

# Unannounced Care Inspection Report 24 November 2020



## Ferone Drive

**Type of Service: Domiciliary Care Agency**

**Address: 1 - 2 Ferone Drive, Donaghane Road, Omagh, BT79 0NT**

**Tel No: 028 8283 5868**

**Inspector: Angela Graham**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 What we look for

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

Ferone Drive is a supported living type domiciliary care agency located in Omagh. The agency's aim is to provide care and support to meet the individual assessed needs of people with enduring mental health issues. Under the direction of the manager, staff are available to support service users 12 hours per day with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust (WHSCT)	<b>Registered Manager:</b> Mr Sean McCullagh, Acting Manager
<b>Responsible Individual:</b> Dr Anne Kilgallen	
<b>Person in charge at the time of inspection:</b> Acting Manager	<b>Date manager registered:</b> Mr Sean McCullagh (awaiting application)

### 4.0 Inspection summary

An unannounced inspection took place on 24 November 2020 from 10.30 to 15.35 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 last inspection on 10 September 2019, RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within Ferone Drive a decision was made to undertake an on-site inspection adhering to social distancing guidance.

We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with them. This was also verified through discussion with the manager, service users, a service user's representative and a Health and Social Care professional. We also reviewed the list of all Covid-19 related information, disseminated to staff.

Service users spoken with told us that they were very happy living in Ferone Drive and had no matters of concern.

Two areas for improvement were identified in relation to the monthly quality monitoring process and the agency's management arrangements.

Evidence of good practice was found in relation to staff registrations with NISCC. Good practice was also found in relation to infection prevention and control, the use of personal protective equipment (PPE) and Covid-19 education.

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 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	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Sean McCullagh, 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 September 2019

No further actions were required to be taken following the most recent inspection on 10 September 2019.

#### 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report and written and verbal communication received since the previous care inspection.

During the inspection we spoke with three service users, one service user's representative, two staff and one Health and Social Care (HSC) professional to obtain their views on the service.

To ensure that the appropriate staff checks were in place before staff visited service users, we reviewed the following:

- recruitment records specifically relating to Access NI and NISCC registrations

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19: guidance for domiciliary care providers in Northern Ireland (updated 16 June 2020).

The manager advised that there had been no safeguarding incidents since the date of the last inspection. The manager confirmed that no complaints were received since the date of the last inspection. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

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

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

## 6.0 The inspection

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

## 6.1 Inspection findings

### Staff recruitment

The manager confirmed that staff employment records were held within the WHSCT human resources department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The manager advised that there were no newly recruited staff to agency and that the staff team had all worked in the agency for a number of years.

Discussions with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards 2011 which relate to AccessNI.

The review of the NISCC registration records confirmed that all staff were registered. We noted that the manager has a system in place 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. Discussion with staff confirmed that they were registered with NISCC.

### Management arrangements

We discussed the management arrangements within the agency. The manager informed the inspector that the previous registered manager had retired on 04 September 2020. RQIA had not been informed that the registered manager had relinquished the role nor indeed of the arrangements that have been made or any proposed arrangements in the absence of the registered manager. An area for improvement has been made in this regard.

### Care records

We reviewed elements of three service users' care files. Review confirmed there was referral information and that risk assessments and care plans were in place. Discussion with the manager confirmed that care records are kept under review.

### Complaints and compliments record

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the agency's own policies and procedures. There had been no complaints recorded since the date of the last inspection. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

### Governance and management arrangements

We reviewed the governance and management arrangements in place within the agency to meet the needs of the service users.

In accordance with the Covid-19 Guidance for Domiciliary Care Providers in Northern Ireland, RQIA undertook to work with providers to come to solutions that may not ordinarily be in keeping with the standards or regulations, but which would provide safe and pragmatic remedies to issues that could never have been planned for. On this basis, the WHSCT took the decision to suspend the monthly monitoring visits for a five-month period. During the inspection, we identified that the monthly monitoring visits had not been undertaken from March 2020 until August 2020. Whilst RQIA acknowledges that Ferone Drive continued with other audit processes during this time the findings of this inspection indicated that they may not have been as conclusive as the Regulation 23 monitoring visits. Also, no evidence was available, on the day of inspection, that monthly monitoring visits had been undertaken in January, February, September or October 2020. An area for improvement has been made in this regard.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the organisation who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. There had been no adult safeguarding concerns referred to adult safeguarding since the date of the last inspection.

