

Inspection Report

2 November 2021



Western Health & Social Care Trust Home Care Department Spruce Villa

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| <p>Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)</p> <p>Responsible Individual: Dr Anne Kilgallen</p> | <p>Registered Manager: Mr Martin Edward McGeady</p> <p>Date registered: 8 June 2011</p> |
| <p>Person in charge at the time of inspection: Mr Martin Edward McGeady</p> | |
| <p>Brief description of the accommodation/how the service operates:</p> <p>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.</p> <p>Home Care Services are currently being provided to service users in their own homes. 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.</p> | |

2.0 Inspection summary

An announced remote care inspection was undertaken on 2 November 2021, between 10.05 a.m. and 1.00 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.

As a result of this inspection one area for improvement was identified in with regard to staff training.

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 any written and verbal communication 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.

The inspection focused on:

- contacting the service users, their relatives, Health and Social Care (HSC) Trust's representatives and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

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. Seven relatives' questionnaires were received with varying responses to satisfaction levels in relation to the four domains of safe, effective, compassionate and well led care. No additional comments were provided. Five service users' questionnaires were returned and the respondents' comments indicated that they were either very satisfied or satisfied that the service provided was safe, effective, compassionate and well led.

All questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate.

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

We spoke with four service users, three relatives, five staff and two HSC Trust's representatives following the inspection. The following is a sample of comments made:

Comments from service users' included:

- "Staff treat me very well; always kind, gentle and respectful."

- “I feel safe as staff take all the necessary precautions and wear their PPE.”
- “Staff always turn up on time and have never let me down.”
- “Carers are great altogether, always greet you with a smile.”
- “The staff always write in the book after they finished their duties.”
- “The service is nothing short of brilliant.”
- “Valuable service to me.”
- “I couldn’t praise the staff highly enough, great team.”

Comments from service users’ representatives included:

- “Great staff and my husband loves to see the girls coming in and they are all so pleasant and kind.”
- “Staff keep us safe by wearing their PPE in the house.”
- “Everything the staff do is done 100%.”
- “Brilliant service and I have no complaints.”
- “All records are in my mother’s home including her care plan.”
- “I have nothing but praise for the service.”

Comments from staff included:

- “I am very happy working for the home care team and I am very well supported by management.”
- “We got really good information about Covid-19 and as soon as anything changed we were updated. I feel safe in my role.”
- “There is out of hours arrangements in place if we need to speak to a senior and at all times you get a prompt response.”
- “We have lots of PPE available to us and if you need more there is never an issue.”
- “All changes in a client’s care are immediately shared with the carers.”
- “Risk assessments and care plans are left in the service user’s home when a new run is started; a daily record book is also left in the home for us to record in.”
- “All care we provide is of a high standard and we do our very best to ensure we are never late for a call.”

Comments from HSC Trust’s representatives:

- “The service is very responsive.”
- “Cares contact us if any concerns with clients that we need to follow up on.”
- “Good communication from the agency. Staff are very quick to inform the agency manager of a changes in regards to the service users and in turn the manager contacts me to advise of changes. I also receive emails as way of update.”
- “All views from service users and relatives are positive about the service and the staff.”
- “Any communication I have with the agency the staff are professional and respectful.”

5.0 The inspection

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

The last inspection to Western Health & Social Care Trust Home Care Department Spruce Villa was undertaken on 20 November 2020 by a care inspector; no areas for improvement were identified.

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).

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. 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 and these concerns 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. It was noted that a number of staff had not completed adult safeguarding update training. An area for improvement has been identified.

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.

All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, to ensure follow up of any outstanding actions, and the WHSCT governance department.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

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 also told us that there were no restrictive practices in place at the time of the inspection.

Review of the staff training matrix and discussion with the manager confirmed that a number of staff had not completed DoLS training. An area for improvement has been identified.

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 practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19.

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

The discussions with the manager and staff confirmed that there was multi-disciplinary input and that collaborative working was undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that agency staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective. The manager advised that a number of staff had undertaken dysphagia training. Training records reviewed did not provide assurances that dysphagia training has been undertaken by all staff. An area for improvement has been identified.

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, organisation's Human Resources (HR) department and Business Services Organisation (BSO). 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.

