

Announced Care Inspection Report 26 January 2021



Iona House Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 19b Derry Road, Strabane, BT828DT
Tel No: 028 7138 3400
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

Iona House is a supported living type domiciliary care agency, located on the outskirts of Strabane. The agency aims to provide accommodation, support and care to meet the needs of service users, in an environment that takes into account the physical, social, emotional, spiritual, as well as cultural needs of the service users. Accommodation is provided in 12 single ensuite rooms in three bungalows, with shared living, dining, kitchen and bathroom facilities for adults over 18 years of age with mild to moderate learning disability.

The agency operates a key worker system for all service users; they are provided with support to maintain their tenancy, live as independently as possible and to be involved in the local community.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Sheena McCallion	Registered Manager: Jacqueline McElhinney
Person in charge at the time of inspection: Jacqueline McElhinney	Date manager registered: 12/08/2020

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 23 January 2020.

Since the date of the last care inspection, a small number of correspondences were received in respect of the agency. RQIA was also notified of a small number of incidents 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 26 January 2021 from 10.00 to 13.00 hours.

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 stakeholders to obtain their views on the service quality.

Evidence of good practice was found in relation to recruitment practices and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance on the use of personal protective equipment (PPE).

An area for improvement was made in relation to the monthly quality monitoring processes due to the lack of stakeholder input.

All those spoken with commented positively in relation to 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	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacqueline McElhinney, 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 23 January 2020

No further actions were required to be taken following the most recent inspection on 23 January 2020.

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, notifiable events 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 technology, with the manager.

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

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 December 2020).

We discussed any complaints and incidents during the inspection with the manager and 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 user, relative and staff electronic surveys to enable the stakeholders to feedback to the RQIA.

6.0 What people told us about this agency

The information received shows that people were satisfied with the current care and support. During the inspection we spoke with the manager and five staff members, using technology. All those spoken with confirmed that staff wore personal protective equipment (PPE) as necessary.

We also spoke with a number of service users and their representatives who indicated that that they were very happy with the care and support provided by the agency. HSC' representatives also commented positively in relation to how they felt the service users' needs were being met. Comments are detailed below:

Staff

- “The tenants are really well looked after. Jackie (the manager) is on the ball and very quick to respond if there are issues raised.”
- “We all go above and beyond for the tenants, we have a responsibility to keep them safe.”
- “I have no concerns.”
- “I am getting on great, I love it here. I like to spend more time with the tenants.”
- “It’s a lovely wee place, the tenants are just lovely, I would love to take them home.”

Service users

- “Getting on very well, I have no complaints at all.”

Service users’ representatives

- “I am very blessed to have my (relative) in Iona House. I cannot praise them enough, I have no complaints. They are all on the ball and the staff are outstanding and exceptional. I can talk to Jackie, the manager, about anything and feel I have a good friend in her.”
- “Getting on fine, they seem to be looking after (them) fine.”
- “We are happy, they are well looked after. They are very good at supporting us too, can only sing their praises.”
- “The staff are brilliant, out of this world and the standard of cleanliness in the place in brilliant.”

HSC’ representatives

- “The residents are being well supported in Iona House. There are good links and relationships with families and social work staff.”
- “The staff have provided a good level of support in Iona House. The service users and family members speak very fondly of Iona House. They have managed particularly well in difficult circumstances over the past year, adhering to government guidance in relation to coronavirus safeguarding measures and the difficulties related to residents having to isolate within their home and not being able to have regular direct contact with their family members. Staff have supported residents to engage in more activities within Iona House throughout the times they were unable to attend day opportunities due to the pandemic.”

7.0 The inspection

Recruitment

The review of the staff records confirmed that recruitment was managed in keeping with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of the staff records confirmed that all staff are currently registered with NISCC. We noted that there was a system in place each month for monitoring staff registrations. The manager advised that staff are not permitted to work if their professional registration lapses.

Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow 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 also completed training in relation to IPC and Covid awareness training. This included training on the donning (putting on) and doffing (taking off) of PPE. All those consulted with described how their training included a video on the correct donning and doffing procedures and that they were required to watch at the start of their working day. 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 spot checking care staff in relation to their adherence to the PPE guidance. Advice was given to the manager in relation to maintaining records of the spot checks. The service user and relatives spoken with confirmed that the staff wore PPE appropriately.

