff practice.

- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance.

There was evidence that clear guidance with regards to infection prevention and control, donning (putting on) and doffing (taking off) of PPE was provided to staff. Staff confirmed they had completed training in relation to infection prevention and control and Covid-19 awareness training. This included training on the donning and doffing of PPE. It was positive to note that a number of supervisors had undertaken PPE safety officer training. The manager further described how a range of other Covid-19 related information was available for staff to read.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices
- all staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service

From 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 service users and relatives in their comments. Staff 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.

Governance and Management Arrangements

A complaints and compliments record was maintained in the agency. The manager confirmed that a number of complaints were received since the date of the last inspection. We discussed the complaints that the agency had received and deemed that they had been managed appropriately. The manager confirmed that local resolution had been achieved in relation to these complaints.

Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided. Comments included "Xxxx was truly blessed with wonderful carers" and "I just want to acknowledge the very high standard of care provided to Xxxx".

We discussed the monitoring arrangements in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The Regulation 23 quality monitoring visits had been undertaken monthly by the registered manager. A sample of reports viewed for November and December 2020 and January 2021 provided evidence that the monitoring process included engagement with service users, service users' representatives and staff; a review on the conduct of the agency and development of action points.

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The manager advised that no adult safeguarding referrals were made since the previous inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff registrations with NISCC, communication between service users, staff and other key stakeholders, compliance with Covid-19 guidance, the use of personal protective equipment 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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