

Unannounced Care Inspection Report 4 August 2020



North Down & Ards Supported Living Service

Type of Service: Domiciliary Care Agency
Address: Ward House 16 Cronston Court Rathgill Estate
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Inspector: Michele Kelly

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 supported living type domiciliary care agency which provides services to adults with learning disabilities who live at a number of properties in the North Down area. Staff provide support to service users to enable them to live as independently as possible and encourage them to be part of the community they live in. All service users are tenants of the properties in which they live and the properties are owned by housing associations, private landlords, the Northern Ireland Housing Executive and the South Eastern Health and Social Care Trust (SEHSCT). The agency is operated by the SEHSCT.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)	Registered Manager: Ms Heather Leanne Cruise
Responsible Individual: Mr Seamus McGoran (acting)	
Person in charge at the time of inspection: Senior support worker, Band 5	Date manager registered: 19 November 2012

4.0 Inspection summary

An unannounced inspection took place on 4 August 2020 from 10.00 to 15.00.

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.

RQIA have reviewed correspondence received from the:

- Agency
- HSC Trust
- Staff

Since the last inspection on 24 January 2019 correspondence has included:

- Notifications
- Incident notifications
- Whistleblowing intelligence

Following review of this information, the inspector identified that the information received show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time.

In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using a:

- On-site inspection approach

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

During the inspection the inspector discussed the agency's plans to divide the service into two services with two separate registrations; the inspector advised that this application should progress through RQIA registration department.

The inspector also explained that as the agency's registered office address had changed this also should be notified to registration and a variation completed. At the time of writing this report these matters are in progress.

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.

An area requiring improvement was identified and refers to the records for maintaining a system for checking registrations with Northern Ireland Social Care Council (NISCC)

Evidence of good practice was found in relation to:

- efforts made by staff to ensure service users were kept informed and engaged during lockdown.
- planning for improving quality.
- staff recruitment
- staff induction
- care records
- covid-19 education and management, including infection prevention and control (IPC) measures
- use of personal protection equipment (PPE)
- service user involvement
- collaborative working

Service user comments:

"Yes staff do use PPE"

"I am well looked after"

"Staff are alright"

Staff comments:

"Service users have a good quality of life"

"PPE is used appropriately"

"Induction is fine and there is also shadowing"

"Management can be supportive"

Relative comments:

"I am happy with this service"

"I respect what they are doing especially during this awkward time"

"Measures for Covid-19 are safe"

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	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the senior support worker and the Adult Disability 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 24 January 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 January 2019.

5.0 How we inspect

Prior to inspection the information held by RQIA about this agency was reviewed. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector focused on contacting the service users, their relatives and staff to find out their views on the service. The inspector also spoke with a HC professional involved with the service.

The inspector ensured that the appropriate 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

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 to give 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.

A poster was provided for staff detailing how they could complete an electronic questionnaire. 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 returned prior to the issue of the report.

During the inspection the inspector communicated with a service user and the manager and three staff. The inspector also met with the Adult Disability Manager within the SEHSCT. During the inspection the inspector also spoke on the telephone with a relative.

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

The findings of the inspection were provided to the senior support worker and the Adult Disability Manager at the conclusion of the inspection.

6.0 The inspection

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Standard 9.4 Stated: Second time To be completed by: 21 December 2018	Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures. (In respect of supervision and appraisal policy, complaints policy, confidentiality policy or not dated as with the disciplinary policy).	Met
	Action taken as confirmed during the inspection: The inspector viewed evidence that policies and procedures have been updated on the day of inspection and by email following the inspection.	
Area for improvement 2 Ref: Standard 10.4 Stated: First time To be completed by: With immediate effect	The registered person shall ensure the information held on record is accurate, up-to-date and necessary. This relates to, but is not limited to ensuring that rota information held in the office is accurate and up to date.	Met
	Action taken as confirmed during the inspection: The rota and shift plan available for the day of inspection was reviewed and accurately reflected those on duty on the day. The agency has also implemented an e-roster system.	
Area for improvement 3 Ref: Standard 15.10 and 15.6 Stated: First time To be completed by: With immediate effect	The registered person shall ensure records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken and how information from complaints is used to improve the quality of services.	Met
	Action taken as confirmed during the inspection: In addition to the records within the	

	organisations centralised complaints department, the service maintains an in-house complaints log which was available on the day of inspection.	
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6.1 Inspection findings

The inspector discussed concerns raised in a whistleblowing letter received by RQIA and was assured that the investigation which included consultation with all stakeholders was robust and appropriate. A report outlining the outcomes of the investigation has been returned to RQIA.

Recruitment:

The agency's staff recruitment processes were noted to be managed in conjunction with the SEHSCT Human Resources (HR) Department, located at the organisation's head office. Discussion with the manager and senior support worker 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 three staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment. The inspector was informed that some staff had been redeployed to the service from other SEHSCT facilities and that this has enhanced the staff team and the service user experience.

It was good to note that working practices are monitored within a service improvement plan to achieve set goals and targets.

A review of four records on the day of inspection did not confirm that all staff are currently registered with NISCC. On the day after the inspection the inspector was emailed a matrix of all staff which verified that all staff were registered. The inspector noted that the manager did not have a system in place each month for monitoring registration status of staff with NISCC although it was stated that the SEHSCT has a procedure to alert managers if staff NISCC registration is due for renewal. This matter is an area for improvement.

Areas of good practice

The service has developed a quality improvement plan to monitor progress towards stated goals.

Areas for improvement

A system for recording and checking registrations with NISCC should be maintained in the service and verified regularly.

	Regulations	Standards
Total number of areas for improvement	0	1

Covid-19:

The inspector spoke with the manager and to three staff members on the Bangor site who were knowledgeable in relation to their responsibility in response to covid-19. Staff stated they were aware of the guidance on the 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 the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitoring of staff practice
- SEHSCT Infection Prevention and Control (IPC) policies and procedures which have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily In line with guidance
- Used PPE storage and disposal
- Staff training and guidance on: infection prevention and control and the use of PPE equipment, in line with guidance.

Policies and guidance were available to all staff in hard copy within the agency office and on the intranet.

The inspector reviewed records that indicated that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance.

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

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was also evidence that staff had completed training with regards to IPC.

The procedure and guidance in place show 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.

A review of incidents demonstrated the challenges experienced by staff and service users as a result of living in lockdown. It was evident that staff are committed to adhering to Covid -19 guidance and also ensuring that service users have a good quality of life. The inspector viewed newsletters which illustrated staff efforts to inform and engage service users in a range of activities when normal routines and outings could not be facilitated

Areas of good practice

- Efforts made by staff to ensure service users were kept informed and engaged during lockdown.
- Infection prevention and control procedures

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with senior support worker and Adult Disability manager, position, 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 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)(7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall review the system in place to monitor the registration status of care staff with Northern Ireland Social Care Council (NISCC) or other regulatory body as appropriate and ensure accurate monitoring records are retained.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A NISCC matrix has been developed and is now in place. It will be used going forward as a ready reckoner for ensuring compliance and will be reviewed regularly as part of the supervision process</p> <p>Managers also have access to the employee section of the NISCC portal to review employee details and will complete audits against this to ensure compliance.</p> <p>The South Eastern Trust have a process in place to alert service managers to any overdue renewal payments and registration issues this is then cascaded to managers.</p>

Please ensure this document is completed in full and returned via Web Portal



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