

# Announced Care Inspection Report 03 December 2020



## Supported Living Services

**Type of Service: Domiciliary Care Agency**  
**Address: 1-3 Bowens Close, Banbridge Road, Lurgan, BT66 7WD**  
**Tel No: 028 3834 5317**  
**Inspector: Aveen Donnelly**

[www.rqia.org.uk](http://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

Supported Living Services (Bowens Close) is a domiciliary care agency (supported living type), providing care and support to nine individuals who live in the Lurgan area. The agency's registered office is located in the home of three of the service users. Staff employed by the Southern Health and Social Care Trust (SHSCT) provide 24 hour care and support to the service users. Service users have a range of needs including mental health issues, learning disabilities and autism.

Service users live close to Lurgan town centre which facilitates easy access to the town for shopping, leisure and recreation. Service users share their home with other service users.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual:</b> Mr Shane Devlin	<b>Registered Manager:</b> Not applicable
<b>Person in charge at the time of inspection:</b> Acting manager	<b>Date manager registered:</b> Not applicable as the permanent manager has yet to be appointed

### 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 15 April 2019. Since the date of the last care inspection, RQIA was notified of a number of notifiable incidents. No other correspondence or communications were received in respect of the agency.

In consideration of the agency's regulatory history, in addition to RQIA not being made aware of any specific risk to the service users within Bowens Close, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to Covid transmission.

An announced inspection took place on 03 December 2020 from 10.00 to 13.30 hours.

This inspection was completed following a review of information requested to be submitted to RQIA prior to the inspection. During the inspection, we focused on discussing aspects of the submitted information, in order to substantiate the information. We also focused on contacting stakeholders to obtain their views on the service quality.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff visited service users. 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 them. This was also verified through discussion with the manager, service users and service users' representatives. We also reviewed the list of all Covid-related information, disseminated to staff and displayed throughout the agency.

The inspection also assessed progress with the areas for improvement identified during the last care inspection and found that the required improvements had been made.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance on the use of personal protective equipment (PPE).

The majority of those spoken with indicated that they were happy with the care and support provided. One relative provided written comment in relation to a particular matter, which was relayed to the manager, for review and action, as appropriate.

We were advised that the permanent manager of the agency has yet to be appointed. Advice was given in relation to the need for a registration application to be submitted to RQIA, when the recruitment process has concluded.

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.

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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the acting 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 15 April 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 April 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, notifiable events, 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 technology, with the manager.

During our inspection we focused on contacting the service users, their relatives, staff and health and social care' (HSC) representatives to find out their views on the service.

To ensure that the appropriate staff checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19: guidance for domiciliary care providers in Northern Ireland (updated 16 June 2020).

The manager advised that there had been no complaints received since the date of the last inspection. We discussed safeguarding incidents which had occurred with the manager and deemed that they had been managed appropriately. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service users/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

## 6.0 The inspection

Areas for improvement from the last care/finance inspection dated 15 April 2019		Validation of compliance
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21(1)(a) Schedule 4  <b>Stated:</b> Second time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner  This relates specifically to the details of each supply of a to a service user, the alphabetical indexes of service users and domiciliary care workers and the agency's staff induction information.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of the staff rosters, alphabetical list of staff names and induction records identified that this area for improvement was met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 23 (2) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall submit the monthly quality monitoring report to RQIA on a monthly basis, until further notice.</p> <p>The registered person must ensure that the monthly quality monitoring reports specifically monitor and respond to areas for improvement identified in Quality Improvement Plans.</p> <p><b>Copies of the monthly quality reports must be submitted to RQIA until further notice.</b></p> <p><b>Action taken as confirmed during the inspection:</b> The monthly monitoring reports had been submitted to RQIA from the date of the inspection up to October 2019, when it was deemed by the inspector, that the reports were satisfactory. The review of recently completed reports identified that follow up to the RQIA QIP was included.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 3.2</p> <p><b>Stated:</b> Second time</p>	<p>The registered manager shall ensure that the person-centred, holistic assessment of need provided to the agency includes:</p> <ul style="list-style-type: none"> <li>• a care plan, signed and agreed by the service user.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the records pertaining to one service user and was satisfied that they had signed the care plan.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.3</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the agreement is monitored, reviewed and updated as necessary to reflect any changes in the care plan or in the need for service delivery.</p> <p><b>Action taken as confirmed during the inspection:</b> We reviewed records which showed that the service users had signed the service user agreement.</p>	<p><b>Met</b></p>

