

Announced Care Inspection Report 25 February 2021



Armagh Supported Living Service

Type of Service: Domiciliary Care Agency/SLS
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Inspector: Aveen Donnelly

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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

Armagh Supported Living Service is a domiciliary care agency supported living type which provides services to up to 26 service users living in their own homes within the Southern Health and Social Care Trust (SHSCT) area, who require care and support with mental health and learning disabilities. The service users are supported by 24 staff.

3.0 Service details

Organisation/Registered Provider: Southern Health and Social Care Trust Responsible Individual: Shane Devlin	Registered Manager: Not applicable
Person in charge at the time of inspection: Manager	Date manager registered: Rebecca Lee - application submitted 16 February 2021

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 25 November 2019. Since the date of the last care inspection, a number of correspondences were received in respect of the agency. RQIA was also informed of any notifiable incidents which had occurred within the agency in accordance with regulations.

The correspondence shared with RQIA indicated there may have been an impact on service users at this time. In response to this information RQIA decided to undertake an on-site inspection of the service.

An announced inspection took place on DD Month Year from 10.15 to 14.00 hours.

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 a number of staff and service users. In addition, we reviewed Covid related information, disseminated to staff and displayed throughout the agency.

The inspection also assessed progress with any areas for improvement identified during and since the last care inspection.

An area requiring improvement previously made in relation to the annual quality report was partially met and has been stated for the second time.

Evidence of good practice was found in relation to 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). Those spoken with indicated that they were satisfied with the care and support provided and that staff carried out their duties in a respectful manner.

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
Total number of areas for improvement	0	*1

*The area for improvement previously made has been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the 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 25 November 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 November 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 and Quality Improvement Plan (QIP), notifiable events and written and verbal communication received since the previous care inspection.

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 for 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 generally satisfied with the current care and support. During the inspection we spoke with the manager and a number of care workers. All those spoken with confirmed that staff wore PPE as necessary.

We also spoke with a number of staff, service users and one service users' representative, who indicated that that they were generally happy with the care and support provided by the agency. Feedback was also received from HSC' representatives. Comments are detailed below:

Staff

- "I am very happy. If I have any problems, the manager is very good."
- "I am happy enough and have no concerns. The manager is on the ball and has been brilliant to me."
- "Supported Living is a great service providing people with an opportunity to live a life that is fulfilling within the local communities and giving people the choices they deserve to have and make within society. The staff are excellent and professional within the service, treating people with the respect and dignity they would like to be treated by themselves."
- "I am very happy in supported living management and staff are excellent and very supportive."
- "I am very happy in my work place and feel I am getting all the right training for my job and I feel management are very approachable."
- "I would like to commend our assistant manager and service manager for managing so well throughout these current circumstances. They have provided solid leadership throughout and prioritized the safety and wellbeing of tenants and staff alike."
- "This has been a challenging year due to the pandemic. However staff have all adapted to changes and ensured that the tenants needs are met and that their safety has been a priority."
- "I am very happy at my work and feel staff provide tenants with excellent care."

Service users

- "The staff are very good at what they do, they are all very well mannered, all very good."
- "They are always polite and pleasant. We have a great wee manager here, they are all just lovely."
- "Staff are excellent and look after me very well."

One service user discussed specific matters with the inspector. Following the inspection, these matters were relayed to the Supported Living Services Manager, for review and action, as appropriate.

Service users' representatives

- "I think they are coping very well, all things considered. The staff have been very good to (name of service user). I have no concerns."

HSC' representatives

- “I have no concerns re care and support that is offered to our (service users) in Supported Living.”

7.0 The inspection

Areas for improvement from the last care inspection dated 25 November 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.12 Stated: First time To be completed by: Immediate and ongoing	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in the process.	Partially met
	Action taken as confirmed during the inspection: We reviewed the annual quality report and associated documentation, which evidenced that the feedback from service users had been included. However, there was no input from the service users' relatives, staff or HSC' representatives. This area for improvement was therefore partially met and has been stated for the second time.	

7.1 Inspection findings

Recruitment

The review of the agency's staff recruitment records confirmed that criminal records checks (AccessNI) had been undertaken before staff members commence employment and direct engagement with service users. However, we identified that new staff had only one reference received before they started employment. This is not in accordance with the regulations. Following the inspection, RQIA followed this matter up with the Business Services Organisation (BSO) and satisfactory assurances provided that this matter has been rectified.

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 also advised that information updates were provided to staff during individual supervisions and at team meetings.

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. This included senior staff undertaking IPC audits in relation to their adherence to the guidance, handwashing audits and cleanliness of the environment. The service users spoken with confirmed that the staff wore PPE appropriately.

The manager described the availability of hand sanitisers which are accessible throughout the bungalows 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. Mealtimes had been staggered to ensure that a limited number of service users ate together at the same time. Changes had also been made to the way staff administered medicines to the services users, to reduce the footfall in the service user's bedrooms. The storage arrangements for care records had also been reviewed, to ensure that staff were not completing records within the services users' homes.

The manager described how signage in relation to visiting was displayed prominently at the entrance. Whilst visiting had been temporarily suspended due to the current government restrictions, there was a visiting protocol in place, for when restrictions are eased. This included relatives having to agree to a specified visiting timeslot, where they are observed washing their hands and provided with a mask. The system also included visitors' having their temperature checked and completion of a health declaration to confirm that they have not been in contact with anyone who has Covid-19 and that they have no symptoms.

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

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

We observed signage which was displayed in relation to Covid-19 precautions. Other information in relation to Covid-19 was retained in a Covid-19 folder. This included information related to:

- Escalation plan for visiting supported living facilities
- Escalation plan for staffing in a support and recovery community team
- Covid-10 Action Plans
- Health and Safety risk assessments
- Advice sheet for people who live in the same accommodation as the (person with Covid)
- Advice sheet on Home Isolation
- Pandemic Decision Logs, detailing decisions made in relation to visiting, self-isolation and service user' wellbeing

- Guidance on human resources related issues
- Questions and Answers for HSC staff
- Information on how to access advocacy services during the pandemic
- PPE procedures on donning and doffing
- Posters on social distancing, visiting arrangements and handwashing
- Links to PHA Information on Covid-19

Specific care plans had been completed for service users in respect of their physical health needs, visiting, vaccinations and self-care and living skills.

Staffing contingency measures had also been reviewed to ensure the service users' needs would be met, in the event of an outbreak of Covid-19.

Governance and management arrangements

The review of the monthly quality monitoring reports identified that complaints and incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. We discussed an identified incident which had occurred within the agency. It was good to note that following the investigation into this incident, a training need had been identified. This was planned to take place in March and April 2021. However, advice was given in relation to how the focus of the monitoring visit could be improved, to include monitoring of staff culture, to ensure that the training is embedded into practice. The manager was also sign-posted to the template for monitoring visits, which is available on the RQIA website.

We were aware that the manager had recently been appointed permanently in post. The application for registration is currently under review.

Areas of good practice

Evidence of good practice was found in relation to 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 previously made in relation to the annual quality report has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the 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

<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: Second time</p> <p>To be completed by: 25 May 2021</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in the process.</p> <p>Ref: 7.0</p> <p>Response by registered person detailing the actions taken: The Armagh Supported Living Service implemented with immediate effect following the receipt of this report, the inclusion of both external and internal stakeholders' feedback and tenants' family members comments into the annual report. This learning has also been cascaded to our other Supported Living schemes.</p>
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