### **Stakeholders' Views**

Discussion with service users, a service user's representative, a HSC professional and staff evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

Comments from service users' included:

- "Staff always wear their gloves, aprons and masks coming into my home."
- "I am happy here, a nice place to live."
- "Staff treat me with kindness and are helpful."
- "I feel safe here; staff are always around to help."
- "You can do what you choose here."
- "No problems, only good things to say."

Comments from a service user's representative included:

- "Xxxx is very happy here."
- "I would recommend this service."
- "Xxxx has become much more independent from living here; staff have supported him with this."
- "Staff are lovely and always greet me pleasantly."
- "Xxxx feels comfortable living here and always appears happy and relaxed when I visit."

Comments from a HSC professional included:

- "It is my view that the clients are supported really well and they are maintaining their mental health with the support of the staff."
- "Very good communication from the staff and any changes in the clients' mental health is reported to me promptly."
- "The staff have implemented very good IPC measures and I always get my temperature checked on arrival."
- "Clients have an annual care review and they have expressed no concerns regarding the care and support."

Comments from staff included:

- “I feel service users are safe here as we follow PPE guidance.”
- “I have had very good IPC training that involved Covid-19, PPE needed and donning and doffing PPE.”
- “I am well supported by the manager and have regular supervision and appraisal every year.”
- “Lots of PPE available and no issues with supply.”
- “We check staff and visitors temperatures and also check service users’ temperatures twice every day.”
- “I like working here, great team.”

## **Covid-19**

The manager advised that there had been no positive Covid-19 cases since the beginning of the pandemic.

Service users spoken with advised us that they had been advised to keep a distance of two metres from other people. Service users spoken with raised no concerns in relation to this. Hand sanitisers were placed in different areas throughout the staff building for service users, staff and visitors to use to ensure good hand hygiene.

We spoke with the manager and one staff member, who were knowledgeable in relation to their responsibility related to Covid-19. Staff advised they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of guidance in relation to replacing PPE and how to appropriately dispose of used PPE. The staff members spoken with reported that there was an appropriate supply of PPE.

Service users, a service user’s representative and HSC professional spoken with confirmed that staff wore PPE for activities that brought them within two metres of service users.

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

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance

We reviewed records relating to infection prevention and control policies which were in line with the guidance. A Covid-19 file was available and included current guidance documents from the Public Health Agency and the Department of Health.

There was evidence that clear guidance with regards to infection prevention and control, donning (putting on) and doffing (taking off) of PPE was provided to staff. Staff confirmed they had completed training in relation to infection, prevention and control. This included training on the donning (putting on) and doffing (taking off) of PPE.

The procedures and guidance in place evidenced that:



- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices
- all staff working in the service are able to demonstrate their knowledge of infection prevention and control 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 service users and a service user's representative in their comments. Staff 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

There were examples of good practice found throughout the inspection in relation to staff registrations with NISCC, communication between service users, staff and other key stakeholders, compliance with Covid-19 guidance, the use of personal protective equipment guidelines, Covid-19 education and management including infection prevention and control measures.

### Areas for improvement

Two areas for improvement were identified in relation to the monthly quality monitoring process and the agency's management arrangements.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	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 Sean McCullagh, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 23 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</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><b>This refers specifically to the completion of the quality monitoring visits, which must be undertaken on a monthly basis.</b></p> <p>Ref: 6.0</p> <p><b>Response by registered person detailing the actions taken:</b> The monthly monitoring reports were stepped down from March 2020 to August 2020 during the COVID-19 pandemic and as part of contingencies during this 1st surge. It is recognised that there were communication issues over who provided the authority for stepdown of regulation 23 reports . During this period there was twice weekly meetings with all managers in respect of each facility and frequent updates noted. All monthly monitoring resumed in September 2020 across all supported living facilities within the WHSCT. In line with Regulation 23 and to provide enhanced assurance process and standardisation across the WHSCT I have updated systems and process in line with monthly monitoring reporting as a way of enhancing governance arrangements for the trust and for RQIA. I have attached both updated frameworks to the QIP. There will be no step down of Regulation 23 reports and there will be ongoing quarterly audits of monthly monitoring reports stored on a well-developed Sharepoint site.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 28 (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall give notice in writing to the Regulation and Improvement Authority as soon as it is practicable to do so if any of the following events takes place or are proposed to take place—</p> <p>(b) a person ceases to carry on or manage the agency.</p> <p>Ref: 6.0</p> <p><b>Response by registered person detailing the actions taken:</b> All information regarding a temporary or permanent change of manager must go through Service Manager and Head of Service for approval moving forward. All managers are aware that they must provide information to RQIA in writing within 28 days and this is discussed at our quarterly Supported Living governance meetings.</p>

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



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