Those spoken with described the availability of hand sanitisers which is accessible in each of the bungalows for service users and staff to use. Individual hand sanitiser bottles were also made available to service users, should they need to leave the premises.

Service users had been supported to maintain a two metre distance from other people. The staffing levels had been increased in the agency to support service users with this, during periods when day care arrangements had been suspended. No changes were required to be made to the mealtime arrangements given that service users could eat safely together, whilst maintaining the two metre distance. The staff room was restricted to having two staff present at any one time.

The manager described how signage in relation to visiting was displayed prominently at the entrances to each bungalow. There was a visiting protocol in place. 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 also included having visitors' temperatures checked and completion of a health declaration to ensure that they have not been in contact with anyone who has Covid-19 and that they have no symptoms. The protocol also includes cleaning of the visiting room after each use.

There was also 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.

The manager provided a list to RQIA, by email, regarding the signage that was available throughout the agency, in relation to Covid-19 precautions. Daily updates in relation to Covid-19 are provided to staff via email from Head Office and the manager communicated these to staff on a regular basis. Other information in relation to Covid-19 was displayed throughout the building and retained in a Covid-19 folder. This included information related to:

- Information on Covid-19 (how to prevent the spread)
- Iona House Coronavirus risk assessment and associated action plan
- Psychological Support helpline poster and contact details
- Guidance on good hand washing technique and how to use PPE
- Covid-19 Guidance for domiciliary care providers in Northern Ireland
- Covid-19 key messages for providers of Supported Living services in Northern Ireland
- Emergency response plan (HSCT)
- Contact numbers for Head office, including contacts person for scheme
- Domiciliary Care Services Covid-19 Surge plan version 3, 20 August 2020
- Visiting policy for Care homes/schemes during Covid-19 (Apex) and Visitors advice on PPE
- Advice on car sharing
- Guidance on daily activities
- List of frequently asked questions (Apex)
- Covid-19 Guidance for infection prevention and control in Health Care settings
- Covid-19 Guidance: Ethical advice and Support Framework
- E-mails from Department of Health
- Flow chart on what to do if staff/service user becomes symptomatic (pathways for swabbing).

The service users also had access to large print/font and easy-read material, which they could access if needed. It was good to note that the easy-read material was aimed at reducing any worries the service users may have, particularly where they may see a lot of media coverage when watching television.

Specific risk assessments had been completed for service users and staff in respect of social engagement in designated visiting areas, internally and externally. It was good to note that risk assessments had also been undertaken in relation to vaccinations. Service users' care plans had also been updated.

Discussion with the manager confirmed that she was knowledgeable in relation to staffing contingency measures.

Governance and Management Arrangements

During the inspection we discussed any complaints and any safeguarding incidents which had occurred since the date of the last inspection. We also reviewed the quality monitoring processes in relation to the governance and management oversight of these two areas. The monthly monitoring visits were undertaken on a monthly basis. However, we identified that there was limited input from key stakeholders in the monthly monitoring reports reviewed. Whilst we acknowledge that relatives spoken with confirmed that the manager was in regular

contact with them, an area for improvement has been made to ensure that stakeholders' views are included within the monthly monitoring report.

We discussed an incident which the agency had been reported to RQIA in line with the regulations. We were informed that the HSCT had undertaken an analysis of this incident, in order to identify learning. The review of the Significant Event Analysis (SEA) report identified a number of recommendations. Following the inspection, this matter was further discussed with senior management within Apex. We were advised that the relevant policy had been reviewed in line with the recommendations made within the SEA report and that the manager had reviewed all service users' care records to ensure that the information contained within was accurate. It was good to note that plans are in place to share the learning from this incident across all the Apex services. This will be followed up at future inspections.

Areas of good practice

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance on the use of personal protective equipment (PPE).

Areas for improvement

An area for improvement was made in relation to the monthly monitoring processes to ensure thorough and appropriate stakeholder feedback on all occasions.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

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

An area for improvement has been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

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 Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 8.11 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall review the current system of obtaining stakeholders' views and ensure that these are appropriately reflected in the monthly monitoring report. Ref: 7.0 Response by registered person detailing the actions taken: Stakeholder satisfaction questionnaires are issued monthly, followed up by telephone and responses recorded in the monthly monitoring report.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews