

Unannounced Care Inspection Report 21 September 2020



Hollygate Homecare

Type of Service: Domiciliary Care Agency
Address: 7 The Square, Clough, BT30 8RB
Tel No: 02844811672
Inspector: Kieran Murray

www.rqia.org.uk

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

This is a domiciliary care agency supported living type which provides personal care and housing support to three people with learning disability and mental health needs from the South Eastern Health and Social Care Trust (SEHSCT) area. Service users are supported by seven staff.

3.0 Service details

Organisation/Registered Provider: Hollygate Homecare	Registered Manager: Ms Deirdre Burns
Responsible Individual(s): Mr Ian George Emerson	

Person in charge at the time of inspection: Ms Deirdre Burns	Date manager registered: 24 July 2009
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4.0 Inspection summary

An unannounced inspection took place on 21 September 2020 from 09.30 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 6 February 2020, RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within Hollygate Homecare. 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 Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection sought 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)
- training of staff to carry out Covid-19 testing of service users
- records relating to Adult Safeguarding
- monthly quality monitoring reports
- complaints records

Service user comments:

- “The girls are really good.”
- “It’s getting worse (Covid-19) there will be no Christmas shopping.”
- “The staff wear masks.”
- “I enjoyed living here during Covid-19 lockdown.”
- “They are getting a vaccine in six months or a year.”

Relative’s comments:

- “The service is fine.”
- “The agency deals with all my issues.”
- “We are happy with the care in Hollygate.”
- “The only time my XXXX goes out in Covid-19 times is with staff.”

HSCT representative comments:

- “XXXX is very pleasant and informative.”
- “Care is safe.”
- “Reviews are informative.”
- “Service users are well protected.”
- “I get a good feel every time I visit.”

Staff comments:

- “I have worked here for 19 years.”
- “Everybody’s responsibility to report concerns.”
- “We got a lot of information from NISCC about Covid-19.”
- “We got zoom training from the Belfast Health and Social Care Trust (BHSCT) about cleaning.”
- “We wear PPE as we don’t want to spread Covid-19.”
- “Morale is good despite these difficult times.”

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 Ms Deirdre Burns, 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 6 February 2020

No further actions were required to be taken following the most recent inspection on 6 February 2020.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and verbal communication with the agency 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 also spoke with SEHSCT professionals involved with 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 12 May 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.

“Tell us” cards were provided for service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency’s registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received prior to the issue of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives, no responses were received prior to the issue.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately.

During the inspection the inspector met with two service users and one staff member. Following the inspection the inspector made telephone contact with one service users’ relative and one SEHSCT professionals, comments/feedback detailed in section 4.0.

The inspector would like to thank the manager, service users, service user’s relatives, staff and SEHSCT 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 Inspection findings

Recruitment records:

Discussion with the 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. The inspector reviewed documentation in two staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of seven records confirmed that all staff are currently registered with NISCC. The inspector 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.

Service quality:

The inspector noted comments from service users, relatives and HSC trust professionals during regular monthly quality monitoring:

Service Users:

- “Looking forward to moving to Newcastle but has to wait until it’s safe to do so.”

Relatives:

- “XXXX has no issues – kind and supportive staff.”

HSC Trust professionals:

- “The visiting community nurse has no issues.”

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector 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. The inspector 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. The inspector noted that records relating to safeguarding training completed by staff were up to date.

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

The inspector 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 the inspector noted that the agency had not made any safeguarding referrals to the SEHSCT since the last inspection 6 February 2020.

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 it was noted that the agency had not received any complaints since the last inspection 6 February 2020.

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI staff registrations with NISCC, adult safeguarding, complaints and quality monitoring.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Care planning and review:

The inspector 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 SEHSCT and were noted to have been reviewed every year.

Covid-19:

The inspector spoke to the manager and one staff member, who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff spoken to 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 were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector 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 the inspector described how and where donning and doffing of PPE happened within the agency.

The inspector reviewed records that indicated that service users and staff had their temperatures monitored twice daily in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste. However, on the day of the inspection the thermometer was broke for a couple of days. The manager assured the inspector that a new thermometer would be purchased on the day of the inspection and monitoring of service user and staff temperatures would be monitored in accordance with the guidance.

It was positive to note that four staff were trained in Covid-19 swabbing competency assessment modules for testing of service users should they display symptoms of Covid-19.

Service users and staff spoken to on the day of the inspection were aware that if someone is in isolation with suspected Covid-19, they must not visit shared spaces such as sitting areas /common rooms. However, the inspector was advised by service users and staff that service users did not routinely share sitting areas within the agency.

The inspector evidenced daily cleaning schedules within the agency.

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

The manager advised the inspector that monitoring of staff practices took place by direct observations and service user feedback. Service users who spoke to the inspector confirmed that staff wore PPE.

The manager advised the inspector that information was disseminated to staff via new links on updates were attached to the Covid-19 risk assessment folder which is available to all staff. Staff who spoke to the inspector confirmed this. The inspector evidenced the Covid-19 folder containing guidance in relation to Covid-19.

Areas of good practice

Compliance with Covid-19 guidance, care records, restrictive practices and reviews.

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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