

# Announced Care Inspection Report 29 March 2021



## Avoca Lodge

**Type of Service: Domiciliary Care Agency**

**Address: Gransha Park, Clooney Road, Londonderry, BT47 6TF**

**Tel No: 028 7186 5222**

**Inspector: Kieran Murray**

[www.rqia.org.uk](http://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**

Avoca Lodge is a domiciliary care agency, supported living service, which can provide care and support for up to ten service users with enduring mental health problems. Care and support is provided by staff onsite on a 24 hour basis. Service users can receive assistance with personal care needs and support to maintain a tenancy with the aim of promoting independence and social inclusion.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust (WHSCT)	<b>Registered Manager:</b> Deirdre Mahon (Acting Manager)
<b>Responsible Individual(s):</b> Dr Ann Kilgallen	
<b>Person in charge at the time of inspection:</b> Acting Manager	<b>Date manager registered:</b> 1 April 2019 Application not required

### 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 2 October 2019.

Since the date of the last care inspection, a small number of correspondences were received in respect of the agency. RQIA was also informed of a small number of notifiable incidents and concerns which had occurred within the agency in accordance with regulations.

Having reviewed the agency's regulatory history, and in the absence of 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 29 March 2021 from 10.00 to 13.00 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information. The inspector contacted stakeholders to obtain their views on the service quality.

Evidence of good practice was found in relation to staff registrations with the Nursing Midwifery Council (NMC), care records, care reviews, complaints and incident records. Good practice was also found in relation to Infection Prevention and Control (IPC); it was evidenced that all staff and service users had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

Areas requiring improvement were identified in relation to inductions, monthly quality monitoring reports and adult safeguarding/child protection training.\*

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

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

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 and the Domiciliary Care Agencies Minimum Standards, 2011.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3*	0

\*One area stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Deirdre Mahon, 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 2 October 2019

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 2 October 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, QIP, notifiable events concerns and written and verbal communication received since the previous care inspection.

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

During our inspection we focused on contacting the service users, their relatives, staff and health and social care' (HSC) Trust representatives to find out their views on the service.

To ensure that the required pre-employment checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI, NMC and the Northern Ireland Social Care Council (NISCC);
- Covid-19: guidance for domiciliary care providers in Northern Ireland; 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 requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for service users, relatives and staff, to feedback to the RQIA.

## 6.0 What people told us about this agency

The feedback received indicated that people were generally satisfied with the current care and support. During the inspection we spoke with the manager, deputy manager, and three staff with the use of video technology. All those spoken with confirmed that staff wore PPE as necessary.

Following the inspection we had telephone communications with service users, service users' representatives and WHSCT representatives who indicated that that they were very happy with the care and support provided by the agency. Comments are detailed below:

### Staff

- "I really enjoy working here."
- "I did Covid-19 training."
- "We check temperatures twice a day."
- "We have a Covid-19 folder with updates."
- "The service user coped well with social distance guidelines."

### Service users

- "It is very good in Avoca."
- "The staff wear masks and gloves."
- "Once in the building I keep two metres from everybody."
- "I wear a mask and wash my hands regularly."
- "The staff are good to me."

### Service users' representatives

- "The staff seem to meet XXX needs."
- "XXX is very well looked after."
- "If anything was wrong I would go to the manager."

### WHSCT representatives

- "Staff are very willing and proactive."
- "We have seen staff wear PPE."
- "No concerns or worries at the minute."

A number of relatives responded to the electronic survey. The feedback received indicated that people were satisfied with the current care and support. Comments are detailed below:

- "I feel as a XXX I'm very happy with the care my relative received especially the last year since lockdown."
- "I cannot fault the amazing staff in Avoca and their care of my relative."

