

Unannounced Care Enforcement Follow up Inspection Report 28 May 2020



The Croft Community

Type of Service: Domiciliary Care Agency
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Inspector: Corrie Visser

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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

The Croft Community is a supported living domiciliary care service which provides twenty four hour care and support to twenty eight service users living with a learning disability and complex needs. Service users live within nine bungalows on site and two off site properties.

3.0 Service details

Organisation/Registered Provider: The Croft Community Ltd Responsible Individual: Mrs Linda May Wray	Registered Manager: Mr Alan Hutchinson
Person in charge at the time of inspection: Mrs Linda Wray	Date manager registered: 26 January 2016

4.0 Inspection summary

An unannounced inspection took place on 28 May 2020 from 11.00 to 14.00 hours.

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.

The inspection sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice issued on 13 May 2020. Areas identified for improvement and compliance in line with the regulations related to the registered person's lack of oversight and knowledge relating to the guidance issued by the Public Health Agency (PHA) in relation to the appropriate use of PPE. Concerns also related to the staffs' lack of knowledge in relation to IPC and PPE guidelines during the Covid-19 Pandemic. The date of compliance with the notice was 27 May 2020.

The following FTC Notice was issued by RQIA:

FTC reference: FTC000094.

Evidence was available to validate compliance with the Failure to Comply Notice.

The findings of this report will provide the service 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	1	2

The areas for improvement from the last care inspection on 27 June 2019 were not reviewed as part of this inspection and are carried forward to the next care inspection. No new areas for improvement were made during this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the requirements as indicated in the failure to comply notice **FTC Ref: FTC000094**
- the information received by RQIA from the whistleblower
- all correspondence or information received by RQIA since the previous inspection

During the inspection the inspector met with the responsible individual, the deputy manager and five staff members.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 May 2020

The most recent inspection of the agency was an unannounced care inspection.

This QIP will be validated by the care inspector upon receipt to RQIA.

6.2 Review of areas for improvement from the last care inspection dated 27 June 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 5.1 Stated: First time	The responsible individual shall ensure that a separate statement of purpose is made available for the supported living facility.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: 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.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 11.2 Stated: First time	The responsible individual shall ensure that criminal history disclosure information at the enhanced disclosure level is sought from persons who change roles within the organisation.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: 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.	
Area for improvement 2 Ref: Standard 9.1 Stated: First time	The responsible individual shall ensure that induction policies and procedures are in accordance with statutory requirements.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: 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.	

This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 13 May 2020.

6.3 Inspection findings

FTC Ref: FTC000094

Notice of failure to comply with regulation 11(1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Regulation 11 (1)

The registered provider and the registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.

In relation to this notice the following five actions were required to comply with this regulation.

- The Responsible individual is required to confirm the full staff complement within the service and the number of staff who have completed the training via the NISCC training zone.
- The Responsible individual is required to complete a competency assessment in relation to staff understanding of current IPC and PPE guidance.
- The Responsible individual is required to complete a competency assessment regarding staff practice in donning and doffing of PPE and appropriate disposal.

- An action plan is to be forwarded to RQIA detailing how the Responsible individual has addressed the shortfalls in the knowledge, training and competency of staff.
- The Responsible individual is required to implement a monitoring system in relation to ongoing staff practice regarding IPC and PPE.

Evidence was available to validate compliance with the Failure to Comply Notice.

During the inspection, the inspector met with Mrs Linda Wray, responsible individual and the deputy manager to discuss the actions contained within the FTC Notice. The inspector reviewed records of IPC and PPE training undertaken since the last inspection. Competency assessments had also been undertaken with staff, following completion of the training. There was a signature of all the staff who attended, as well as the trainer. There was further training undertaken by the IPC lead on 21 and 22 May 2020 and the inspector was provided with all the certificates for the staff who had attended and completed this training.

The inspector was provided with all the documentation of the competency assessments for all staff. The inspector reviewed a sample of these records which included observations of the staff members' use of PPE, their understanding and disposal of PPE. Any issues that the staff member had were also discussed and raised with management.

