

Unannounced Care Inspection Report 1 December 2020



Peacehaven Care Services Ltd, Domiciliary Care Agency

Type of Service: Domiciliary Care Agency
Address: 34 - 38 Newry Street, Rathfriland, BT34 5PY
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Inspector: Kieran Murray

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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

Peacehaven Care Services Ltd, Domiciliary Care Agency is based in Rathfriland which provides a range of personal care, social support and sitting services to 63 people living in their own homes. Service users have a range of needs including physical disability, learning disability, older people and mental health care needs. Their services are commissioned by the Southern Health and Social Care Trust. Service users are supported by 30 staff which includes the manager and assistant manager.

3.0 Service details

Organisation/Registered Provider: Peacehaven Care Services Ltd Responsible Individual(s): Miss Mary Helen O'Hanlon	Registered Manager: Miss Mary Helen O'Hanlon
Person in charge at the time of inspection: Miss Mary Helen O'Hanlon	Date manager registered: 22 June 2009

4.0 Inspection summary

An unannounced inspection took place on 1 December 2020 from 09.30 to 15.15.

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 30 May 2019, RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within Peacehaven Care Services Limited, Domiciliary Care Agency. A decision was made to undertake an on-site inspection adhering to 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.

No areas requiring improvement were identified during this inspection.

Evidence of good practice was found in relation to:

- staff recruitment
- care records
- care reviews
- covid-19 education and management, including infection prevention and control (IPC) measures and updating of the policy
- use of personal protection equipment (PPE)
- service user involvement
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)
- records relating to Adult Safeguarding
- monthly quality monitoring reports
- complaints records

Service user comments:

- “I am very happy.”
- “They always wear PPE.”
- “I would be lost without the service.”
- “Very strange times we are living in.”
- “The service is fantastic.”

Relative's comments:

- “They are just brilliant.”
- “They have made my life much easier since they started visiting.”
- •“They always wear PPE and dispose of it as well.”
- •“They go above and beyond.”

Staff comments:

- “I love my work.”
- “All staff get an induction of three full days.”
- “We have got loads of PPE.”
- “Adult Safeguarding is everybody's responsibility.”
- “We cannot wait for the day when we don't have to wear a mask and goggles.”
- “We got Covid-19 training on-line.”

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

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 Mary Helen O'Hanlon, Registered Manager and Assistant 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 30 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 May 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, monthly monitoring reports, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate recruitment staff checks were in place before staff visited service users.

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 16 June 2020.
- A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell Us' cards, service user's questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No responses were received prior to the issue of the report.

During the inspection we met with the manager, assistant manager, two staff and a telephone communication with two service users and one service user's relative.

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

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

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 30 May 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation15(12)(b) Stated: First time	The registered person shall ensure that the Regulation and Improvement Authority be notified of any incident reported to the police, not later than 24 hours after the registered person- <ul style="list-style-type: none"> (i) has reported the matter to the police; or (ii) is informed that the matter has been reported to the police 	Met
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref: 6.2	
	Action taken as confirmed during the inspection: We reviewed records relating to notifiable incidents requiring to be notified to the police	

	and there were none since the last inspection 30 May 2019. However, the manger outlined the process in place to ensure this was achieved.	
Area for improvement 2 Ref: Regulation 23 (2) (3) Stated: First time	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>This area for improvement relates to the quality of a number of monthly quality monitoring reports available for inspection. In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice. Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We evidenced that monthly monitoring reports were available and completed in accordance with Regulation 23 (2) (3). The manager forwarded the monthly monitoring reports to RQIA as requested until advised to cease doing so.</p>	

6.1 Inspection findings

Discussion with the manager and assistant manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in a number of staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

We examined the agency's provision for the welfare, care and protection of service users. We viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. We received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. We noted that records relating to safeguarding training completed by staff were up to date.

The staff who spoke to us were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

We noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection we noted that the agency had not made any safeguarding referrals to the SHSCT since the last inspection 30 May 2019.

The agency maintains a policy relating to complaints and compliments; these records are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection we noted that the agency had received a small number of complaints since the last inspection 30 May 2019. We reviewed the records relating to the complaints and found that they had been managed within the agency's policy and procedure. We also noted that the complainants were fully satisfied with the outcomes.

We noted comments from service users, relatives and SHSC T professionals and staff during regular monthly quality monitoring:

Service Users:

- "PPE is always worn."

Relatives:

- "Very grateful for all Peacehaven has done for their XXXX."

SHSCT professionals:

- "No concerns about the standard of care and no issues have been identified."

Staff:

- “Felt the standard of care was high, no concerns expressed.”

We reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included:

- referral information
- care plan
- risk assessments
- reviews

On the day of the inspection it was noted that there were a number of restrictive practices in place; those implemented were of the least restrictive nature considered necessary in conjunction with the service user, representatives and the SHSCT and were noted to have been reviewed every year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of checks of Access NI, NISCC registrations, safeguarding, monthly quality monitoring, care records, reviews, restrictive practices and complaints.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19:

We spoke with a number of staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff who spoke to us on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff told us that they were aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include Covid-19 and were available within the agency.

Staff who spoke to us described how and where donning and doffing of PPE happened within the agency.

It was also positive to note that the agency staff checked our temperature before entering the agency.

We evidenced daily cleaning schedules within the agency.

Hand sanitisers were placed in different areas throughout the agency for service users, staff and visiting professionals to use to ensure good hand hygiene.

The manager and staff spoken to on the day of the inspection advised us that monitoring of staff practices took place by direct observations during spot checks and the monitoring officer from the SHSCT.

The manager and staff who spoke to us advised that information was disseminated to staff via the staff WhatsApp group and updates were attached to the Covid-19 risk assessment folder which is available to all staff.

Areas of good practice

Compliance with Covid-19 guidance.

Areas for improvement

No areas for improvement were identified in this domain 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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