

Announced Care Inspection Report 18 August 2020



Annadale Avenue

Type of Service: Domiciliary Care Agency
Address: 29a Annadale Avenue, Belfast, BT7 3JJ
Tel No: 028 9504 3760
Inspector: Jim McBride

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

Annadale Avenue is a domiciliary care agency supported living type service operated by the Belfast Health and Social Care Trust (BHSCT) which currently provides care and support to 14 adults with a learning disability. The agency's staffing arrangements consist of the registered manager, a deputy manager and a number of senior care and support workers. Service users receive care and support in their own individual apartments and staff are available to respond to the needs of service users 24 hours per day.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Renee Stewart
Responsible Individual: Catherine Jack	
Person in charge at the time of inspection: Renee Stewart	Date manager registered: 13/04/2015

4.0 Inspection summary

An announced inspection took place on 18 August 2020 from 09.10 to 12.30.

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.

RQIA have reviewed correspondence received from the: Agency, BHSC Staff and other intelligence, since the last inspection on the 28 August 2019. Correspondence has included: monthly updates, incident notifications and whistleblowing intelligence.

Following review of this information, the inspector identified that the information received highlighted a number of challenges within the service, associated with the complexity of need and behaviours of service users living within the service. In response to this information RQIA decided to undertake an inspection of the service. We made an informed decision to visit the site given that there were no current Covid-19 positive cases and in order for the inspector to undertake discussions with SU, staff, families and professionals this inspection was carried out using an on-site inspection approach, adhering to social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Areas requiring improvement were identified as:

- Care plans require updating to outline service users' needs in respect of the prescribed services being provided and to specify how those needs are to be met.
- The registered person shall make suitable arrangements, including training, to ensure that domiciliary care workers operate a safe system of working with service users.
- The registered person shall ensure at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency.

- The registered manager ensures that the agency staff are provided with appropriate protective clothing and equipment suitable for the job, to prevent risk of harm, injury or infection to themselves or others.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance. Covid-19 education, infection prevention and control were found to be in line with latest guidelines measures and HSC Trust individual risk assessments.

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	3	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Renee Stewart, registered manager and the operations manager for learning disability BHSCT, 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.

5.0 How we inspect

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

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with HSC professionals involved with 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 and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020
- Individual care and support plans

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received prior to the issue of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives, no responses were returned prior to the issue of the report.

During the inspection the inspector communicated with the registered manager three staff and the operations manager. The inspector had the opportunity to communicate with three relatives and one HSC professional. No service users were available due to social distancing.

Staff raised a number of issues relating to the care and support needs of individuals with complex needs and their ability to ensure, that the service provides effective care and support and the promotion of independence, individual human rights and their ability to provide choice, dignity and compassionate care. Training updates and new ways of working with complex needs was also raised by staff. These issues were discussed with the manager and areas for improvement have been outlined relating to these areas.

Comments received during inspection:

Staff comments:

- “Good team work.”
- “Good place to work and a very supportive manager.”
- “Training good and well supported with Covid-19 guidance.”
- “Good staff team.”
- “The staff support each other well.”
- “We provide good quality care to service users.”
- “Supervision is one to one and it gives you the opportunity to discuss any concerns or worries.”

Relative’s comments:

- “Fantastic staff and good care.”
- “My ***** is well looked after.”
- “Communication is good with the service.”
- “I’m happy with the service.”
- “Great support from staff and they are good at keeping me informed.”
- “***** has a good input into his care and can make his choices.”

HSC professional’s comments:

- “Excellent service and good communication.”
- “The keyworker always keeps me informed of any issues.”
- “The two service users I have contact with are very happy.”

Without exception, relatives were very satisfied with staff and their relatives care and support however feedback suggested relatives were not always assured that the service was fully staffed and their observation of staff suggested that staff at times appeared overwhelmed with extra work pressures. Staffing arrangements were discussed with the manager and an area for improvement has been made in this regard.

The inspector would like to thank the manager, service users, service user’s relatives, staff and HSC professionals for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Inspection findings

Recruitment:

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department. Discussion with the manager 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. The inspector reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of six records confirmed that all staff are currently registered with NISCC. The inspector noted that the manager had a system in place each month 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.

Service quality:

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

Service Users:

- "Staff who support me are good."
- "I have no concerns I like living here."
- "The staff care about us."

Staff:

- "Good staff team who just get on with it and ensure service users get the best possible care."
- "I like working here."
- "I enjoy working here and the care is person centred."

Relatives:

- "There is good communication between me and the staff."
- "It's like a weight being lifted, the staff are great."
- "I'm pleased with the care and support my son receives."

HSC professionals:

- "Good communication between staff and service users."
- "The standard of care is very high."
- "Very caring and the level of communication is good."

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with the HR Department and staff registrations with NISCC. Covid-19 education and individual risk assessments.

A number of areas for improvement were identified during the inspection. The inspector reviewed a number of staff rotas and following discussion with staff and managers, agreed that staffing levels and training related to complexity of need, must be kept under review. The following areas for improvement have also been issued:

Areas for improvement:

- The registered person shall make suitable arrangements, including training, to ensure that domiciliary care workers operate a safe system of working with service users.
- There is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency.
- The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect.

	Regulations	Standards
Total number of areas for improvement	3	0

Care planning and review:

The inspector 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

Review comments:

- “The staff are brilliant and I like the support.”
- “I like living in Annadale and I’m happy.”
- “I like the staff.”
- “I enjoy here and get on well with staff.”

