

Announced Care Inspection Report 4 February 2021



Ballyclose House

Type of Service: Domiciliary Care Agency
Address: 11 Mill Place, Limavady, BT49 0BJ
Tel No: 028 7776 4564
Inspector: Kieran Murray

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

Ballyclose House is a domiciliary care agency which provides personal care and housing support up to 21 individuals living in their own homes with enduring mental health needs within the Western Health and Social Care Trust (WHSCT) area. Service users are supported by 12 staff.

3.0 Service details

| | |
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| Organisation/Registered Provider: Western HSC Trust Responsible Individual: Dr Anne Kilgallen | Registered Manager: Acting Manager |
| Person in charge at the time of inspection: Acting Manager | Date manager registered: Ms Deirdre Mahon (Acting Manager) – application not yet submitted |

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 10 February 2020. Since the date of the last care inspection, a number of correspondences were received in respect of the agency. RQIA was also notified of a number of incidents and concerns which had occurred within the agency.

In consideration of the agency's regulatory history, in addition to RQIA not being made aware of any specific risk to the service users within the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 4 February 2021 from 10.00 to 14.00.

This inspection was completed following a review of information requested to be submitted to RQIA prior to the inspection. During the inspection, we focused on discussing aspects of the submitted information, in order to substantiate the information. We also focused on contacting service users, relatives, and staff to obtain their views on the service quality.

The inspection assessed progress with any areas for improvement identified during and 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.

One area for improvement was made in relation to the quality monitoring process.

Evidence of good practice was found in relation to:

- access NI checks;
- care records;
- care reviews;
- covid-19 education and management, including infection prevention and control (IPC)
- measures and updating of the policy;
- use of personal protection equipment (PPE);
- service user involvement;
- registrations with the Nursing Midwifery Council (NMC); and
- registrations with Northern Ireland Social Care Council (NISCC).

Service user comments:

- “The staff wear full PPE.”
- “I bought my own face masks.”
- “The staff are courteous and respectful.”
- “I like living in Ballyclose.”
- “I am dealing with Covid-19 very well.”
- “I have a good key worker.”
- “The staff protect all my human rights.”

Relative’s comments:

- “The staff are all very helpful.”
- “I speak to XXX on the phone everyday”
- “I know the manager.”
- “There is plenty of signage about Covid-19 around the service.”
- “I have no major concerns or worries.”

Staff comments:

- “I know proper techniques for donning (putting on) and doffing (taking off) of PPE.”
- “I get a lot of job satisfaction.”
- “It’s an amazing team to work with.”
- “I don’t mind getting up in the morning to go to work.”
- “Covid-19 updates are on the office noticeboard.”

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.

All those spoken with indicated that they were happy with the care and support provided.

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.

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.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 0 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Acting 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 10 February 2020

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 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, the returned QIP, concerns, and written and verbal communication received since the previous care inspection.

Following review of the information submitted to RQIA, the inspection took place remotely, using technology, with the manager.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on 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, NMC and NISCC registration;
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 20 December 2020; and
- 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.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user's, relatives and staff posters to enable the stakeholders to feedback to the RQIA.

No survey responses were received prior to the issue of the report.

During the inspection we met with the responsible individual, manager, deputy manager, four staff and a telephone communication with four service users and four telephone communications with service user's relatives following the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

| Areas for improvement from the last care/finance inspection dated 10 February 2020 | | |
|--|---|---------------------------------|
| Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 15(12) (b) Stated: First time | <p>The registered person must ensure that the Regulation and Improvement Authority are notified of any incident reported to the police, not later than 24 hours after the registered person—</p> <p>(i) has reported the matter to the police; or</p> <p>(ii) is informed that the matter has been reported to the police.</p> <p>Records pertaining to incident reports should be retained to ensure that this can be verified at future inspections. Ref: 6.3</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>We confirmed that records relating to incidents were retained in the agency and available for inspection.</p> | |
| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 13.2 Stated: First time | <p>The registered person shall ensure that information is available for staff and displayed on the notice board regarding the adult safeguarding arrangements. This should specify who the name of the trust's adult safeguarding champion. .</p> <p>Ref: 6.3</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>We evidenced information available for staff outlining the safeguarding arrangements and the name of the Trust's safeguarding champion in the agency.</p> | |

