



Announced Care Inspection Report 30 March 2021



342 Ormeau Road

Type of Service: Domiciliary Care Agency
Address: 342 Ormeau Road, Belfast, BT7 2GE
Tel No: 028 9504 2813
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

342 Ormeau Road is a domiciliary care agency supported living type located in the Belfast Health and Social Care Trust (BHSCT) area which provides personal care and housing support to 12 service users with mental ill health, dual diagnosis and complex needs. The service users are supported by up to 15 staff.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust	Registered Manager: Mr Padraic Fenlon
Responsible Individual: Mr Martin Dillon	
Person in charge at the time of inspection: Mr Padraic Fenlon	Date manager registered: 03 December 2011

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 13 February 2019. Since the date of the last care inspection, RQIA were informed of a small number of notifiable incidents which had occurred within the agency in accordance with regulations.

Having reviewed the agency's regulatory history, and in the absence of RQIA not being made aware of any specific risk to the service users within the agency, 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 30 March 2021 from 10.00 to 14.35 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff commenced employment. 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. We also reviewed the list of all Covid-19 related information, disseminated to staff and displayed throughout the agency. We verified staff understanding in the context of staff discussions during inspection.

An area for improvement was made in relation to AccessNI checks.

Evidence of good practice was found in relation to staff registrations with NISCC. Good practice was also found in relation to infection prevention and control (IPC), the use of personal protective equipment (PPE) and Covid-19 education.

Those consulted with indicated that they were generally satisfied with the care and support provided.

The findings of this report will provide the manager 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	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Padraic Fenlon, manager and the assistant services 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 13 February 2019

No further actions were required to be taken following the most recent inspection on 13 February 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 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 video technology, with the assistant services manager and manager.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

To ensure that the appropriate staff checks were in place before commencement of employment, we reviewed the following:

Recruitment records specifically relating to AccessNI and NISCC registrations.

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

We discussed any complaints and incidents that had been received by the agency with the manager and in addition we 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 requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for service users, relatives and staff, to feedback to the RQIA. Five service users and six

relatives' responses were received with varying responses to satisfaction levels in relation to the four domains of safe, effective, compassionate and well led care. Three staff responses were received within the timescale requested.

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

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

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

The feedback received indicated that people were generally satisfied with the current care and support. Fourteen questionnaires were received with varying responses to satisfaction levels in relation to the four domains of safe, effective, compassionate and well led care. All questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate.

During the inspection we spoke with three service users, a relative, the operations manager, manager, deputy manager, senior support worker and a support worker. Comments are detailed below.

Comments from staff included:

- "I have had recent IPC and Covid awareness training. We've done donning and doffing training and there is also a video link that we can watch again if we need it."
- "Service users are our priority and we do our very best to meet their individual needs."
- "Management is very supportive, approachable and understanding."
- "Lots of PPE available and there has never been a problem in getting it."
- "Covid information has been timely and appropriate to the service."
- "We do lots of extra cleaning since Covid and have done since the very outset of the pandemic."
- "You can talk to the manager at any time outside of supervision."
- "We have a traffic light system in place as part of our infection control measures."

Comments from service users' included:

- "Staff have talked to us about Covid and how to keep ourselves safe."
- "Staff do lots of extra cleaning of things like door handles due to Covid."
- "I am happy here. Everything is 100%."
- "Staff are very supportive and I am very comfortable talking to staff."
- "I feel safe here; a good place to live."
- "There is lots of PPE about the place. I see staff wearing their PPE all the time."
- "Lots of hand sanitiser available throughout the building."
- "Really nice place to live. I could talk to staff if I had a problem."

Comments from relatives' included:

- “This is the best service Xxxx has lived in.”
- “It is my opinion there are very strict measures here in regards to Covid to keep all safe.”
- “I have only good things to say about the service.”
- “Staff respect Xxxx’s privacy.”
- “Padraic and his staff at 342 are excellent; they are extremely dedicated professionals who take their responsibilities towards my relative very seriously. They are brilliant at developing a rapport with him and making him feel safe and supported.”
- “My relative has been in the care of 342 for some time and the attention he is getting is of a very high standard.”

6.2 Inspection findings**Recruitment**

The review of the agency’s staff recruitment processes identified that two staff who had been redeployed to work in 342 Ormeau Road, did not have the required AccessNI checks undertaken prior to commencing employment in the agency. We acknowledge that an AccessNI check had been undertaken in the staff members’ previous roles. An area for improvement has been made in this regard.

A review of records confirmed all staff working in the agency 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 professional registration lapses. 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.

Governance and Management Arrangements

A complaints and compliments record was maintained in the agency. The manager confirmed that a number of complaints had been received since the date of the last inspection and that local resolution had been achieved. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided. Comments included “thank you for the great care and support in relation to Xxxx.”

Discussions with staff evidenced that they were knowledgeable regarding service users’ individual needs. Staff also demonstrated awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication and social engagement.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

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 an independent monitoring officer. We reviewed three quality monitoring reports completed in December 2020 and January and

February 2021. The reports adhered to RQIA guidelines and evidenced engagement with service users, professionals and staff, with positive feedback recorded.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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 the 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 one adult safeguarding referral was made since the last care inspection and review of the allegation confirmed that this concern was managed appropriately.

Covid-19

The environment was observed during a virtual tour of the agency and there was evidence of IPC measures in place such as PPE which was available for staff. Other IPC measures were in place, which included the availability of hand sanitiser throughout the agency. There were a number of laminated posters displayed throughout the agency to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

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.

We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. Staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning (putting on) and doffing (taking off) of PPE.

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 were measures in place to support service users to maintain a two metre distance from other people. Changes to the routines of the agency had been made, to ensure this could be maintained.

There was also a system in place to ensure that staff and service users had a temperature and daily wellness check recorded.

The manager, staff and service users confirmed enhanced cleaning was undertaken, 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, of the information available in the agency in relation to Covid-19. This included information related to:

- Action Card - 24 hour supported living mental health community
- Action Card - Trust staff keyworkers and all Trust staff visiting care homes applied in current Covid19
- Covid testing 48 hours prior to discharge to nursing or residential care homes
- Covid-19: Guidance for Domiciliary Care providers in NI.

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 and safe manner.

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 confirmed in discussions with staff, service users and a relative. 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 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

An area for improvement was made in relation to AccessNI checks.

	Regulations	Standards
Total number of areas for improvement	1	0

8.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Padraic Fenlon, manager and the assistant services 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.

8.1 Areas for improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

8.2 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 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available to him in respect of each of the matters specified in Schedule 3.</p> <p>This refers specially to staff who were redeployed to work in the agency.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Trust response</p> <p>Due to the exceptional circumstances faced by services with the Covid-19 pandemic, the recruitment process had a number of regionally agreed interim changes. As part of this Trusts sought only 1 reference and where an individual moved from one regulated post to another they did not require an Access NI check on moving to the new post.</p> <p>Trust Action</p> <p>The registered person shall now ensure that no Domiciliary Care Worker is recruited, supplied or redeployed to 342 Ormeau Road without ensuring compliance with the Domiciliary Care Agencies Regulations, Regulation 13, Schedule 3.</p> <p>The registered person will liaise with BSO, Occupational Health and HR department to verify that schedule 3 has been met. The registered person will request confirmation that an Access NI, two employment references and NISCC registration have been received prior to commencing employment.</p>



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