

## Announced Care Inspection Report 9 February 2021



### **Domiciliary Care Mental Health Accommodation, incorporating Foyle D.I.S.H.**

**Type of Service: Domiciliary Care Agency**  
**Address: 17 Templemore Business Park, Londonderry, BT48 0LD**  
**Tel No: 02871308020**  
**Inspector: Kieran Murray**

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Assurance, Challenge and Improvement in Health and Social Care

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**

Domiciliary Care Mental Health Accommodation, incorporating Foyle D.I.S.H. is a domiciliary care agency supported living type which provides housing support to service users with mental ill-health within the Western Health and Social Care Trust (WHSCT) area. Service users are supported by up to four staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group  <b>Responsible Individual:</b> Mr Greer Wilson	<b>Registered Manager:</b> Ms Tracey Devenney
<b>Person in charge at the time of inspection:</b> Team Leader	<b>Date manager registered:</b> 20 March 2019

### 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 24 September 2019. 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 9 February 2021 from 10.00 to 13.20.

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, staff and other stakeholders to obtain their views on the service quality.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

No areas requiring improvement were identified during the inspection.

#### Evidence of good practice was found in relation to:

- AccessNI 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)
- registrations with Northern Ireland Social Care Council (NISCC)

**Service user comments:**

- “The staff treat me with respect.”
- “I would recommend the service to others.”
- “Covid-19 hasn’t really affected me as I never usually went out.”
- “The staff go out of their way to sort out any problems.”
- “I got the Covid-19 vaccine a few weeks back.”
- “No complaints whatsoever.”
- “The staff wear PPE.”

**Relative’s comments:**

- “The service is very good.”
- “XXX goes to the shop for his own needs.”
- “We would prefer to keep staff out of the house to reduce the risk of Covid-19 infection.”
- “I have no concerns about the service.”

**Staff comments:**

- “We have always enough PPE.”
- “Donning (putting on) and Doffing (taking off) stations are downstairs.”
- “PPE levels are checked every week.”
- “We have laptops which gives access to the Covid-19 folder for any updates to the guidance.”
- “We did Covid-19 power point training.”

**Trust professional comments:**

- “The service is fantastic.”
- “The staff are very approachable.”
- “The management is very good.”

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the team leader, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 24 September 2019**

No further actions were required to be taken following the most recent inspection on 24 September 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, notifications, 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 team leader.

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.
- 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, service user's relatives, 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.

The information received from service users and staff showed that people were satisfied with the current care and support.

During the inspection we met with the team leader, two staff and a telephone communication with three service users, two service user's relatives and one WHSCT professional.

We would like to thank the service users, service user's relatives, team leader, staff and WHSCT professionals 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

The review of the agency's recruitment records and discussion with the team leader confirmed 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. We reviewed documentation relating to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of records confirmed 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 to the WHSCT since the last inspection 24 September 2019. The staff who spoke to us were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

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 24 September 2019.

We noted comments from service users, relatives and HSC trust professionals during regular monthly quality monitoring:

### Service Users:

- "XXX is very happy with the service, XXX is receiving from Praxis Care."

### Relatives:

- "Any interaction XXX had with staff were always positive and staff were polite and professional."

### WHSCT professionals:

- "XXX has always found the staff to be knowledgeable, professional and very communicative."

### Staff:

- "XXX feels Covid-19 secure working in the office as all risks are being managed."

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
- reviews

### **Covid-19:**

We spoke with two staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. The two 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 team leader and staff spoken to on the day of the inspection advised us that monitoring of staff practices took place by direct observations.

The team leader and staff who spoke to us advised that information was disseminated to staff via emails and the Covid-19 folder which was available on laptops and 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, safeguarding, monthly quality monitoring and compliance with Covid-19 guidance.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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