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 accident/incidents; safeguarding matters; complaints; staff recruitment and training, 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 complaints received since the last inspection had been managed in accordance with the agency's policy and procedures.

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.

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 relatives, HSC Trust's representatives, 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.

As a result of this inspection one area for improvement was identified in with regard to staff training.

The inspector would like to thank the manager, relatives, HSC Trust's representatives, service users and staff for their support and co-operation throughout the inspection process.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 0 | 1 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Martin McGeady, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards 2011 | |
| <p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of the inspection</p> | <p>The registered person shall ensure that staff are trained for their roles and responsibilities.</p> <p>This relates specifically to adult safeguarding update training, DoLS and dysphagia training.</p> <p>Ref: 5.2.1 and 5.2.2</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager recognises the shortfall in training activity in the past year relating to Adult Safeguarding Update, DoLS and Dysphagia</p> <p>During the inspection the Registered Manager explained to the inspector that training activity had been impacted by the ongoing Covid-19 pandemic. There are 3 principal factors that have contributed to the shortfall;</p> <ul style="list-style-type: none"> • General downturn in training activity during the pandemic as access to traditional training venues was very limited given the impact of necessary restrictions and social distancing. • Lack of access to training facilitators many of whom were diverted to more critical operational activities linked to departmental or Trust surge response. • Inability to release staff for training due to severe operational pressures as a direct result of high levels of Covid related staff absence <p>As part of the inspection process the Registered Manager provided the inspector with a detailed action plan indicating how the training deficits in the identified areas are being addressed, this is summarised below;</p> <p>1. Adult Safeguarding</p> <p>Since the inspection the Homecare Department has facilitated a virtual Adult Safeguarding Update session via Zoom. 36 staff attended..</p> |

Evaluation feedback indicates that the session was very worthwhile particular with respect to the use of virtual training which eliminates the requirement to secure training venues, travel time, etc.

Based on the very positive feedback the Homecare Department has scheduled a monthly virtual Zoom session from December – March, this will ensure that all staff will have received their update by 31 March 2022.

Until access to traditional training venues returns to normal Zoom training is likely to be the regular method of training delivery going forward

2. DoLS

The Registered Manager had advised the inspector that the roll-out of the MCA / DoLS training had been put on hold following negative feedback from Homecare staff who had undertaken the Level 2 eLearning module online, including;

- Level 2 MCA Training pitched at a level that care staff report is difficult to comprehend
- Homecare staff report that they found it difficult to contextualise MCA and apply to their day to day role.
- eLearning module meant that they were unable to seek clarity on issues that were unclear whilst undertaking the training module
- Many homecare staff are not yet accustomed to virtual training platform and will require supplementary training in this respect to develop skills

The Registered Manager has engaged with the Trust's Mental Capacity Act Implementation Lead to determine whether alternative improved arrangements can be put in place to promote awareness of MCA within the Trust's homecare workforce and to develop meaningful training materials and content with suitable delivery arrangements that will be in keeping with DHSS&PS requirements.

The following key actions have been agreed;

[a] MCA Implementation Team will support the Homecare Department to develop a MCA information leaflet tailored specifically for the Homecare service. To be distributed as a priority to all Homecare staff

[b] Specific tailored Homecare MCA training [in keeping with

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| | <p>Level 2 eLearning module] to be developed for delivery to Homecare staff</p> <p>[c] Test of tailored Training sessions to be delivered [2 virtual sessions via Zoom and 2 in person]. 2 sessions scheduled for week commencing 13th December and 2 in January 22. Sessions to accommodate 20 staff with a supervisory & carer mix. Training De-brief & modification based on evaluation and feedback</p> <p>[d] Level 2 Tailored Training roll out. Two sessions per month during 2022 to facilitate up to 30 Homecare staff per session with a mix of virtual and in –person sessions</p> <p>[e] Level 3 Tailored Homecare Training to be developed once Level 2 sufficiently progressed</p> <p>3. Dysphasia Training</p> <p>As per discussion with inspector on 29 November the Registered Manager advises that Dysphagia Awareness training will be incorporated into the Homecare Mandatory Training Update schedule commencing January 2022.</p> <p>The Registered Manager advises that all of the above was shared with the Inspector as part of the inspection process.</p> |
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