| | | |
|---|--|------------|
| Area for improvement 2 Ref: Standard 16.1,2,3 Stated: First time | The registered person shall ensure that all fire safety checks are completed weekly in line with current fire safety legislation and a record of these checks should be retained. Ref: 6.3 | Met |
| | Action taken as confirmed during the inspection: We evidenced records relating to weekly fire safety checks within the agency. | |
| Area for improvement 3 Ref: Standard 5.4 Stated: First time | The registered person shall maintain a record of any accidents or incidents reported to the referring HSC Trust, and keep a record of such reports available for inspection. Ref: 6.3 | Met |
| | Action taken as confirmed during the inspection: We confirmed that records relating to incidents were retained in the agency and available for inspection. | |
| Area for improvement 4 Ref: Standard 12.1 Stated: First time | Staff are trained for their roles and responsibilities. Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures. Ref: 6.3 | Met |
| | Action taken as confirmed during the inspection: We evidenced induction records for new staff and planned training arrangements. | |

6.1 Inspection findings

Discussion with the manager and deputy manager and information submitted identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI in conjunction with the HR department which is located within Business Services Office (BSO). We reviewed documentation relating to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

We noted that the manager had a system in place each month for monitoring registration status of staff with NMC and NISCC and confirmed that all staff are aware that they are not permitted to work if their NMC or NISCC registration had lapsed.

On the day of the inspection we were informed that the agency had not made any adult safeguarding referrals since the last inspection 10 February 2020. The staff who spoke to us were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

The adult safeguarding position report for 3019/2020 was not available for review on the day of the inspection. This can be reviewed at the next inspection.

The agency maintains a policy relating to complaints and compliments; these records are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection we noted that the agency had received a number of complaints since the last inspection on 10 February 2020. We noted that the complaints had been dealt with in accordance with policy and procedure and that the complainants were fully satisfied with the outcomes.

We reviewed the agency's monthly monitoring reports and found that monthly monitoring visits had not been undertaken in March, April, May, June, September and November 2020. An area for improvement has been made in this regard.

However, we noted the following comments from service users, service user's relatives, staff and WHSCT professionals and staff on completed monthly quality monitoring reports:

Service Users:

- "I am from Limavady, so it's good because I know the area."
- "I love it here."

Relatives:

- "Fantastic service, all staff do a great job."
- "XXX is very happy with the overall care and support given to her XXX."

WHSCT professionals:

- "Good level of support given to service users."
- "The care is very good and the staff are very attentive."

Staff:

- "Ballyclose good place to work"
- "It is good to promote tenant's independence."

We reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included:

- referral information;
- care plan;
- risk assessments; and
- reviews.

Covid-19:

We spoke with four staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. The four staff who spoke to us on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff told us that they were aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The manager and staff were aware of the need to ensure shared areas were cleaned regularly and that service users remained at least two metres apart. We noted signage on doors stating maximum number of persons in areas e.g. communal sitting areas.

We reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include Covid-19 and were available within the agency.

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

Staff who spoke to us were aware of the need to ask and look out for symptoms such as fever of 37.8C or above, cough, loss of or change in sense of smell or taste in service users or staff. We evidenced completed documentation for both service users and staff in relation to temperature and health checks.

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

The manager, deputy manager and staff spoken to on the day of the inspection advised us that monitoring of staff practices took place by direct observations.

The manager, deputy manager and staff who spoke to us advised that information was disseminated to staff via emails and the Covid-19 folder which was available in the agency. We evidenced the folder on the day of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of checks of Access NI, NMC and NISCC registrations, care records, reviews, and compliance with Covid-19 guidance.

Areas for improvement

One area for improvement was identified during the inspection in relation to completion of monthly monitoring reports.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 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 the Acting 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 Regulations (Northern Ireland) 2007.

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 Regulations (Northern Ireland) 2007 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p> | <p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>Ref: 6.1</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>Acting Manager will ensure monthly monitoring is completed each month and all areas of improvement identified in monthly monitoring is actioned.</p> <p>Acting Manager will consult with RQIA if for any reason monthly monitoring can not be carried out/needs stepped down.</p> <p>Head of Service for Recovery and Supported Living has reviewed monthly monitoring operating procedures and updated system to improve efficiency.</p> |

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



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