

Inspection Report

22 October 2024



Ardavon

Type of Service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager: Mrs Allison Foley Date registered: 1 May 2019
Person in charge at the time of inspection: Mrs Allison Foley	
Brief description of the accommodation/how the service operates: Ardavon is a supported living type of domiciliary care agency which provides services to up to 12 service users with a learning disability. The service users' care is commissioned by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced inspection took place on Day Month Year between 9.45 a.m. and 1.50 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management. and Covid-19 guidance was also reviewed.

Areas for improvement identified related to staff training and in relation to the need for a staff escort to be provided on the agency's transport to and from day care settings.

Good practice was identified in relation to service user involvement and the care planning process. There were good governance and management arrangements in place.

Name of Agency uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'. RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members who commented positively in relation to the care and support provided. Service users were observed being relaxed and comfortable in their interactions with staff.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "I'm happy living in Ardavon, staff are nice to me all the time."
- "Good staff."
- "I am happy living in Ardavon."

No responses were received to the electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 7 December 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (a)(b)	The registered person shall ensure that staffing levels are in place to meet the needs of the service users; in order to ensure their safety and wellbeing.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 15 (2)(b)(c)	The registered person shall ensure that the care plans include the level of supervision required when a service user is eating or drinking; this should take account of any individual who has fluctuating needs.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory. Given that this document was produced for the whole of Apex as an organisation, advice was given in relation to printing an addendum that would include data specific to Ardavon.

Review of records identified that the manager was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. Staff were required to complete adult safeguarding training during induction and every two years thereafter. The review of records identified that the transport staffs' safeguarding training was significantly out of date. An area for improvement has been identified.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns. It was good to note that this was a standing item on the service users' meeting minutes.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. The manager was advised to include additional training modules on the training matrix.

Review of records pertaining to the use of as required medicine identified that they were subject to regular audit. Advice was given in relation to further developing the auditing proforma to ensure that it reflected review of bowel records and review of need for short period of regular pain relief. The manager welcomed this advice and submitted the revised audit tool to RQIA following the inspection.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

It was identified that the bus used by service users to travel to their respective day care centres did not have a bus escort on the bus. Following the inspection, it was confirmed to RQIA that this matter had immediately been rectified. An area for improvement has been identified to ensure that this is embedded into practice.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. This supported them to fully participate in all aspects of their care. The level of detail contained within the care and support plans was excellent and reflected the staffs' knowledge of the service users' likes, dislikes and the level of support they may require. The person centred care plans which were underpinned by a human rights approach were commended.

Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- What the different types of abuse look like
- Health and Safety
- Activities
- Professional boundaries
- How the comfort fund could be spent
- Garden Party
- Menu choices

It was good to note that the service users acknowledged the extra effort staff went to, in accommodating individual preferences. Activities service users enjoyed included attending afternoon tea, to celebrate a service user's birthday; pampering sessions in a hotel; shopping trips. Plans were in place for the service users to attend a Halloween Fancy Dress party; and the service users were looking forward to their Christmas party, where an overnight stay was planned.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was a system in place to ensure that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. The induction included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory. The manager was advised to include staff feedback into the annual quality report when it is next due to be completed.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. It was good to note that incidents were subjected to robust analysis as part of the quality monitoring process.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

Staff were able to access the service users' bedrooms in the event of an emergency.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	0	2

The areas for improvement and details of the QIP were discussed with Mrs Allison Foley, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding; this relates specifically to adult safeguarding training for transport staff. Ref: 5.2.1
	Response by registered person detailing the actions taken: Transport staff have now completed their Adult Safeguarding Training and systems have been implemented to ensure this is monitored closely to ensure full compliance every two years
Area for improvement 2 Ref: Standard 8.2 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that a bus escort is provided alongside service users, who attend day care settings; records must be retained of the staff member assigned to this duty. Ref: 5.2.1
	Response by registered person detailing the actions taken: There is an Apex support staff member and the bus driver accompanying the tenants on all journeys to and from the day centres

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