

Announced Care Inspection Report 22 February 2021



WHSCT Learning Disability Supported Living Services

Type of Service: Supported Living Service
**Address: Lakeview, Gransha Park, 12 Clooney Road,
Londonderry, BT47 6WT**
Tel No: 028 7186 5136 Ext 218126
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

WHST Learning Disability Supported Living Service is a domiciliary care agency which provides supported living to 15 service users living in dispersed housing across the Londonderry and Limavady areas. The service currently comprises of separate accommodation locations with service users living at each locality within individual or shared accommodation.

3.0 Service details

Organisation/Registered Provider: Western Health & Social Care Trust Responsible Individual: Anne Kilgallen	Registered Manager: Moira Millar
Person in charge at the time of inspection: Moira Millar	Date manager registered: 05/12/2019

4.0 Inspection summary

An announced inspection took place on 22 February 2021 from 09.30 to 12.00 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.

RQIA have reviewed correspondence and other contacts related to the agency since the previous inspection on the 5 December 2019. Whilst RQIA was not aware that there was any specific risk to the service a decision was made to undertake an on-site inspection adhering to social distancing guidance.

We reviewed the dates that criminal records checks for staff employed by the agency (Access NI) 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 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. In addition, we reviewed Covid related information, disseminated to staff and displayed throughout the agency.

Evidence of good practice was found in relation to the processes for managing Access NI and staff registrations with NISCC. Good practice was also found in relation to all current Covid-19 guidance provided by the service and the use of Personal protective equipment (PPE) guidelines. Covid-19 education and management including: Infection Prevention and Control (IPC) were found to be in line with latest guideline measures.

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 Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

The findings of this report will provide the manager 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 Moira Miller, 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.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, any notifiable events, written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users and staff to find out their views on the service.

We ensured that the required staff pre-employment checks were in place before staff visited service users and reviewed the following:

- 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. This included 'Tell us' cards, service user questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. Returned staff feedback shows that staff were either satisfied or fully satisfied with the quality of the service.

Questionnaire comments:

- "Supported living services are a fantastic service, which provides exceptional service to the service users."
- "This is a well-run service clients are empowered as much as possible to make their own informed choices. All levels of staff care about the work they bring to the service."
- "This is a fantastic well run service. The service users are empowered to make choices about how they want to live their lives. The staff go over and beyond to encourage support and enable service users."

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately.

During the inspection we communicated with the manager and staff but had no opportunity to meet service users as they were all in their own homes throughout the community. However we provided questionnaires to obtain their views on the quality of service provision. No service user questionnaires were returned prior to the issue of this report.

Staff comments during inspection:

- “Great management support.”
- “We have a good supply of PPE and the covid guidance is excellent.”
- “The induction is comprehensive and prepares you for the role.”
- “Good effective handovers with staff.”
- “The manager is excellent and always has an open door policy.”
- “The staff have been creative with activities during this time.”
- “Service users have been supported with technology to keep in contact with people.”
- “We have good communication with families.”
- “I feel safe and secure at work.”

We would like to thank the manager 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**

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

Staff spoken with stated that training was valuable and gave them the skills to undertake their role. Newly employed staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff. This was confirmed by the staff spoken with and induction records reviewed.

Staff are supported by supervisions and appraisals. It was noted that these had been consistent with the agency’s policy and procedure and enabled them to review their practice. From review of records, we could see the format used gave staff the opportunity to raise any concerns and discuss their own personal development.

The agency’s provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection 5 December 2019. The manager dealt with these in accordance with the organisation’s procedures and they are now closed.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received no complaints since their previous inspection 5 December 2019.

A review of records confirmed that all staff provided by the agency are currently registered with The Northern Ireland Social Care Council (NISCC). We noted that the manager had a system in place each month for monitoring registration status of all staff with NISCC. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service quality

We reviewed a number of monthly quality monitoring reports that indicate good satisfaction levels in place for service users, staff and other stakeholders. We noted some of the comments received from service users, staff, relatives and HSC staff:

Service users:

- “I have no concerns.”
- “I’m happy with the service.”
- “I know how to report any concerns.”

Staff:

- “I have no concerns about the quality of care.”
- “I have a good natural rapport with tenants.”
- “We actively engage and encourage tenants.”

Relatives:

- “I’m happy with the care of my *****.”
- “It’s a good piece of mind for me.”
- “Staff do a great job caring.”

HSC Staff:

- “Good care and support to tenants.”
- “Care is excellent.”
- “Good communication observed.”

Care planning and review

We reviewed care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews

The agency is to be commended for ensuring that all annual care reviews were completed.

Staff we spoke with demonstrated good caring values and a desire to provide service users with high quality personalised care. They knew service users well including their choices and preferences.

Covid-19

We spoke with the manager and a number of staff members, who were knowledgeable in relation to their responsibility with regards to covid-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice;
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19;
- Temperature monitored twice daily in line with guidance;
- Used PPE storage and disposal and;
- Staff training and guidance relating to IPC and the use of PPE; in accordance with the current guidance.

We reviewed records relating to IPC policies which were in line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office.

We reviewed records indicating that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance.

The agency's Covid-19 monitoring records also provided evidence that the process 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. We observed the stock of PPE held in the agency office and the records of audits and distribution.

Hand sanitisers are placed in different areas throughout the agency for service users, staff and visitors to use to ensure and promote good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC.

The staff demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and staff spot check the use of PPE during shifts. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

We noted good practice with individual PPE audits taking place with all staff during specific tasks within the service users homes.

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 good to note that staff were working well together to support the best outcomes for service users, in a sensitive manner, whilst being caring and compassionate. This was evidenced through discussion and records reviewed.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that 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 tenants for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

Areas of good practice

- Compliance with the Covid-19 guidance relating to IPC and PPE
- Service user's reviews
- Quality monitoring

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.



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