

Unannounced Care Inspection Report 16 September 2020



Gnangara

Type of Service: Domiciliary Care Agency
Address: 163 Sligo Road, Drumawill, Enniskillen, BT74 7JZ
Tel No: 028 9039 4557
Inspector: Angela Graham

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

Gnangara is a supported living type domiciliary care agency which supports service users who require assistance with tasks of everyday living, emotional support and assistance with accessing community services.

3.0 Service details

Organisation/Registered Provider: Radius Housing Association	Registered Manager: Margaret Irwin
Responsible Individual: Fiona McAnespie	
Person in charge at the time of inspection: Margaret Irwin	Date manager registered: Margaret Irwin – 07/06/2018

4.0 Inspection summary

An unannounced inspection took place on 16 September 2020 from 9.15 to 17.50.

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.

Since the last inspection on 30 January 2020, RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within Gngangara, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

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 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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

Three areas requiring improvement were identified in relation to the management and reporting of incidents and the monitoring of service users' temperatures and the completion of wellness checks in line with current guidelines.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to infection prevention and control; all staff had been adhering to the current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines.

Service users were asked to provide their views regarding the agency. Examples of some of the comments made by service users are "I have no problems here, I like living here", "Staff are lovely and always around" and "No suggestions for improvement to the service, all is good."

The findings of this report will provide the domiciliary care 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	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Margaret Irwin, 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 30 January 2020

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 January 2020.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the agency
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been reported to RQIA since the care inspection on 30 January 2020
- unannounced care inspection report and QIP dated 30 January 2020.

During the inspection, we met with the manager, a senior day care worker, a support worker, and two service users.

Ten service user and/or relatives' questionnaires were provided for distribution; seven responses were received.

'Tell us' cards were provided to give service users and those who visit them the opportunity to contact RQIA after the inspection with views of the agency; no responses were received.

At the request of the inspector, the manager was asked to display a poster within the agency. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The following records were examined during the inspection:

- records confirming registration with the Northern Ireland Social Care Council (NISCC)
- a sample of staff training records
- elements of three service users' care records
- a sample of service users' progress records
- a sample of governance audits/records
- a sample of policies and procedures
- a sample of monthly monitoring reports

- a sample of accident and incident records
- Covid-19 guidance
- RQIA registration certificate.

Five areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was recorded as met.

We would like to thank the manager, service users 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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23(1)(2)(3)(5) Stated: First time To be completed by: immediately from the date of inspection	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This relates to including a more robust analysis of quality of care being provided by the agency including consultation with service users and their representative. RQIA requires these reports to be sent to the inspector by the fifth of every month until further notice.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Three monthly quality monitoring reports were reviewed and found to be satisfactory.	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.3 Stated: First time To be completed by:	The registered person shall ensure that mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that	

immediately from the date of inspection	this area for improvement had been addressed. A review of a sample of staff training records confirmed that mandatory training requirements had been met.	
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure the information held on record is accurate, up-to-date and necessary.</p> <p>This relates to all documentation in relation to the service users are signed by the service user and their representative or a record indicating if the service user is unable or unwilling to sign. All documentation is to be signed in a timely manner.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of elements of three service users' care records evidenced that this area for improvement had been addressed.</p>	Met
Area for improvement 3 Ref: Standard 10.4 Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure that each service user has a written individual service agreement.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of elements of three service users' care records evidenced that this area for improvement had been addressed.</p>	Met
Area for improvement 4 Ref: Standard 9.1 and 9.4 Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements and are dated when issues, reviewed or revised.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. On the day of inspection the identified policies and procedures were available in the service's policies and procedures folders.</p>	Met

6.1 Inspection findings

Recruitment records

The manager confirmed that staff employment records were held within the organisation's human resources (HR) department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The manager provided us with confirmation emails from HR advising that all the pre-employment checks had been completed and a commencement date could be provided. It was positive to note that HR kept the manager updated regularly in relation to the current status of these checks.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to us. The manager confirmed that all staff are currently registered with NISCC. The manager advised that HR monitors 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.

Staff training

We viewed the system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as fire safety, moving and handling and infection prevention and control including Covid-19.

Discussion with the manager and staff confirmed that mandatory staff training was up to date. Staff consulted on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role.