<b>Area for improvement 3</b> <b>Ref:</b> Standard 8.12 <b>Stated:</b> First time	The registered person shall ensure that the service users are involved in the annual satisfaction survey.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of the annual quality report confirmed that service users' input had been included.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 12.3 <b>Stated:</b> First time	The registered person shall review the system for ensuring new staff have timely access training.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Since the date of the last inspection, a checklist had been developed, to ensure that e-learning access was requested for new staff within the first week of them starting.	

## 6.0 What people told us about this agency

The information received shows that people were generally satisfied with the current care and support. During the inspection we spoke with two service users by telephone, who indicated that they were happy with the care and support provided. We also spoke with the manager and three staff members using video technology. All staff were wearing face masks and they confirmed that they wore other personal protective equipment (PPE) as necessary. Three service users' representatives were spoken with, by telephone. Comments received indicated that they were very happy with the care and support provided by the agency. Comments are detailed below:

### Staff

- "I have no concerns, it a lovely homely environment here, I feel like we are a close-knit family, like as if it was having my own grand-father here. They are a pleasure to talk to."
- "Everything is ok, the training is very good. We have a good wee team here, I really love it. They are all very well looked after and everyone has the tenants' best wishes at heart. We all go the extra mile to help them to keep their independence for as long as we physically can."
- "I love it, such a difference to a care home. We use zoom and WhatsApp to help them keep in touch with their family members and friends. Some of the tenants can watch their religious services online, which is great for them."

### Service users' representatives

- "I am happy enough, I have no concerns."
- "I am always happy, they are very good. They are consistently brilliant, some of the staff I would call friends, they are first rate."
- "They are wonderful and fantastic people that work there. (My relative) seems very content."

No service users responded to the electronic survey. However, one staff member and three relatives provided feedback, indicating that they were generally 'satisfied' that the care was safe, effective and compassionate and that the service was well-led. Written comment included:

- "Service is well delivered and complies safely with all guidelines."
- "My (relative) has been more than happy from the day he moved in to Supported Living."
- "I believe my relative is well cared for but perhaps at times there could be more sensitivity to their needs. I'm not always involved or consulted. I don't always need or expect to be but there are times when I think I should be eg a visit to the doctor."

One staff member commented in relation to them 'wanting to have more of a say in the daily running of the unit and to work as more of a team, especially with senior support workers'. These comments were relayed to the manager for review and action, as appropriate.

## 6.1 Inspection findings

### Recruitment

The review of the staff records confirmed that recruitment was managed in keeping with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of the staff records confirmed that all staff are currently registered with NISCC. We noted that there was a system in place each month for monitoring staff registrations. The manager advised that staff are not permitted to work if their professional registration lapses.

### Covid-19

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.

Staff spoken with described that there was a rolling testing programme in place for service users and staff and that training had been provided to staff for them to take vital signs or checking oxygen levels. This meant that should any of the service users develop symptoms, the staff would be able to monitor them closely.

Staff had also been completing training in relation to infection, prevention and control. This included training on the donning (putting on) and doffing (taking off) of PPE. All those consulted with described how their training included a video on the correct donning and doffing procedures and that they were required to complete this regularly. The manager further described how signage was displayed in relation to donning and doffing guidance and in relation to 'Amber' PPE which must be worn when a service user is symptomatic or confirmed as having Covid-19. Staff had also been encouraged to attend the Clinical Education Centre (CEC) course on the Fundamentals of Care Covid-19 and promoting quality of care for people with learning disabilities. One staff member commented that they were 'all up to date on everything Covid-related'.

