

Unannounced Care Inspection Report 30 March 2021



Granville

Type of Service: Domiciliary Care Agency
Address: 9 Granville Park, Dungannon, BT70 1JT
Tel No: 02887727137
Inspector: Aveen Donnelly

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

Granville is a domiciliary care agency (supported living type), which provides housing, care and support to 25 service users. The service users live in five bungalows, which are located on the same site as the registered office.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Shane Devlin	Registered Manager: Not applicable
Person in charge at the time of inspection: Manager	Date manager registered: Mrs Susan McBride – application submitted 12 April 2021 – pending review

4.0 Inspection summary

An unannounced care inspection took place on 30 March 2021 from 09.30 to 15.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to services on the basis of risk. RQIA was aware that the SHSCT had highlighted concerns relating to staff culture and practice within Granville and the trust were working towards addressing these concerns. RQIA undertook an inspection to assess the level of progress since the concerns were first raised in May 2020.

Concerns were identified during the inspection about the cultural and professional practice of staff within Granville, including concerns that staff were not confident in using the whistleblowing procedures. There was limited evidence that the planned actions to address these matters had been progressed in a timely manner. Whilst the majority of those spoken with indicated that they were satisfied with the care and support provided by Granville, one service user and one relative spoken with, raised matters, which supported the inspection findings.

In accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to advise of the concerns. On 22 April 2021 RQIA held a serious concerns meeting, via teleconferencing facilities, with the responsible person and a number of senior managers to discuss the inspection findings. Given the assurances provided in this meeting, RQIA were assured that no further action was required at this time. A Quality Improvement Plan (QIP) has been issued, to address the concerns and those action required by the trust. Periodic updates in relation to the progression of the planned actions have been requested and assurance offered by the trust to this request for regular updates.

Staff AccessNI checks were reviewed, to ensure they had been completed prior to staff being supplied to service users. The Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC) registers were also reviewed to ensure there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was reviewed through discussion with a number of relatives and staff observations during inspection. Information disseminated to staff about Covid-19 was reviewed. Staff spoken with were knowledgeable in relation to Infection Prevention and Control (IPC) Guidance.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC and the NMC. Good practice was found in relation to IPC; observation on the day of the inspection confirmed that the staff and service users had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

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
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the 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 30 April 2019

No further actions were required to be taken following the most recent inspection on 30 April 2019.

5.0 How we inspect

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

Due to the focus of the inspection, we spoke with the service users, their relatives and staff. We sought feedback from health and social care' (HSC) Trust representatives to obtain their views on the service. During the inspection we reviewed records relating to:

- Quality monitoring reports
- Records relating to adult safeguarding incidents
- Complaints records
- Care records
- Recruitment records
- NISCC and NMC registrations
- Staff meeting minutes
- Staff training records.

We reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included questionnaires and an electronic survey for service users, relatives and staff, to feedback to the RQIA. Six staff responded to the electronic survey. No questionnaires were returned from relatives or service users.

6.0 What people told us about this agency

Whilst the majority of people told us that they were satisfied with the care and support provided by Granville, one service user and one relative informed RQIA of concerns, which supported the inspection findings.

7.0 Inspection findings

7.1.1 Management, Leadership and Governance Arrangements

In advance of the inspection, RQIA had been made aware by the trust Adult Safeguarding Team (ASGT) that concerns relating to staff culture and practice had been identified and that an action plan was in place to address these concerns. The inspection focused on the progress that had been made since the concerns were first raised in May 2020.

Following discussion with staff and review of records, there was limited evidence that sufficient progress had been made to address the matters surrounding culture and practice within the service. This was further supported by comments made by a one service user and one relative.

In accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to advise of the concerns. On 22 April 2021 RQIA held a serious concerns meeting, via teleconferencing facilities, with the responsible person and a number of senior managers to discuss the inspection findings. Given the assurances provided in this meeting, RQIA were assured that no further action was required at this time. A Quality Improvement Plan (QIP) has been issued, to address the concerns and those action required by the trust. Periodic updates in relation to the progression of the planned actions have been requested and assurance offered by the trust to this request for regular updates.

7.1.2 Recruitment

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage directly with service users.

A review of the records confirmed that all staff provided by the agency are currently registered with NISCC and the NMC. The manager advised that staff are not permitted to work if their professional registration lapses. There was a system in place to monitor staff registrations. Advice was given in relation to completing checks on a monthly basis, in keeping with good practice.

7.1.3 Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow whilst providing care to service users and in the event of service users or

staff being diagnosed with Covid-19. There was a protocol in place in relation to managing the care of new referrals and in relation to service users who may be discharged from hospital.

