

Unannounced Care Inspection Report 05 and 12 November 2020



WHSCT Home Care Department - Omagh

Type of Service: Domiciliary Care Agency

**Address: Homecare Department, Westen Health & Social Care Trust,
Joint Admin Working Space, Omagh Hospital and Primary Care
Complex, Omagh, BT79 0NT**

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Inspector: Angela Graham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 (WHSCT) in the Omagh and Strabane areas is known as the Homecare Department and the registered manager is Mr Martin McGeady. The homecare services manager has day-to-day management responsibility for the office at the Omagh Hospital and Primary Care Complex, Joint Administration Working Space.

Homecare services are currently being provided to 315 service users in their own homes by a team of 128 staff. These service users have been assessed as needing assistance due to their mental health care needs, physical disability and learning disability and to older people.

The range of services includes personal care, practical and social care support along with a reablement service.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Mr Martin Edward McGeady
Person in charge at the time of inspection: 05 November 2020 – Reablement Coordinator 12 November 2020 – Mr Martin McGeady	Date manager registered: 28 April 2009

4.0 Inspection summary

An unannounced inspection took place on 05 November from 12.10 to 16.00 and 12 November 2020 from 10.30 to 13.00.

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 last inspection on 09 May 2018, RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within WHSCT Home Care Department (Omagh) 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 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.

All those spoken with indicated that they were happy with the care and support provided.

No areas for improvement were identified during this 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.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Martin McGeady, manager and the homecare/reablement services manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 09 May 2018

No further actions were required to be taken following the most recent inspection on 09 May 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 communication 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 two service users, two service users' representatives, four HSC professionals and three staff post inspection. We also spoke to three staff during the inspection.

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 manager advised that there had been no safeguarding incidents since the date of the last inspection. 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. No complaints or concerns were raised by service users or relatives during post inspection telephone calls. 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 user/relatives' questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. Three service user/relatives' questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

We would like to thank the manager, service users, service users' representatives, staff and HSC professionals 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 The inspection

Staff recruitment records

Discussions with the manager identified that they were 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 relate to AccessNI. The agency's staff recruitment process is managed by the organisation's human resources (HR) department. The manager confirmed that staff employment records were held within the WHSCT human resources department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The manager described the process for obtaining confirmation from their HR department when new staff is available to commence employment. We reviewed documentation in three staff files in relation to pre-employment checks which provided assurances that AccessNI checks were completed before commencement of employment.

The manager explained that all domiciliary care staff are required to be registered with the Northern Ireland Social Care Council (NISCC); it was noted that a matrix is maintained by the agency which records registration details and expiry dates. The NISCC matrix reviewed confirmed all staff are currently registered with NISCC. Information regarding registration details and renewal dates are monitored by the agency's coordinators and 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.

Care records

We reviewed elements of three service users' care files. Review confirmed there was referral information and that risk assessments and care plans were in place. Discussion with the manager confirmed that care records are kept under review and a copy is retained in the service user's home as well as the copy held in the office.

Complaints and compliments record

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:

“You are all a fantastic group of girls, a real credit and an asset to the reablement team.”

“You are all so kind, helpful and become part of the family.”

Monthly Quality Monitoring

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 manager. A sample of reports viewed for August to October 2020 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. It was positive to note that the monitoring officer also reviewed the agency’s Covid-19 preparedness and actions taken.

Adult safeguarding

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.

Stakeholders’ Views

Discussion with service users, service users’ representatives, HSC professionals and staff evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

Comments from service users’ included:

- “I am well cared for and I am happy with the service.”
- “Staff are kind and always pleasant.”
- “Very reliable service and the girls always greet you with a smile.”
- “With Covid-19 staff always wear their PPE and wash their hands frequently.”
- “Staff take their time and allow me to go at my speed.”
- “Staff have never missed a call.”

Comments from service users’ representatives included:

- “Amazing girls and very helpful.”
- “Staff are very reliable and never miss coming.”
- “I have no problems with the service and have nothing but praise for the staff.”
- “Anytime I am there, staff always wear their PPE.”
- “Staff turn up when they are supposed to and do what they are supposed to.”
- “My mother receives the service and very much appreciates the service.”
- “I have no problems with the service.”

Comments from HSC professionals included:

- “Communication very good.”
- “I always get a prompt response from the agency following a referral.”
- “This is a fantastic agency and very good communication from care staff.”
- “Supervisors are quick to update me regarding any changes in the clients.”
- “Care is as prescribed and of a good standard.”
- “Care staff are always flexible and open to a change of times to suit the clients’ needs.”
- “I have not had any complaints and feedback from all is positive,”

Comments from staff included:

- “I am registered with NISCC.”
- “Good training provided including Covid-19, also action cards with Covid-19 information provided via email to us.”
- “I have completed all the mandatory training including IPC. IPC training included donning and doffing and what PPE to wear to protect the service users.”
- “I have regular supervision and annual appraisal.”
- “There is an action card system sent out to staff where we are provided with updated information such as the changes at the start of the pandemic.”
- “Lots of PPE provided and the coordinator is always checking that we have enough.”
- “I never miss a call as it is so important we turn up as the service users depend on us.”
- “PPE is worn in line with Table 4.”

All of the completed service user/relatives’ questionnaires returned to RQIA indicated that they were very satisfied or satisfied that the care provided was safe, effective, compassionate and well led.

Comments included:

- “My Mum’s care is excellent. Staff are so kind.”
- “The care I got from them was exceptional.”

Covid-19

We spoke with the manager and to six 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.

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

We reviewed records relating to infection prevention and control policies which were in line with the guidance. A Covid-19 file was available and included current guidance documents from the Public Health Agency and the Department of Health.

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. It was positive to note that the agency provided all staff with an action card that details good practice guidance regarding Covid-19 including embedded links to relevant documents. Staff confirmed they had completed training in relation to infection, prevention and control. This included training on the donning (putting on) and doffing (taking off) of PPE.

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 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment practices, 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 infection prevention and control 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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