

Inspection Report

14 February 2022



576 Carnhill

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

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager: Ms Yvonne Marie Cairns.
Responsible Individual: Mr Neil Guckian – Registration Pending	Date registered: 26 March 2018
Person in charge at the time of inspection: Band 6	
Brief description of the accommodation/how the service operates: 576 Carnhill is a supported living type domiciliary care agency operated by the WHSCT. The agency provides care and support on a 24 hour basis to twelve service users with mental health needs who live in shared accommodation.	

2.0 Inspection summary

An unannounced inspection was undertaken on 14 February 2022 between 9.50 a.m. and 1.00 p.m. by the care inspector.

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

No areas for improvements were identified during the inspection.

There were good governance and management oversight systems in place. Good practice was also found in relation to 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, notifications, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, WHSCT 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, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires and an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service?

We spoke with five service users and two staff. Following the inspection we made telephone communication with two relatives.

In addition we received questionnaires from service users/relatives with varying responses to satisfaction levels in relation to the four domains of safe, effective, compassionate and well led care. A very small number of service users/relatives outlined they were dissatisfied with safe care and undecided that the service was well led.

All questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate. No electronic feedback was received from staff prior to issue of the report.

Comments received during inspection process-

Service users' comments:

- "The staff are 100%."
- "Nice place to be most of the time."
- "We go to see the Community Psychiatric Nurse (CPN) now because of Covid-19."
- "I would not like to get Covid-19."
- "I have no major concerns about 576 Carnhill."

Relative comments:

- “The staff are all lovely down there.”
- “They treat (my relative) with respect and dignity.”
- “I am very happy with the care provided.”
- “The staff are very good.”
- “I couldn’t say high enough praise for the staff and the system.”
- “The staff followed all the rules during Covid-19.”

Staff comments:

- “It is a nice place to work.”
- “Everybody is fairly respectable.”
- “We get training non-stop.”
- “We done DoLS training.”
- “Management would listen to all concerns.”
- “We have the Whistleblowing Policy.”
- “The neighbours look out for our service users.”
- “The management are fair.”

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

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 inspection to 576 Carnhill was undertaken on 13 August 2019 by a care inspector; no areas for improvement were identified.

An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

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 organisation’s policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter. It was established that support staff had completed and planned dates for adult safeguarding training.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences 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.

The agency has a system for retaining a record of referrals made to the WHSCT in relation to adult safeguarding. Records viewed and discussions with the person in charge indicated that a number of adult safeguarding referrals had been made since the last inspection and that the referrals had been managed appropriately.

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.

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.

Staff had undertaken DoLS training appropriate to their job roles. All staff had completed DoLS training appropriate to their job roles; records reviewed clarified training. Discussion with staff clarified their knowledge of the subject. Discussion with the person in charge confirmed that no service users met the criteria to have a DoLS practice in place.

Review of records confirmed that the agency did not need to apply for authorisation from RQIA to manage service user's monies.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment had rights as outlined in the Mental Capacity Act.

Where a service user is experiencing a restrictive practice, examination of these care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate WHSCT representative.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The person in charge advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

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

The person in charge confirmed that the agency had not received any specific recommendations from SALT in relation to service users' Dysphagia needs.

It was positive to note that a number of staff had completed Dysphagia awareness training.

5.2.4 Are their 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, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates are monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards.

The person in charge told us that the agency does not use volunteers or voluntary workers.

5.2.5 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. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and WHSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. 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 areas had been actioned.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the person in charge that the agency had been involved in a Significant Event Analysis's (SEAs) review. We noted this review had been completed in accordance with the Trust's SEA review procedures.

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager/management team.

7.0 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 the person in charge, as part of the inspection process and can be found in the main body of the report.



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