

Unannounced Care Inspection Report 20 November 2020



Western Health & Social Care Trust Home Care Department Spruce Villa

Type of Service: Domiciliary Care Agency
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Inspector: Angela Graham

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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

Domiciliary care provided by the Western Health and Social Care Trust (HSC Trust) in the Londonderry area is known as the Home Care Department Spruce Villa and the registered manager is Mr Martin McGeady. The homecare services manager has day-to-day management responsibility for the office at the Spruce Villa, Londonderry.

Homecare Services are currently being provided to 548 service users in their own homes by a team of 301 staff. These service users have been assessed as needing assistance due to their mental health care needs, physical disability and learning disability and to older people. The range of services includes personal care, practical and social care support. The agency also provides a reablement homecare service in partnership with the Occupational Therapy (OT) department. This short term programme helps people relearn essential skills and regain independence to enable them to continue to remain at home.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager: Mr Martin Edward McGeady
Responsible Individual: Dr Anne Kilgallen	
Person in charge at the time of inspection: Reablement Service Manager	Date manager registered: 8 June 2011

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 14 May 2018. Since the date of the last care inspection, a small number of correspondences were received in respect of the agency. Whilst RQIA was not aware that there was any specific risk to the service users within the agency a decision was made to undertake an on-site inspection adhering to social distancing guidance.

An unannounced inspection took place on 20 November 2020 from 10.15 to 14.55 hours.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff visited 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 them. This was also verified 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.

Those consulted with indicated that they were very satisfied with the care and support provided.

No areas requiring improvement were identified during this inspection.

Evidence of good practice was found in relation to 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.

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.

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
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 reablement service 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 14 May 2018

No further actions were required to be taken following the most recent inspection on 14 May 2018.

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 written and verbal communication received since the previous care inspection.

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

To ensure that the appropriate staff checks were in place before staff visited service users, we reviewed the following:

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

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

We discussed any complaints and incidents that had been received by the agency with the manager and in addition we 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.

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

We would like to thank the manager, service users, service users' representatives, staff and HSC professionals for their support and co-operation throughout the inspection process.

6.1 Inspection findings

6.2 What people told us about this agency

The feedback received indicated that people were very satisfied with the current care and support. Comments are detailed below.

Comments from service users' included:

- "Staff are always pleasant and kind."
- "I can't fault the service or the staff; they could not do enough for you."
- "Staff always wear their aprons, gloves, masks and visors."

Comments from service users' representatives included:

- "The girls are a blessing; I could not ask for better."
- "It is my view the care and support is good."
- "The staff always greet my father and explain what they are going to do."
- "Great service."
- "The girls always wear their PPE to keep me and my husband safe."
- "No missed calls; the staff always turn up on time."
- "I have been there on several occasions when staff are with my father, they always wash their hands and wear PPE."

Comments from HSC professionals included:

- "Excellent communication from the office staff. Staff keep me apprised of any changes or concerns with my clients."
- "Staff go above and beyond to meet the clients' needs."
- "If I need the agency to provide information or attend care reviews they do this willingly and I never have any problems."
- "I have no issues with the service; staff always turn up on time and never let the client down."
- "The clients or families have not raised any concerns. I had a recent care review with a client and they were very happy with the service."
- "Not aware of any missed calls or late calls."
- "I would recommend this agency."

Comments from staff included:

- "All my mandatory training is up to date, we are given good training."
- "We received lots of information and emails regarding Covid-19, including how to don and doff PPE. We have about six action cards sent to us detailing updates and practice regarding Covid-19."
- "We are adhering to table 4 when we go in to a client's home."
- "All care records are available in the client's home when a new person comes on the run."

- “We are always listened to and I have confidence in raising concerns.”
- “Really good communication from the office staff, my supervisor is excellent.”
- “We have a manager on call 24 hours a day and on call arrangements for evenings and weekends.”

6.1 Inspection findings

Staff recruitment records

We reviewed three staff recruitment files. The review of the agency’s staff recruitment records confirmed that criminal records checks (AccessNI) had been undertaken before staff members commence employment and direct engagement with service users. However, we identified that two new staff members had only one reference received before they started employment. This is not in accordance with the regulations. Following the inspection, RQIA followed this matter up with the Business Services Organisation (BSO) and satisfactory assurances were provided that this matter has been rectified.

The NISCC matrix reviewed confirmed all staff are currently registered with NISCC. 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 NISCC registration has lapsed. Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Governance and Management Arrangements

A complaints and compliments record was maintained in the agency. The manager confirmed that one complaint had been received since the date of the last inspection and that local resolution had been achieved. 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. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided. Comments included “Carers are professional and a great attribute to the service.” and “Extremely pleased with Xxxx’s care and the carers’ personalities are a great welcome.”

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 an independent monitoring officer. We reviewed three quality monitoring reports from August to October 2020. The reports adhered to RQIA guidelines and evidenced engagement with service users, professionals and staff, with positive feedback recorded. It was positive to note that the quality monitoring officer also reviewed Covid-19 matters.

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

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 the 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 no adult safeguarding referrals were made since the last care inspection.

Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19.

We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. Staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning (putting on) and doffing (taking off) of PPE. It was positive to note that a number of staff had undertaken PPE safety officer training.

The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and PPE was of a good quality.

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. It was positive to note that the agency had developed an action card system to provide staff with Covid-19 guidance and updates.

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 their representatives 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff registrations with NISCC, communication between service users, staff and other key stakeholders, compliance with Covid-19 guidance, the use of personal protective equipment guidelines, Covid-19 education and management including infection prevention and control measures.

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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