

# Announced Care Inspection Report 21 January and 12 February 2021



## Potens Domiciliary Care Agency

**Type of Service: Domiciliary Care Agency**  
**Address: 8a Creamery Road, Main Street, Derrygonnelly,  
BT93 7FZ**  
**Tel No: 028 6864 1857**  
**Inspector: Angela Graham**

[www.rqia.org.uk](http://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

Potens Domiciliary Care Agency provides care and support to service users who have a learning difficulty and who are living in their own homes or with their families in Derrygonnelly, Enniskillen and Derry/Londonderry localities. A team of 26 staff provide the care to seven service users living in two houses in Derrygonnelly and one service user in Derry/Londonderry, where staff members support service users 24 hours per day. In addition the agency provides an outreach service to a small number of service users.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Potens  <b>Responsible Individual:</b> Mrs Nicki Stadames	<b>Registered Manager:</b> Mrs Olivia Boyda
<b>Person in charge at the time of inspection:</b> 21 January 2021 – Support Worker 12 February 2021 – Mrs Olivia Boyda	<b>Date manager registered:</b> Mrs Olivia Boyda, application received, registration pending.

### 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 29 September 2020. Since the date of the last care inspection, a number of communications were received in respect of the agency. RQIA was also informed as required of any notifiable incidents which had occurred within the agency.

Whilst RQIA was not aware that there was any specific risk to the service users within Potens Domiciliary Care Agency a decision was made to undertake an on-site inspection adhering to social distancing guidance.

An unannounced inspection took place on 21 January 2021 from 09.45 to 10.25 hours. On the day of inspection a key to the registered office was not available and we were unable to access all records required to progress the inspection. We met with two service users, residing at 32 Knockmore Road, during the inspection. A blended inspection approach was undertaken. An announced remote inspection took place on 12 February 2021 from 10.00 to 13.25 hours. This inspection was completed following a review of information requested to be submitted to RQIA prior to the inspection. During the inspection, we focused on discussing aspects of the submitted information, in order to substantiate the information. We also focused on contacting stakeholders to obtain their views in respect of the quality of service delivered by the agency.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before commencement of employment. 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 the manager, service users and service users' representatives. We also reviewed the list of all Covid-19 related information, disseminated to staff and verified staff understanding in the context of staff discussions during inspection.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to infection prevention and control, the use of personal protective equipment (PPE) and Covid-19 education.

No areas for improvement were identified during the inspection.

All those spoken with indicated that they were happy with the care and support provided.

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 and the Domiciliary Care Agencies Minimum Standards, 2011.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Olivia Boyda, 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 29 September 2020

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 29 September 2020.

#### 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 QIP and written and verbal communications received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the manager.

Following our inspection we focused on contacting service users' representatives, staff and Health and Social Care (HSC) professionals to obtain their views on the service. We spoke with two service users' representatives and three staff post inspection. We also obtained the views of three HSC professionals.

To ensure that the appropriate staff checks were in place before commencement of employment, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC and NMC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19: guidance for domiciliary care providers in Northern Ireland (updated December 2020).

We discussed any incidents during the inspection with the manager and we also 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 to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service users/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No responses were received.

We would like to thank the manager, HSC professionals, service users, service users' representatives 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 dated 29 September 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 1.4 <b>Stated:</b> Second time <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.  This refers, particularly to, but is not limited to, the impact of behaviours on other service users.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Staff had undertaken training in behaviours which challenge. Service users meetings were undertaken providing a forum for service users to express their views. Service users confirmed that they were able to express their views and action was taken as appropriate.	

## 6.1 What people told us about this agency

During the inspection we spoke with the manager and two service users.

We also spoke with service users' representatives and staff post inspection and obtained views from HSC professionals. All those spoken with indicated that that they were happy with the care and support provided by the agency. Comments are detailed below:

#### **Comments from staff included:**

- "I have had IPC training and Covid-19 training. The training included donning and doffing."
- "We have very detailed information/guidance in relation to Covid-19. A file is available with updated Covid-19 information in the house."
- "I have had supervision recently and appraisal every year."
- "All my mandatory training is updated every year. I had autism training recently."
- "We undertake lots of cleaning of areas such as hard surfaces, light switches and door handles and sign off when we have cleaned these areas."
- "There is plenty of PPE available and hand sanitiser in the houses."
- "If I witnessed something I thought was abuse I would report it immediately to the manager."
- "Service users are well supported and individual needs are met."
- "Well supported by the manager and always feel listened to."

