

Unannounced Care Inspection Report 1 September 2020



Ardkeen Supported Living Project

Type of Service: Domiciliary Care Agency
Address: 86 Marlborough Park North, Belfast, BT9 6HL
Tel No: 028 9066 7102
Inspector: Corrie Visser

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

Ardkeen Supported Living Project is a supported living type domiciliary care agency, situated in Belfast. The agency provides personal care and housing support for up to 22 individuals who have tenancies in self-contained apartments. The tenant group includes people with a physical disability, sensory impairment or acquired brain injury and who require support to increase independence and enhance their quality of life. The services are commissioned by the Belfast Health and Social Care Trust (BHSCT) and the South Eastern Health and Social Care Trust (SEHSCT).

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation	Registered Manager: Miss Michelle Porter
Responsible Individual(s): Mrs Margaret Cameron	
Person in charge at the time of inspection: Miss Michelle Porter	Date manager registered: 25 June 2019

4.0 Inspection summary

An unannounced inspection took place on 1 September 2020 from 10.00 to 13.00 hours.

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.

Ardkeen Supported Living Project has not had an inspection since 17 September 2018. In response to this RQIA decided to undertake an inspection of the service. The inspection was carried out using an on-site inspection approach in line with social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 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.

The inspection assessed progress with any areas for improvement identified 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.

No areas for improvement were identified from this inspection.

Evidence of good practice was found in relation to Access NI, staff registration with the Northern Ireland Social Care Council (NISCC), recruitment processes and the monthly quality monitoring reports. Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE), Covid-19 education and management including infection prevention and control (IPC) measures. It was also positive to note that staff temperatures were taken at the beginning of their shift and prior to them leaving the project. Service users' temperatures were also recorded twice daily. The temperatures of all visitors to the project, including the inspector, were taken and recorded.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Michelle Porter, registered 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 17 September 2018

No further actions were required to be taken following the most recent inspection on 17 September 2018.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned 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 and staff to find out their views on the service. We also spoke with HC professionals involved with the service.

We 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.

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 for care workers, service users and visitors to the service to give them the opportunity to contact the inspector after the inspection with their views. No responses were received prior to the issue of this report.

A poster was provided for care workers detailing how they could complete an electronic questionnaire to give their views. No responses were received.

Ten questionnaires were also provided for distribution for the service users and their representatives. One response was received from a service user who reported they were very satisfied that the care they are receiving is safe, effective and compassionate. They were satisfied that the care is well led.

During the inspection the inspector met with one service user, two staff members and one service users’ relative. Following the inspection, the inspector communicated one service user’s relative and two professionals.

No areas for improvement were identified at the last care inspection.

The inspector would like to thank the registered manager, service users, service user’s relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

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

6.1 Inspection findings

Recruitment records:

The service's staff recruitment processes were noted to be managed in conjunction with the organisations Human Resources (HR) Department located at the organisations head office. Discussions with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards 2011 relating to Access NI. The inspector was provided with evidence of communication from HR in relation to pre-employment checks which provided assurances that Access NI checks were completed, reviewed and signed off by the manager before the commencement of employment.

A review of staff records confirmed that all staff are currently registered with NISCC. The inspector noted that the manager had a system in place each month for monitoring the registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

The inspector reviewed the monthly quality monitoring reports which were deemed to be in compliance with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The reports were robust and assessed every aspect of the care being delivered. Action plans were included in every report and it was evident that these were being reviewed during the next monitoring report with improvements being made.

Comments from service users included:

- "I am happy and content in my apartment and with all aspects of care at present."
- "I like living here."
- "I can come and go as I please. I just need to let staff know what time I will be back."
- "I get on well with the other tenants."
- "At the weekend we have a games night."
- "You have a voice and you have a choice. That is my saying."
- "All of the staff are pretty good."
- "They try and do their best for you."

Comments from service users' relatives included:

- "They look after my son very well."
- "They let people do as much as they can do."
- "If I have any concerns I can speak to the manager."
- "They do their best with him."
- "I have a good relationship with the staff."

- “It was difficult not seeing my son due to Covid-19.”
- “The staff are respectful, friendly and promote his independence.”
- “Being here is keeping him out of a residential home.”
- “The staff know my sister very well.”
- “She has a very good relationship with staff.”
- “My sister is very well cared for.”
- “Communication is generally good.”
- “She was looking very well the last time I saw her.”
- “I want to pass on my appreciation for all the hard and good work they do with my sister, especially during these challenging times.”

Comments from staff included:

- “The tenants are nice.”
- “We do as much as we can to meet their needs.”
- “Induction was very good.”
- “Good shadowing.”
- “I get a lot of support from team leaders.”
- “Good communication.”
- “Training was good prior to Covid-19, now we have eLearning.”
- “The tenants are all lovely.”
- “We have a good rapport with all the tenants.”
- “There is an open door policy.”
- “Management are supportive.”
- “It’s a stressful job but we do our best.”
- “Our duties have increased due to Covid-19. The needs are higher and tenants are not getting out to their day centres.”
- “We make them feel like a big family.”
- “We could do with more staff on shift.”
- “There is usually four staff on shift but I feel it would be safer with at least five on shift.”

Comments from professionals included:

- “The equipment and facilities are very good.”
- “My client has everything she requires.”
- “Staff are very good.”

Areas of good practice

Areas of good practice was found in relation to Access NI, staff registration with NISCC and the monthly quality monitoring reports. Further good practice was found in relation to all current Covid-19 guidance and the use of PPE, Covid-19 education and management including IPC. It was also positive to note that staff, service users and visitors’ temperatures were taken and recorded in line with guidelines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19:

The inspector spoke with the manager and to two staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two meters 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 practices
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19
- Temperature monitoring in line with guidance
- Used PPE storage and disposal
- Staff training and guidance on IPC and the use of PPE in line with guidance.

The inspector reviewed records relating to IPC policies which were in line with the guidance and had been updated to include Covid-19.

The inspector reviewed records that indicated that service users, staff and visitors had their temperatures monitored throughout the day in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms: fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

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

There was evidence that clear guidance with regards to IPC, donning and doffing of PPE was provided to staff and there was evidence that staff had completed training with regards to IPC. The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately.

Spot checks are undertaken on staff throughout the day to ensure they are fully compliant with current guidance.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff
- there are effective systems in place to monitor staff compliance with good IPC practices
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

It was positive to note that staff are working well together to support the best outcomes for service users, in a caring manner, whilst being caring and compassionate to service users and their relatives. It was also positive to note that staff are committed to working in line with Covid-19 guidance to ensure the impact of current measures strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the project.

Areas of good practice

Areas of good practice was found in relation to the dissemination of information to staff, monitoring of staff practice, IPC policies and procedures have been updated to address all current guidance in relation to Covid-19, temperature monitoring in line with guidance, used PPE storage and disposal and staff training and guidance.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and
Quality Improvement
Authority

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

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)