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 was a system in place to ensure that senior staff monitored the use of PPE by staff.

Service users had been supported to keep a distance of two metres from other people. Staff used easy-read material to help them to understand the importance of this, particularly where this posed a challenge for some service users. Relatives spoken with advised that visits had taken place outdoors to enable social distancing to be maintained. Staff spoken with described how they were provided with a daily debrief where they could discuss how things have gone and how things could have been done differently.

Meal times had been staggered and support was offered to service users at different times, to ensure that they maintained the two metre distance from each other.

The manager described the availability of hand sanitisers which is accessible throughout the service users' homes for service users and staff to use. The seven step hand-washing posters were displayed to ensure that handwashing was being done correctly. The protocol for visiting indoors was currently under review. The manager described how plans were in place to undertake individual risk assessments for each service user in relation to their preference to join their family members over the Christmas period.

There was a system in place to ensure that staff and service users had their temperatures checked twice daily.

The manager described how signage in relation to visiting was displayed prominently at the entrances. The staff spoken with also described the use of technology used to provide social support, at times when service users were not getting as many visitors as they used to have.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. There was also a cleaning protocol in place in relation to shared transport and in relation to the decontamination of a staff bedroom. The manager advised that the cleaning records were audited on a weekly basis by senior staff.

The manager provided a list to RQIA, by email, regarding the signage that was available throughout the agency, in relation to Covid-19 precautions. Information in relation to Covid-19 was displayed throughout the building and retained in a Covid-19 folder. This included information related to:

- Covid and Flu Outbreak Pack, including cleaning guidance
- Stop Covid NI APP details
- Domiciliary Care Services Covid-19 Surge Plan
- RQIA alerts regarding masks and the change in case definition for Covid-19
- Key principles for HSC Trust staff visiting community settings
- DOH circular regarding track and trace
- Covid-19 Guidance: Ethical Advice and support framework
- MHRA Therapeutic alert regarding Dexamethasone
- Rapid evidence review: Temperature screening for reducing transmission of Covid-19
- DOH circular regarding nonsteroidal anti-inflammatory drugs(NSAID) and Covid-19
- Covid-19: Guidance for domiciliary care providers in NI
- Testing details/protocol
- DOH Circular regarding PPE guidance and IPC guidance on bare below the elbow.

Easy-read information was also available to help the service users to understand Covid-19. These included information explaining:

- What Covid-19 is
- How to keep safe
- What the symptoms of Covid-19 are
- Consent to having a Covid-19 test
- The importance of handwashing
- Safe shopping
- Why staff wear PPE.

It was good to note that easy-read documents were available to the service users, which included:

- Information explaining what Covid-19 is and how to recognise the signs and symptoms
- Information explaining the importance of social distancing
- How to wash your hands correctly
- What self-isolation looks like
- Information on why visiting has been restricted
- Consent to have a test
- Keep safe while doing your shopping and/or going to pubs/restaurants
- Information on PPE

Specific risk assessments had been completed for service users in respect of Covid- 19 risks and in regards to their individual risk of exposure, the consequences to them of becoming ill, including any underlying health conditions they may have. The impact of the Covid-19 restrictions on possible need to self-isolate and maintain social distancing was also included. Additional service-wide contingency arrangements had also been updated to ensure that the agency could access extra staff should their substantive staffing arrangements be affected by Covid-19.

### **Governance and management oversight**

The manager advised that there had been no complaints received since the date of the last inspection. We discussed safeguarding incidents which had occurred with the manager and deemed that they had been managed appropriately. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

The acting management arrangements were discussed. The recruitment of a permanent manager is underway. When received, RQIA will review the application for registration in this regard.

### **Areas of good practice**

Areas of good practice were identified in relation to recruitment practices and in relation to staff registrations with their professional body. Based on manager, staff and relatives' feedback, it was evident that all staff and service users had been adhering to the current Covid-19 use of PPE guidelines.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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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