## 7.0 The inspection

Areas for improvement from the last care inspection dated 2 October 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 16 (2)(a) <b>Stated:</b> First time	<p>The registered person shall ensure that each employee of the agency receives training and appraisal which are appropriate to the work he is to perform.</p> <p><b>This refers specifically to adult safeguarding and child protection training.</b></p> <p>Ref: 6.3</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>We reviewed training records and found a small number of staff had not completed adult safeguarding and child protection training.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 21(1) <b>Stated:</b> First time	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are kept up to date and in good order.</p> <p><b>This refers specifically to the recording of full names and staff designations on the staff roster; and in relation to the alphabetical list of domiciliary care staff.</b></p> <p>Ref: 6.7</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>We reviewed the rotas and evidenced that an alphabetical list of staff's full names and designations were recorded.</p>	

## 7.1 Inspection findings

### Recruitment

Discussions with the 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 Human Resources (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 reviewed induction records for new staff and we could not be assured that a new staff member had received an induction. An area for improvement has been made in this regard.

A review of the records confirmed that all staff provided by the agency are currently registered with the NMC. The manager advised that staff are not permitted to work if their professional registration lapses.

We reviewed records relating to NISCC registrations. We could not be assured that a new member of staff had registered with NISCC. However, the manager forwarded the staff members NISCC certificate to RQIA on the day following the inspection. We reviewed the information and found it to be satisfactory.

## **Covid-19**

We spoke with the manager, deputy manager and three staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. The 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.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building.

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 and feedback from service users.

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.

Specific risk assessments had been completed for service users and staff in respect of social engagement in designated visiting areas, both internally and externally. Service users' care plans had been updated to include preventing and reducing the risks of contracting/spreading Covid-19, maintaining a safe environment, managing symptoms and environmental factors.

Support plans had also been updated in terms of risk management, provision of information and education and the service users' responsibilities in relation to keeping themselves safe.

## **Governance and Management Arrangements**

We reviewed a number of monthly monitoring reports which were requested to be submitted to RQIA prior to the inspection. However, on discussion with the manager we were advised that a number of monthly monitoring reports had not been completed in accordance with the Regulations. An area for improvement has been made in this regard.

We discussed the manager arrangements within the agency and we were assured that the manager absence was for a specific period and reason. We will keep this arrangement under review.

On the day of the inspection we were informed that the agency had not made any adult safeguarding referrals since the last inspection 2 October 2019. We reviewed adult safeguarding and child protection and found a number of staff were not up to date with their training. An area for improvement has been made for the second time.

The adult safeguarding position report for 2019/2020 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 not received any complaints since the last inspection on 2 October 2019.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection 2 October 2019. We examined the records and found that the agency had dealt with the incidents in accordance with the required regulations and within their own policy and procedure.

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.

## **Areas of good practice**

Evidence of good practice was found in relation to staff registrations with the NMC, care records, care reviews, complaints and incident records. Good practice was also found in relation to IPC; it was evidenced that all staff and service users had been adhering to the current Covid-19 guidance on the use of PPE.

## **Areas for improvement**

Areas requiring improvement were identified in relation to inductions, monthly quality monitoring reports and adult safeguarding/child protection training.\*



	Regulations	Standards
<b>Total number of areas for improvement</b>	3*	0

## 8.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the 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.

## 8.1 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.

## 8.2 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>Ref: Regulation 16 (2) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that each employee of the agency receives training and appraisal which are appropriate to the work he is to perform.</p> <p>This refers specifically to adult safeguarding and child protection training.</p> <p>Ref: 7.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> On day of inspection three staff were not up to date with Adult Safeguarding Training. Since inspection one staff member completed training on 31/03/21. Two other staff members have training booked for 05/21. Registered Manager will continue to review staff members mandatory training and ensure it is completed. Registered Manager and B6 completed WHSCT Appraisal Webinar in 04/21 to update knowledge and skills in this area. Registered Manager will continue to complete team appraisals in accordance with policy guidance.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 16 (5) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that-</p> <p>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction lasting a minimum of three full working days;</p> <p>Ref: 7.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> One induction record for a staff member could not be produced on day of inspection. Registered Manager has completed staff members induction and filed in staff file. Registered Manager will ensure that moving forward all staff members receive appropriately structured induction.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 23 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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: 7.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> Monthly monitoring has been reinstated since January 2021. Registered Manager will ensure monthly monitoring is carried out each month and any improvements noted in monitoring report is</p>

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



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