Care records

We reviewed elements of three service users' care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Care records also reflected the multi-professional input into the service users' health and social care needs.

The manager described how service users were encouraged and supported to be fully involved in their annual care reviews; records which were examined verified that service users had access to an initial and annual care review. The sample of review records viewed evidenced positive feedback regarding the service.

Accident and incident records

We reviewed a sample of accident and incident records from the last care inspection. Review of accident and incident records identified that two incidents were not reported and actioned appropriately.

RQIA were not notified in accordance with Regulation 15 (12) (b) (i) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 of two incidents that had been reported to the Police. This has been identified for an area for improvement.

A service user’s social worker had not been informed of an incident. This has been identified for an area for improvement.

Service quality

Discussion with service users and staff evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

Service users’ comments:

- “I feel safe here.”
- “Staff always wear PPE and have explained the importance of why they need to wear it.”
- “Care is good.”
- “I have no problems and if I did I would feel comfortable talking to staff.”

Staff comments:

- “I have done all the mandatory training including infection prevention and control training and Covid-19 training.”
- “The care here is person centred and always under review.”
- “I had a very good induction when I started working here. Staff made me feel welcome.”
- “We have had very detailed training in relation to Covid-19 including donning and doffing PPE.”
- “The manager is always available and very supportive.”

The seven completed service users’ questionnaires returned to RQIA indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to pre-employment checks, staff training, staff registrations with NISCC, care records and communication between service users and staff.

Areas for improvement

Two areas requiring improvement were identified in relation to the management and reporting of incidents to RQIA and the service user’s social worker.

	Regulations	Standards
Total number of areas for improvement	1	1

Covid-19

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment (PPE) which was available for staff. Other infection prevention and control measures were in place, which included hand sanitisers that were strategically located throughout the service.

We spoke with the manager and to two staff members, who were knowledgeable in relation to their responsibility related to Covid-19. Staff advised they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of guidance in relation to replacing PPE and how to appropriately dispose of used PPE.

Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. There was evidence that training had been provided specific to Covid-19, in addition to a video on the correct procedures for donning (putting on) and doffing (taking off) of PPE. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

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

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance.

We reviewed records relating to infection prevention and control policies which were in line with the guidance. A Covid-19 file was available and included current guidance documents from the Western Health and Social Care Trust, the Public Health Agency and the Department of Health. Policies and guidance were available to all staff in hard copy within the staff office. There was a protocol in place for self-isolation, should the service users or staff display symptoms of Covid-19.

We reviewed monitoring records that indicated that staff have their temperatures monitored in accordance with the guidance. Monitoring records also included a symptom check, such as fever of 37.8C or above, cough, loss of or change in sense of smell or taste. A system was not in place to ensure that service users had their temperatures and wellness checks monitored twice daily. This has been identified for an area for improvement.

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. The manager discussed the procedures that both she and senior staff spot check the use of PPE by staff. Spot checks on staff practice are undertaken to ensure they are fully compliant with current guidance.

The procedures and guidance in place evidenced that:

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

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 service users for

symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the service.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

Areas for improvement

One area for improvement was identified during the inspection in relation to the monitoring of service users' temperatures and the completion of wellness checks in accordance with guidelines.

	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 Margaret Irwin, 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 Regulations (Northern Ireland) 2007 and 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 Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (12) (b) (i)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>In accordance with Regulation 15 (12) (b) (i) the registered person is required to notify the Regulation and Improvement Authority of any incident reported to the police, not later than 24 hours after the registered person— (i) has reported the matter to the police.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: The registered person has retrospectively reported any anomalies and will ensure future incidents are reported to the PSNI within the appropriate time frame.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 5.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the agency reports any changes in the service user's situation to the referring Health and Social Care Trust, and keeps a record of such reports.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: The registered person will ensure any changes with service users are reported to the relevant Social Care Trust personnel.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 16.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person must promote safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following area:</p> <ul style="list-style-type: none"> • infection control <p>This relates to the monitoring of service users' temperatures and the undertaking of wellness checks in accordance with current guidelines.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: A robust system is in place for service users to have their temperature taken in line with COVID 19 guidelines</p>



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