The service had devised templates to ensure compliance with PPE which consisted of observations and discussions with staff in relation to PPE and the level of stock which was available to staff.

Discussions were also undertaken with service users by the service's management team and some comments included:

- I understand that PPE protects me from the virus.
- I am missing work.
- The masks are all about germs. I hope the germs go away. See the masks gone. I want to see staff faces.

Staff were observed during the inspection donning, doffing and disposing of their PPE in line with the guidance.

Spot checks on staff practice had also been undertaken to ensure they are fully compliant with the PPE guidance. From reviewing these records, it was evident that bank staff were not fully aware of the donning and doffing procedures and were reliant on the posters which are now displayed in the bungalows. When staff lacked this knowledge, further training was provided for them and the permanent members of staff were asked to ensure compliance during their shift. The registered person reported that staff need to build their confidence as some were aware of the procedures however did not have the confidence during discussion. Mrs Wray reported that these spot checks will continue however the questions will change to ensure the staff do not become complacent if the same questions are continually asked.

It was evident that staff were also provided with videos in relation to PPE, information from the Department of Health (DOH) in relation to signs and symptoms of Covid-19, Table 4 from the PHA and NISCC training which supports good infection control practices.

The inspector reviewed a record of a team meeting which was convened on 14 May 2020 which discussed the recent inspection and enforcement by RQIA, the requirements of PPE, NISCC

training, competency assessment, donning and doffing of PPE and the safe disposal of PPE. This was disseminated to all staff who did not attend the meeting.

During the inspection, four bungalows were visited and five member of staff spoken with. It was evident from observing the staff members that full PPE was being worn during their shift. The inspector also observed a member of staff doffing and donning PPE and it was evident that hand hygiene had been carried out appropriately during this process. All staff spoken with reported that they had seen a change in practice since the FTC Notice had been issued. The members of staff spoken with during the inspection had good knowledge of donning and doffing and safe disposal of the PPE. Staff informed the inspector that if their mask is compromised in any way, it would be changed immediately.

The inspector discussed Aerosol Generating Procedures with staff as this was a requirement for one service user. From speaking with the staff members who provide care to this service user, they were very clear as to the process for managing this as well as the additional PPE which is to be used. The staff members explained that they had been fitted for face masks and visors which they wear when working with this service user. They were able to explain the process for when the machine is turned off, their actions and appropriate usage of PPE, as well as the period of time they have to wait before entering the room, after it was well ventilated.

During discussions with the staff members one staff commented that they were proud to work in the Croft. Another advised they have a rhyme to remember the process of donning and doffing PPE – AMG (apron, masks, gloves) as this referred to a specific car and for doffing, GAME (gloves, apron, mask, exterminate).

From the evidence provided by the responsible individual, observations of staff and discussions with staff, the inspector was assured that the service had acted appropriately and had made the necessary improvements to become compliant with regulation 11 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Number of areas for improvement	1	2

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

7.0 Quality improvement plan

Areas for improvement identified during the last inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Linda Wray, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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	
Area for improvement 1 Ref: Regulation 5.1 Stated: First time To be completed by: Immediate from the date of the inspection undertaken on 27 June 2019	<p>The responsible individual shall ensure that a separate statement of purpose is made available for the supported living facility.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a future care inspection.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has ensured that the Statement of Purpose has been completed relating to and reflecting the Supported Living Service</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 11.2 Stated: First time To be completed by: Immediate from the date of the inspection undertaken on 27 June 2019	<p>The responsible individual shall ensure that criminal history disclosure information at the enhanced disclosure level is sought from persons who change roles within the organisation.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a future care inspection.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: The registered manager has amended the relevant Policy to reflect this requirement and will ensure this is completed as part of the recruitment process if appropriate</p>
Area for improvement 2 Ref: Standard 9.1 Stated: First time To be completed by: Immediate from the date of the inspection undertaken on 27 June 2019	<p>The responsible individual shall ensure that induction policies and procedures are in accordance with statutory requirements.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a future care inspection.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: The induction policies and procedures have been reviewed and additional clarity around duration of primary induction to the organisation has been added</p>



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