

Unannounced Care Inspection Report 15 July 2020



Mainstay DRP, Ardcora Supported Housing Service

Type of Service: Domiciliary Care Agency
Address: 5 Killough Road, Downpatrick, BT30 6PX
Tel No: 02844617184
Inspector: Kieran Murray

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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

This is a domiciliary care agency supported living type which provides personal care and housing support to 28 people with learning disability needs from the South Eastern Health and Social Care Trust (SEHSCT), Belfast Health and Social Care Trust (BHSCT) and the Western Health and Social Care Trust (WHSCT) living within the SEHSCT area. Service users are supported by 61 staff.

3.0 Service details

Organisation/Registered Provider: Mainstay DRP Responsible Individual(s): Mrs Helen Owen	Registered Manager: Mr Gareth Anthony Baker
Person in charge at the time of inspection: Mr Gareth Anthony Baker	Date manager registered: 29 November 2011

4.0 Inspection summary

An unannounced inspection took place on 15 July 2020 from 09.15 to 13.30.

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.

RQIA have reviewed correspondence received from the:

- Agency

Since the last inspection on: 2 May 2019. Correspondence has included:

- Notifications
- Other

Following review of this information, the inspector identified that the information received show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time.

In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using a:

- On-site inspection approach

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 Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care and finance inspections and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

An area requiring improvement was identified in relation to mandatory training.

Evidence of good practice was found in relation to:

- staff recruitment
- staff induction
- care records
- care reviews
- covid-19 education and management, including infection, prevention and control Measures
- use of personal protection equipment (PPE)
- service user involvement
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)

Service user comments:

- “The staff wear masks when working with me.”
- “The staff treat me with respect .”
- “Just a thumbs up now instead of a handshake.”
- “It is easy to keep the distance.”
- “I checked the distance on the computer.”
- “The staff are so good.”

Relative’s comments:

- “We do go and visit from outside the window every week.”
- “XXX will tell us if any concerns.”
- “I have heard about the zoom activities.”
- “The staff are very helpful and courteous.”
- “We have attended reviews every year.”

HSCT representative comments:

- “We have weekly meetings with Mainstay.”
- “The service raises issues if they arise.”
- “Mainstay have done a lot of initiatives during covid-19.”
- “Nurses have praised Mainstay for their adaptability in relation to swabbing of service users and staff.”

Staff comments:

- “If you are ever stuck you always have support.”
- “I would use PPE if within two meters.”
- “We got the guidance on donning and doffing.”
- “Whistleblowing within the service recently and was acted upon. With a good outcome.”
- “Everybody in Ardcora now behaves in a professional manner.”
- “We protect the service to prevent the spread of the virus.”
- “I get supervision and appraisal.”
- “Put used PPE in double bags.”
- “There are sanitisers throughout the house.”
- “Mainstay protect us from covid-19.”

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Gareth Baker, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 9 May 2019

No further actions were required to be taken following the most recent inspection on 9 May 2019.

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 since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with HC professionals involved with the service.

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

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020

During the inspection the inspector met with the registered manager, two service users, two staff and a telephone conversation following the inspection with one service user's relative and one SEHSCT professional.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received for inclusion in the report.

Ten questionnaires were also provided for distribution to the service users and their representatives; four responses were returned; analysis and comments are included within the report.

The inspector requested that the person in charge place a “Tell us” card in a prominent position in the agency to allow service users, family members and friends who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

The inspector would like to thank the registered manager, service users, service user’s relatives and staff and SEHSCT 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

There were no areas for improvement made as a result of the last care inspection.

6.1 Inspection findings

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department, located at the organisation’s head office. 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. The inspector reviewed documentation in staff files in relation to pre-employment checks which provided assurances that AccessNI checks were completed before commencement of employment.

The agency’s induction programme outlines the induction programme which included the NISCC Induction Standards, lasting at least three days which is in accordance with the timescales detailed within the Regulations.

A review of 3 records confirmed that staff were currently registered or in the process of registering with NISCC. The inspector noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

The inspector reviewed the records relating to staff training and found that a number of staff had not completed Deprivation of Liberty safeguarding (DoL’s) training. An area for improvement has been made in this regard.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained.

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance.

The inspector noted that records relating to safeguarding training completed by staff were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that the agency had made a number of safeguarding referrals to the SEHSCT since the last inspection 9 May 2019 and that the referral had been managed appropriately. On the day of the inspection the Annual Position Report was not available for review by the inspector. However, within an agreed timescale the manager forwarded the report to RQIA. The inspector reviewed and found it be satisfactory.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

The inspector spoke to two staff members, who were knowledgeable in relation to their responsibility in reporting concerns. The staff members spoken to were confident that management would take them seriously and act upon their concerns.

On the day of the inspection it was noted that there were a number of restrictive practices in place; those implemented were of the least restrictive nature considered necessary in conjunction with the service user, representatives and the HSCT and were noted to have been reviewed every year. It was positive to note that each restrictive practice was aligned to the specific area of the Human Rights Act.

The manager discussed the plans in place to address DoL's practices in conjunction with the HSCT.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans, and annual care reviews with the service user, representatives and relevant Trust representative.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. 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.

The inspector noted the following comments from service users, relatives, HSCT professionals and agency staff on the monthly quality monitoring reports:

Service users

'I see my XXX on a Tuesday out in the garden.'

'I am happy following government advice as it makes me feel safe, so I don't mind not going to Mountview and not getting out much.'

Relatives

'Very thankful to XXX for all the help with the transition of XXX move to supported living. XXX loved the video showing her around the house.'

HSCT professionals

'XXX complimented tenants and staff who did really well with the recent covid-19 testing.'

Staff

'Service users and staff are doing great during this pandemic.'

The inspector reviewed the Statement of Purpose (2020) and Service User Guide (2020) and noted that both documents needed to be updated to include information on DoL's and Covid-19. The manager forwarded both documents within an agreed timescale. The inspector reviewed both documents and found them to be satisfactory.

The returned questionnaires did not indicate that the service users/relatives had concerns that care was not safe, effective, compassionate or that the service was not being well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, NISCC registrations, adult safeguarding, risk management, collaborative working and service user involvement.

Areas for improvement

One area for improvement was identified during the inspection in relation to DoL's training.

	Regulations	Standards
Total number of areas for improvement	0	1

Covid-19:

The inspector spoke to two staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff spoken to on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two meters of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed records relating Infection prevention and control policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include covid-19. The inspector noted that staff had signed the new policies to indicate that they had read the new policy and procedures.

Policies and guidance were available in hard copy within the agency office.

Staff who spoke to the inspector described how and where donning and doffing of PPE happened within the agency.

The inspector reviewed records that indicated that service users and staff had their temperatures monitored twice daily in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Service users and staff spoken to on the day of the inspection were that If someone is in isolation with suspected COVID-19, they must not visit shared spaces such as sitting areas /common rooms.

The inspector evidenced daily cleaning schedules within the agency. The inspector noted easy read two meter guides for service users throughout the agency.

Hand sanitisers were placed in different areas throughout the agency for service users and staff to use to ensure good hand hygiene.

The manager advised the inspector that monitoring of staff practices took place during hand washing audits, observations during shifts and zoom calls.

The manager advised the inspector that information was disseminated to staff via circulars and WhatsApp on their phone.

Areas of good practice

Compliance with Cov-19 guidance.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Gareth Baker, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure mandatory training requirements are met.</p> <p>This relates specifically to Deprivation of Liberty safeguarding (DoL's) training being completed by all staff.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: All DOLs training will be completed by end September</p>

Please ensure this document is completed in full and returned via Web Portal



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