#### **Comments from service users' included:**

- "Staff have given us information about Covid-19."
- "I feel safe in the house."
- "Olivia and Chris are very helpful. They listen to us and fix things."
- "Great place to live and I get to choose what I want to do."
- "Staff do lots of cleaning in the house such as light switches and door handles. We help with the cleaning as it keeps us all safe."
- "Staff listen to me and if I have a problem I could talk to any of the staff."
- "Staff always wear their PPE to keep us all safe."

#### **Comments from service users' representatives included:**

- "Flawless service and I am very satisfied with Potens and the service delivery."
- "Staff ensure Xxxx's presentation is of a high standard. Xxxx is always well shaven and presented very well."
- "Staff are meticulous in regards to wearing their PPE."
- "Staff have never missed a call and they are always attentive."
- "The service is a godsend to Xxxx."
- "Staff update me if there is any changes in Xxxx's care."
- "All I have to say about the service is positive."
- "Xxxx's behaviour has greatly improved with the staff working with him."

#### **Comments from HSC professionals included:**

- "Staff are willing to engage in regards to changes in support."
- "The communication from the staff in the supported living service is good. We have monthly meetings with the service staff to discuss the service user's needs."
- "I have noted an improvement in the environment and the cleanliness of the environment."
- "There has been a recent lack of progress regarding the completion of risk assessments and care plans on behalf of Potens."
- "Recent review from the behaviour support therapist showed a marked improvement in the service user's behaviours."



## 6.2 Inspection findings

### Recruitment

The manager confirmed that the agency's staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information has been obtained prior to commencement of employment. We viewed documentation that indicated there is a robust recruitment system in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes.

A review of records confirmed all staff working in the agency are currently registered with NISCC or the NMC. Information regarding registration details and renewal dates are monitored by the manager. The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Discussion with staff confirmed that they were registered with NISCC or the NMC as appropriate. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### Covid-19

We spoke with the manager and three 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. The staff members spoken with reported that there was an appropriate supply of PPE and PPE was of a good quality.

Service users and service users' representatives spoken with confirmed that staff wore PPE for activities that brought them within two metres of service users.

Discussions with the manager and staff confirmed that enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the buildings. IPC and health and safety audits had been undertaken.

It was positive to note that a Covid-19 Champion was identified for the service.

The manager described the availability of hand sanitisers which are accessible throughout the service for service users and staff to use.

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.

There was evidence that clear guidance with regards to infection prevention and control, donning (putting on) and doffing (taking off) of PPE was provided to staff. Staff confirmed they had completed training in relation to infection prevention and control and Covid-19 awareness training. This included training on the donning and doffing of PPE.

All those consulted with described how their training included a video on the correct donning and doffing procedures. The manager further described how a range of other Covid-19 related information was available for staff to read including Potens Newsletter providing regular updates in relation to Covid-19.

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.

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also 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, as highlighted by service users and relatives in their comments. 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.

## **Governance and Management Arrangements**

A complaints and compliments record was maintained in the agency. The manager confirmed that no complaints had been received since the date of the last inspection. The manager also confirmed that samples of compliments were maintained.

We discussed the monitoring arrangements in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The Regulation 23 quality monitoring visits had been undertaken monthly by the manager. A sample of reports viewed for November and December 2020 and January 2021 provided evidence that the monitoring process included engagement with service users, service users' representatives and staff; a review on the conduct of the agency and development of action points.

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The manager advised that a small number of adult safeguarding referrals were made since the previous inspection and discussion confirmed these referrals were managed appropriately.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to recruitment practices, staff registrations with NISCC and the NMC, communication between service users



and staff, compliance with Covid-19 guidance, the use of personal protective equipment guidelines, Covid-19 education and management including IPC measures.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)