The Regulation and Quality Improvement Authority

Inspection Report

17 February 2022

Gnangara

Type of Service: Domiciliary Care Agency
Address: 163 Sligo Road, Drumawill, Enniskillen, BT74 7JZ
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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Radius Housing Association **Responsible Individual:** Mrs Fiona McAnespie	**Registered Manager:** Mrs Margaret Irwin **Date registered:** 07 June 2018
Person in charge at the time of inspection: Mrs Margaret Irwin	
Brief description of the accommodation/how the service operates: 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.	

2.0 Inspection summary

An unannounced care inspection was undertaken on 17 February 2022, between 10.00 a.m. and 3.00 p.m.

This inspection focused on staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users' homes. There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- Meeting with service users and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Three areas of improvement identified at the previous inspection were reviewed and assessment of compliance recorded as met.

Information was provided to service users, relatives and staff to request feedback on the quality of service provided. This included an electronic survey to enable staff, relatives and service users to feedback to the RQIA. Eight service users and two relatives' responses were received. The respondents were very satisfied that care was safe, effective, compassionate and well led. No staff responses were received.

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

4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the supported living setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with three service users and five staff including the manager. The following is a sample of comments made:

Comments from service users' included:

- "Staff are brilliant and they help me when I need help."
- "This is a great place to live and I am happy here."
- "I have my own front door and staff always ask permission to come in."
- "All my needs are met here."
- "Staff talked to me about Covid-19 and the importance of keeping safe."
- "We are treated very well and staff are very respectful."
- "This is a lovely place to live and staff are kind and caring."

Comments from staff included:

- "I got an excellent induction which included shadowing."
- "Detailed information provided in service users' care and support plans and individual needs are outlined."
- "Very supportive manager and team. We are encouraged to discuss any issues."
- "Good Covid-19 information and policies and procedures available to us."
- "I am fully aware of the service users with dysphagia needs. All information is outlined in the care plan and SALT recommendations."
- "Very well run service."
- "I got very detailed training during my induction which included medication administration, DoLS, dysphagia, fire safety and safeguarding and much more."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 16 September 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 15 (12) (b) (i) **Stated:** First time **To be completed by:** Immediate and ongoing	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.	**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. RQIA had been informed of a number of notifiable incidents since the last care inspection.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, Revised August 2021		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 5.4 **Stated:** First time	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.	**Met**

To be completed by: Immediate and ongoing	**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 a sample of accident and incident records evidenced that this area for improvement had been addressed.	
Area for improvement 2 **Ref**: Standard 16.3 **Stated:** First time **To be completed by:** Immediate and ongoing	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: • infection control This relates to the monitoring of service users' temperatures and the undertaking of wellness checks in accordance with current guidelines.	**Met**
	The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of records confirmed that monitoring of service users' temperatures and wellness checks had been completed.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The manager confirmed that the organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy Adult Safeguarding Prevention and Protection in Partnership, July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). An Adult Safeguarding Champion Position Report had been satisfactorily completed.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements. There had been no concerns raised to the manager under the whistleblowing procedures.

The agency had a system for retaining a record of referrals made in relation to adult safeguarding. Records viewed and discussions with the manager indicated that a number of referrals had been made with regard to adult safeguarding since the last inspection. Review confirmed that these referrals were managed appropriately. Adult safeguarding matters were reviewed as part of the quality monitoring process.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing. Staff could describe the process for reporting concerns outside of normal business hours.

The service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

A review of a sample of these records and discussion with the manager evidenced that incident and accidents had been managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Staff were provided with training appropriate to the requirements of their roles. Discussion with staff confirmed that mandatory staff training was up to date. This included DoLS training.

The manager demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager told us that no service users met the criteria to have a DoLS process put in place at this time. The manager stated that there were no restrictive practices in place at the time of the inspection.

The manager confirmed the agency does not manage individual service users' monies or valuables.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff stated that they receive regular updates with regards to changes in guidance relating to Covid-19 and had access to Personal Protective Equipment (PPE).

5.2.2 Is there a system in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the supported living setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the SALT to ensure the care and support received in the setting was safe and effective.

It was noted that a number of service users had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. It was positive to note all staff had undertaken dysphagia training. It was also positive to note that the chef that provided meals to the residential home and the supported living setting had recently completed training on IDDSI textured modified diets from a chef's prospective.

5.2.3 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards. Records viewed evidenced that criminal record checks (AccessNI) had been completed before staff commence direct engagement with service users.

A review of the records confirmed that all staff are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's governance department.

Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

The manager told us that the domiciliary care agency does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The reports included details of accidents/incidents, safeguarding matters, complaints, staff recruitment and training, Covid-19, missed calls and NISCC registration. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. Records view and discussion with the manager confirmed that no complaints were received since the last inspection.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

Discussions with the management and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, team meetings and an open door policy for discussions with the management team and observation of staff practice.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

Based on the inspection findings and discussions held with service users and staff, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led.

There were no areas for improvement identified during this inspection.

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

6.0 Quality Improvement Plan/Areas for Improvement

	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 Mrs Margaret Irwin, Manager, as part of the inspection process and can be found in the main body of the report.

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