

Announced Care Inspection Report 12 January 2021



The Pines

Type of Service: Domiciliary Care Agency
Address: 48 Steeple Road, Antrim, BT41 2QA
Tel No: 028 9442 8752
Inspector: Corrie Visser

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

The Pines is a supported living type domiciliary care agency which provides a 24 hour supported living service for adults over 18 years of age who have enduring mental health needs. There is accommodation for 12 service users who have individual rooms and a number of shared facilities. The services are commissioned by the Northern Health and Social Care Trust (NHSCT) and Radius Housing.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Ms Jennifer Welsh	Registered Manager: Ms Deborah Williamson – application pending
Person in charge at the time of inspection: Ms Deborah Williamson	Date manager registered: Deborah Williamson – application received 24 December 2020

4.0 Inspection summary

An announced inspection took place on 12 January 2021 from 9.50 to 12.00 hours.

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 date of the last care inspection, RQIA received one notifiable incident. Whilst RQIA was not aware of any associated risks to the service users 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, 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 since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 which is maintained by the agency in relation to the safeguarding of adults (2016).

On the day of the inspection it was noted that one incident had taken place since the previous inspection on 13 February 2020. We examined the records and found that the agency had dealt with the incidents in accordance with its own policy and procedure.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had not received any complaints since the last inspection.

Evidence of good practice was found in relation to staff registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC), staff training, communication with service users, staff and other key stakeholders and the management of incidents.

Good practice was also found 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.

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.

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 Ms Deborah Williamson, 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 13 February 2020

No further actions were required to be taken following the most recent inspection on 13 February 2020.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and written and verbal communication received by RQIA since the previous care inspection.

During and following our inspection we focused on contacting the service users, their relatives, staff and professionals to obtain their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No service user/relative questionnaires or staff responses were received.

During the inspection we spoke with three service users and three staff members and following the inspection we communicated with two service users' relatives and four professionals. The comments received indicated that stakeholders were satisfied that the care being delivered met the needs of the service user.

No areas for improvement were identified during this inspection.

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

6.0 The inspection

6.1 Inspection findings

Recruitment:

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, however there has not been any staff recruited since the previous inspection on 13 February 2020. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to AccessNI. This ensures that the persons employed are suitable to be working with service users.

We reviewed the agency's matrix to monitor staff registration with NISCC and NMC and confirmed that all staff were currently registered with the relevant professional body. The manager reported that the register is checked on a three monthly basis and the area manager also checks to ensure staff are registered. It was discussed that the NHSCT emails the staff member when their registration is to be renewed. The manager and staff confirmed that they were aware they are not permitted to work if their NISCC/NMC registration lapses.

Comments from service users included:

- "I am happy at the minute."
- "I enjoy living here."
- "No problems at all."

Comments from service users' relatives included:

- "I am very happy."
- "One girl in particular is very good."
- "They are all very good."
- "My relative seems content enough and can approach staff at any time."
- "There is good communication from the team."
- "The place is so clean and tidy."
- "The manager is so good to my relative and treats my relative like a son."
- "It's fine."
- "The staff are fantastic."
- "I can speak to the manager at any time."

Comments from care workers included:

- "I have been trained in the donning and doffing of PPE."
- "We get regular emails with advice and guidance in relation to Covid-19."
- "I feel I am supported well by management."
- "I work family friendly hours."

- “We get a lot of reassurance.”
- “If I have any issues, I can raise them with management and during supervision.”
- “I am encouraged to progress my career by doing more training.”
- “We are constantly kept up to date.”
- “It is very much a different way of working but it’s now the norm.”
- “Our service users have got used to us wearing masks.”
- “We remind our service users to keep themselves safe.”
- “Training is not the same via zoom but our manager ensures training is up to date.”
- “Staffing levels are low and we are working extra hours/shifts however our manager got us well-being bags as a thank you which was nice.”
- “Flexible around our own personal lives.”
- “We have got a mountain of PPE.”

Comments from professionals included:

- “The Pines provide professional care within an environment that is homely for service users.”
- “The staff are attentive to a range of holistic concerns - including mental, physical and spiritual issues.”
- “Staff are excellent at encouraging service users to be independent and when this is not possible, the staff will provide appropriate support.”
- “Care reviews are arranged regularly and staff are always well prepared for these.”
- “Staff are prompt in communicating with the keyworkers and me (psychiatrist).”
- “The Pines staff are all very courteous and communicate extremely well with the keyworkers of the service users, they will regularly provide appropriate updates in regards to the service users and should there be any issues, these are addressed initially with the keyworkers.”
- “All care management care plan reviews are attended and The Pines staff will attend and engage in Promoting Quality Care (PQC) risk management meetings.”
- “Level of communication is excellent – timely, effective and accurate information is shared.”
- “Staff ensure that any information that may be relevant is communicated.”
- “If staff are unsure in regards of any aspect of care for our service users, they are quick to identify concerns and will contact for advice and seek clarity.”
- “Staff always attend PQCs and any case discussions or strategy meeting arranged and participate fully.
- “The Pines can be very flexible in regards care and assist with clinical duties if required.”
- “All basic needs of service users are met in the setting.”
- “Reviewing the level of therapeutic opportunities in The Pines would be an area for possible improvement e.g. to provide and encourage more opportunity for engagement in meaningful occupation and to encourage development of independent living skills.”

This comment was discussed with the manager who agreed that this will be discussed with the team and will be progressed.

Covid-19

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as PPE which was available for staff and service users. Hand sanitisers were strategically located throughout the supported living setting. Observations of the environment concluded that it was fresh smelling and clean throughout.

Discussion with the manager and three support workers 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. Staff confirmed they have received training in IPC in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to IPC procedures. Staff had also completed training in relation to Covid-19 and training on the donning (putting on) and doffing (taking off) of PPE. Monitoring forms were retained in the office when staff change their PPE.

The staff spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow for the safe disposal of PPE.

During the inspection staff members were sanitising work stations, the telephone after use and frequently touched points. It was also observed that service users were requesting masks prior to leaving to get a taxi.

There was a system in place to ensure that staff and service users had their temperature checked twice a day. It was positive to note that the inspector's temperature was taken upon arrival and a delivery man's temperature was also taken before he was allowed entry.

A Covid-19 file was available and included information relating to:

- Covid-19 IPC guidance
- Covid-19 isolation advice
- Covid-19 testing information
- vaccine information
- shielding advice
- Covid-19 questions and answers
- daily update in relation to Covid-19
- donning and doffing PPE
- a visual guide to safe PPE

This file also contained staff and relatives phones numbers, roles and responsibilities of the staff members, action plans and risk assessments, information relating to service users and medication information. The manager explained that this was included in the file in case of an emergency if the staffing group have to self-isolate at the one time. This information was for bank or agency staff who would be covering to have the full knowledge of the daily operation in The Pines.

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

- dissemination of information to staff
- monitoring of staff practice
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19
- PPE storage and disposal
- staff training and guidance on IPC and the use of PPE equipment in line with guidance

We reviewed records relating to IPC policies which were in-line with the guidance.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff
- all staff working in the service are able to demonstrate their knowledge of IPC 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 relatives in their comments. During discussion with staff it was positive to note that they 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

Evidence of good practice was found in relation to staff registrations with NISCC/NMC, training of staff, communication with service users, staff and other key stakeholders and the management of incidents.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

Areas for improvement

No areas for improvement were identified during this 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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