However care plans relating to individual complexity of needs are required to be reviewed regularly in line with behaviours that challenge both service users and staff. When required the information should be sought from other professionals, to ensure the best interests of service users are upheld.

Covid-19:

The inspector spoke with the manager and three staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users.

Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The agency has in place a comprehensive risk assessment relating to special requirements/circumstances that has been created by the HSC trust IPC department.

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

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- BHSCT infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily in line with guidance
- Used PPE storage and disposal
- Staff training and guidance on: a- infection prevention and control and b - the use of PPE equipment, in line with guidance.

The inspector reviewed records relating to IPC policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office.

The inspector reviewed records that indicated that service users and staff had their temperatures monitored twice daily in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the agency for service users, staff and visitors to use to ensure good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC; this was facilitated by staff from the BHSCT.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and senior staff spot check the use of PPE by staff during shifts. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedure and guidance in place show 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 IPC practice commensurate to their role and function in the service.

It was good 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 noted that staff were committed to working in line with Covid-19 guidance and individual risk assessment to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring tenants for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

Areas of good practice

- Compliance with Covid-19 guidance
- Specific individual risk assessment

Areas for improvement

- The manager must ensure the agency delivers services effectively on a day-to-day basis with good professional relationships in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional regulatory bodies and standard setting organisations. Issues arising must be reported to the registered person.
- The manager must ensure that the staff are provided with appropriate protective clothing and equipment suitable for the job, to prevent risk of harm, injury or infection to themselves or others.
- The manager must ensure that the agency staff are provided with appropriate protective clothing and equipment suitable for the job, to prevent risk of harm, injury or infection to themselves or others
- The areas for improvement are to ensure individual risk assessments are kept under review to protect the safety of staff and service users.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Renee Stewart, registered manager and operations 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 and 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 Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (b)</p> <p>Stated: First time</p> <p>To be completed from the inspection date.</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless:</p> <p>(b) He has the experience and skills necessary for the work that he is to perform.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken:</p> <p>The Trust will ensure through the recruitment and induction process that all successful applicants meet the criteria required for the post they are applying for and that they are fully aware of role and responsibilities before commencing in the service.</p> <p>The Trust will ensure all new staff receive a robust induction including appropriate training to equip them with the skills necessary to perform their duties. Supervision and training will be ongoing to ensure staff can access support and training to ensure they maintain and develop their skills and experience.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (a)</p> <p>Stated: First time</p> <p>To be completed from the inspection date.</p>	<p>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 so as to ensure the safety and well-being of service users.</p> <p>Ref:6.1</p> <p>Response by registered person detailing the actions taken:</p> <p>The Trust will make suitable arrangements to ensure the services provided within Annadale Avenue always ensure the safety and well-being of all service users.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (8)(9) & (10)</p>	<p>The registered person shall make suitable arrangements, including training, to ensure that domiciliary care workers operate a safe system of working with service users.</p>

<p>Stated: First time</p> <p>To be completed from the inspection date</p>	<p>The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect.</p> <p>The registered person shall ensure that no service user is subject to physical restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The Trust will ensure all staff all receive Adult Safeguarding Training to ensure they are able to identify and report any concerns of service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect. The registered person will ensure all use of restraint is recorded appropriately within the Datix system. All incidents of restraint will be reviewed to ensure it was the only practical means of securing the welfare of that or any other service user. The registered person will work with the Positive Behaviour Support Team / Psychology to ensure service user PBS plans and care plans are kept up to date and the staff team are aware of how best to support each service user so minimising the need to use restraint. The registered manager will ensure that all relevant staff are MAPA trained and their training is kept up to date to ensure the safety of service users and staff.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed from the inspection date.</p>	<p>The registered manager ensures the agency delivers services effectively on a day-to-day basis with good professional relationships in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional regulatory bodies and standard setting organisations. Issues arising are reported to the registered person.</p> <p>Ref:6.1</p> <p>Response by registered person detailing the actions taken: The registered manager will ensure that issues are recorded and reported appropriately to the Senior Management team. Actions will be agreed to ensure that the day to day services delivered in Annadale remain effective and are delivered in accordance with legislation and standards required.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 16.3</p> <p>Stated: First time</p> <p>To be completed from the inspection date.</p>	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas: A safe and healthy work environment and safe systems of work.</p> <p>Ref:6.1</p> <p>Response by registered person detailing the actions taken: The registered person will continue to recruit new staff to service to ensure safe staffing levels are met. All new and existing staff will avail of information briefings through team meetings, supervision, ongoing</p>

	training and development, this will be monitored by the registered manager to ensure a safe and healthy work environment with safe systems of work.
<p>Area for improvement 3</p> <p>Ref: Standard 16.5</p> <p>Stated: First time</p> <p>To be completed from the inspection date.</p>	<p>The registered manager ensures that the agency staff are provided with appropriate protective clothing and equipment suitable for the job, to prevent risk of harm, injury or infection to themselves or others. Ref: 6.1</p> <p>Response by registered person detailing the actions taken:</p> <p>The registered manager will ensure that all staff are provided with and wear appropriate PPE for all care and support tasks required to meet the needs of the service users. Levels of available PPE will be monitored to ensure appropriate stock level. The use of PPE will be monitored by the registered manager.</p>



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