

# **Announced Care Inspection Report 29 January 2021**



## **Novara House**

**Type of Service: Domiciliary Care Agency**  
**Address: 138 Thomas Street, Portadown, BT62 3AN**  
**Tel No: 028 383 31441**  
**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

This is a domiciliary care agency supported living type which provides personal care and housing support to up to 10 service users who have experienced mental health difficulties. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent. The service users are supported by ten staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern Health & Social Care Trust  <b>Responsible Individual(s):</b> Shane Devlin	<b>Registered Manager:</b> Mairead McDonagh
<b>Person in charge at the time of inspection:</b> Mairead McDonagh	<b>Date manager registered:</b> 23/01/2020

### 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 04 April 2018. An inspection was not undertaken in the 2019-2020 inspection year, due to the risks associated with the spread of Covid-19.

Since the date of the last care inspection, a small number of correspondences were received in respect of the agency. RQIA was also informed as required of any notifiable incidents which had occurred within 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 the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 29 January 2021 from 10.00 to 12.30 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 for staff employed by the agency (AccessNI) had been completed to ensure that they were in place before staff were supplied to service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC) 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. In addition, we reviewed the details of all Covid related information, disseminated to staff and displayed throughout the agency.

An area for improvement was identified in relation to the monitoring of service user' and staff' temperatures and wellness checks.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC and the NMC.

Good practice was also found in relation to Infection Prevention and Control (IPC); it was evidenced that all staff and service users had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

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	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mairead McDonagh, 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 4 April 2018

No further actions were required to be taken following the most recent inspection on 4 April 2020.

#### 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 video technology, with the manager.

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

To ensure that the required pre-employment checks were in place before staff visited service users, we reviewed the following:

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

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland (updated December 2020)

We discussed any complaints and incidents that had been received by the agency with the manager and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey to enable service users/relatives and staff to feedback to the RQIA.

## 6.0 What people told us about this agency

The feedback received indicated that people were satisfied with the current care and support. During the inspection we spoke with the manager, assistant manager, and a number of care workers with the use of video technology.

We also spoke with a number of service users who confirmed that staff wore PPE as necessary. Feedback was also received from Health and Social Care representatives. 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 is well run. The staff are very approachable.”
- “We have a lovely wee team here and have a great rapport with the tenants. The senior staff are on top of PPE and we have it here in abundance.”

### Service users

- “It is very good, they help you with things.”
- “Everything is fine, it’s dead on here.”
- “I enjoy it here, the other tenants are very agreeable. We are definitely treated with a lot of respect.”

### HSC’ representatives

- “Novara staff are excellent and excel in all aspects of their care to the patients residing in Novara. As a keyworker working alongside Novara, I can confidently say they are very professional in their approach with (service users) and in addition to myself. They do not hesitate to provide continuous updates when required about patients via email or telephone conversations. Additionally, I have found staff in Novara particularly good at organising care reviews and monitoring. I have no worries or concerns in relation to the standard of care provided by Novara staff. All staff involved are very kind, courteous and professional.”
- “No issues or concerns with Novara noted. Good support provided by staff according to clients. Very good level of liaising with myself, any issues or concerns are quickly relayed to myself. The staff are welcoming when visiting.”

A number of service users and staff responded to the electronic survey. The majority of respondents indicated that they were very satisfied with the care and support provided was safe, effective and compassionate; and that the service was well-led. Written comments included ‘I feel that we as a team have worked well together through these difficult times. It has been challenging for us but we always do our best for each other and the tenants’.

## 6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

## 6.1 Inspection findings

### Recruitment

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

A review of the records confirmed that all staff provided by the agency are currently registered with NISCC and the NMC. 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 whilst providing care to service users and in the event of service users or staff being diagnosed with Covid-19. There was a protocol in place in relation to managing the care of new referrals and in relation to service users who may be discharged from hospital.

Staff had also completed training in relation to IPC. This included training on the donning (putting on) and doffing (taking off) of PPE. The manager further described how a range of other Covid-related information was available for staff to read.

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 IPC procedures were being adhered to. The service user and relatives spoken with confirmed that the staff wore PPE appropriately.

The manager described the availability of hand sanitisers which are accessible throughout the service for service users and staff to use. Posters detailing the procedure for effective hand-washing were displayed as visual aids to encourage good handwashing techniques.

There were measures in place to support service users to maintain a two metre distance from other people. Changes to the routines of the agency had been made, to ensure this could be maintained. Changes had been made to the way medicines were administered, to reduce footfall in the service users' bedrooms. Changes had also been made to activities such as mealtimes, activities and social outings, to ensure that the service users could maintain the two metre distance from each other.

The manager described the visiting protocol which was in place and the signage in relation to visiting which is displayed prominently at the entrance.

There was a system in place to ensure that staff were monitored on a daily basis for signs and symptoms of Covid-19.



This process included asking about and looking out for an elevated fever of 37.8C or above, a persistent cough, loss of or change in sense of smell or taste. Advice was given in relation to the need to complete these wellness checks twice a day and to include temperature checks as part of the monitoring process. These checks are similarly required to be undertaken with the service users, in keeping with the current guidance (updated December 2020). The manager immediately put a system in place to address this. However, an area for improvement has been made in this regard.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building.

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

- Key principles for HSC Trust staff visiting community settings
- Mental Health and Disability (SHSCT) – Covid-19 escalation plan for visiting
- U Matter: Covid Guidance for Mental Health, including the staff Covid Helpline details
- Northern Ireland Government: Covid Guidance what the restrictions mean for you
- Question and Answers for social care staff, including those published by the Public Health Agency
- Guidance on the temporary changes made to medication administration
- Advice for people who live in the same accommodation and on home isolation
- Social distancing
- Enhancing communications during Covid-19

Signage displayed around the building included information on:

- Donning and doffing information poster
- Occupational Health Guidance poster and contact details
- Guidance on breaks and social distancing
- Guidance on appropriate use of masks and how not to wear masks
- Inspire Independent Advocacy Services
- Covid-19 Results and returning to work
- Covid-19 Contact Tracing/Close Contacts
- Staff Arriving Home Safely
- Wellbeing Support: The importance of keeping hydrated
- Visiting arrangements
- Public Health Agency information on Covid-19
- Hand-washing techniques

Service users' risk assessments had been undertaken and care plans updated, in respect of the following areas:

- Physical and mental wellbeing
- Underlying health conditions
- Likelihood and frequency of risk
- Impact and consequence of contracting Covid-19
- Strength and endurance
- Vaccinations
- Action/Management plan

The business continuity plan had also been updated to include staffing contingency measures.

### Areas of good practice

Evidence of good practice was found in relation to staff recruitment practices and staff registrations with NISCC and the NMC. Good practice was found in relation to IPC; all staff and service users had been adhering to the current Covid-19 guidance on the use of PPE

### Areas for improvement

An area for improvement was made in relation to the need for temperatures/wellness checks to be done twice daily in keeping with the current guidance.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 8.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mairead McDonagh, manager, 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 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 Minimum Standards, 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 16.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that working practices are safe and without risk to health and wellbeing.  This refers specifically to wellness checks being undertaken for service users and staff, as outlined in the Covid-19 Guidance for supported Living Services.  Ref: 6.1
	<b>Response by registered person detailing the actions taken:</b> 1. The scheme has commenced twice daily temperature checks of both staff and tenants 2. Staff sign a wellness check declaring their physical wellness at the commencement of each shift. 3. Tenant wellness checks have also been commenced on a twice daily basis 4. As per DoH guidance, weekly staff testing will be commencing shortly

***\*Please ensure this QIP is completed in full and submitted via Web Portal\****



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)