Staff had completed training in relation to IPC. This included training on the donning (putting on) and doffing (taking off) of PPE. The manager further described how a range of other Covid-related information was available for staff to read.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. There was a system in place to ensure that IPC procedures were being adhered to. This included senior staff undertaking spot checks of care staff in relation to their adherence to the guidance, handwashing audits and cleanliness of the environment. Where lapses were identified, it was good to note that supervisions were undertaken with the staff member. The service users and relatives spoken with confirmed that the staff wore PPE appropriately and followed appropriate IPC practices.

The manager described the availability of hand sanitisers which were accessible throughout the bungalows for service users and staff to use. Posters detailing the procedure for effective hand-washing were displayed as visual aids to encourage good handwashing techniques.

There were measures in place to support service users to maintain a two metre distance from other people. Changes to the routines of the agency had been made, to ensure this could be maintained. One way systems for walking through the bungalows had been introduced. A new staff room had been designated to ensure staff could maintain the two metre distance from each other, when taking their breaks. There was a protocol in place for car sharing, which included the car being cleaned after use.

Signage in relation to visiting was displayed prominently at the entrance. Visiting to the service had been restricted due to the heightened community transmission of Covid-19. The manager advised that visiting to the service had been re-introduced and there was a visiting protocol in place, to facilitate this. This included relatives having to agree to a specified visiting timeslot, where they are observed washing their hands and provided with a mask. The system included visitors' having their temperature checked and completion of a health declaration to confirm that they have not been in contact with anyone who has Covid-19 and that they have no symptoms. The protocol includes details of the cleaning procedure of the visiting room after each use. We discussed the possibility of the service introducing Care Partners and this was welcomed by the manager, who agreed to follow this up with any relatives who may wish to progress with this approach to supporting their family member.

There was a system in place to ensure that staff and service users had their temperatures checked twice daily and wellness checks recorded.

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

Information in relation to Covid-19 was retained in a Covid-19 folder. This included information related to:

- How to use the Covid-19 App
- Key principles for HSC staff visiting community settings
- Shielding guidance
- HSC domiciliary care Covid-19 Surge Plan
- PPE and heat; risk of heat stress

- PHW Covid-19 IPC Guidance
- Symptoms of COvid-19
- Guidance and ethical advice and support framework
- How to book a test.

Signage displayed on the notice board in the main building included information on:

- Step by step on how to put on PPE
- Donning and Doffing of PPE for droplet precautions for Covid-19
- Resuscitation Council UK Statement on Covid-19 in relation to First Aid and Community Settings
- Advice on Covid-19 for places of education.

The agency had access to large print/font and easy-read material, which they could access if needed. It was good to note that there was an easy read leaflet available on having a Covid-19 test.

Covid-19 risk assessments had been completed for service users. Care and management plans were noted to be person-centred.

Staffing contingency measures were in place, to help support the agency should there be an outbreak of Covid-19. RQIA was aware that there had been a number of service users who had contracted Covid-19 in 2020. Due to the heightened rate of community transmission at the time, RQIA undertook a support visit to another service within the SHSCT, which was managed by the same manager as Granville. The aim of the support visit was to ensure that there were no issues in relation to IPC practices across other supported living services. RQIA were satisfied that staff had been adhering to the IPC procedures.

Areas of good practice

Evidence of good practice was found in relation to staff recruitment practices and staff registrations with NISCC and the NMC. Good practice was found in relation to IPC; all staff and service users had been adhering to the current Covid-19 guidance on the use of PPE

Areas for improvement

An area for improvement was made in relation to the culture and professional practice of staff within Granville, so as to ensure the safety and well-being of service users; and to safeguard service users against abuse or neglect.

	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 manager, as part of the inspection process and overall findings and matters of concern arising discussed with the trust RI and senior managers. 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 14 (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>Regulation 14. Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>RQIA is to be provided with updates on a monthly basis, as agreed with the manager.</p> <p>Ref: 7.1.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A Quality Improvement Project commenced at Granville Supported Living in May 2021. The overall aim of the project is to develop a culture of high quality, safety, respect and dignity, where service users are empowered to live independent lives and where staff are recognized and valued for their roles.</p> <p>Three workstreams have been identified and sub groups established as follows:</p> <ol style="list-style-type: none"> 1. Human Resources 2. Governance 3. Operational <p>Areas which the workstreams will focus on include recruitment and retention of staff; use of bank and agency staff; skill mix of staff; rotas; training; culture, values, attitudes and behaviours of staff team; recording and reporting of incidents, use of restrictive interventions and adult safeguarding processes; tenant activity plans; communication / engagement with tenants and families; ensuring the ethos of supported living is embedded within the service; develop a safety culture within the service; introduction of a more robust roster system.</p> <p>An action plan was submitted to RQIA on 26.04.2021. RQIA Inspector and Service Manager have agreed that an update to the action plan will be provided to RQIA inspector monthly. Monthly updates will demonstrate the progress on actions taken to improve the culture within the staff team in the service.</p>



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