

Inspection Report

18 October 2022



Beechway Houses

Type of Service: Domiciliary Care Agency
Address: Shepherds Way, Dungiven Road,
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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	Registered Manager: Mrs Delma Lorraine McCurry
Responsible Individual: Miss Sheena McCallion	Date registered: 15 June 2017
Person in charge at the time of inspection: Mrs Delma Lorraine McCurry	
Brief description of the accommodation/how the service operates: Beechway Houses is a domiciliary care agency (supported living type) located in Londonderry, which supports up to 16 service users, whose care is commissioned by the Western Health and Social Care Trust. Service users reside in two bungalows; the agency's office is situated adjacent to the homes of the service users and accessed from a separate entrance. Staff are available 24 hours per day to provide care and support to service users to assist them in maintaining their tenancy, live as independently as possible and be involved in the local community.	

2.0 Inspection summary

An unannounced inspection took place on 18 October 2022 2022 between 9:45 a.m. and 2:15 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), restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Two areas for improvement, previously identified, were not met and have been stated for the second time. These related to the experience and training of staff supplied by recruitment agencies; and in relation to the induction of the agency staff.

New areas for improvement were identified in relation to the staffing arrangements and NISCC registrations.

Beechway Houses use 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 the 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. As an individual with a learning disability we will review how service users are respected and empowered to lead a full and healthy life in the community and how they are supported to make choices and decisions in everyday life that enables them to develop, live a 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 provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought the care and support was generally good or excellent. We have noted some of the comments received:

- “I get all the support I need.”
- “I am happy here.”
- “(I am) happy in Beechway.”

As part of the inspection process, we consulted with a number of service users’ relatives. Comments received included:

- “The staff are very good. (Name of service user) gets very used to familiar faces quickly and when there is a changeover in staff it can take a wee while for adjustment. There is a good communication line with the staff and usually if there are any issues they have been easily dealt with.”
- “Yes, happy with the care at Beechway House. (I have) no complaints.”
- “I am happy, but staffing is a problem Although if I have a problem, it can be solved. Some nice people in there, but the younger staff don’t stay. The staff are doing their best and the manager is there a long time and is a great lady and very understanding.”
- “Because of the pandemic the staff have changed and routines have changed a bit. It can and has been a bit inconsistent at times but this is because of temporary and agency staff. I raised staff turnover and staff levels at a meeting with management and advised of the need for permanent staff. The company are going to try to do this but recruitment and retaining of staff is problematic. “

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 15 November 2021		
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)(e)</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>(e) subject to sub-paragraphs (f) and (g), he is registered in the relevant part of the register.</p> <p>This refers to the information provided on agency staff profiles.</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of agency staff profiles identified that a number were out of date. This meant that the manager could not be assured as to the training of the agency staff. One of the profiles indicated that gaps in the staff member's employment history had not been explored. Additionally, the majority of agency staff did not have training in relation to Dysphagia or DoLS. This area for improvement was not met and has been stated for the second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (5)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of the inspection</p>	<p>The registered person shall ensure that staff are provided with an appropriately structured induction training lasting a minimum of three full working days.</p> <p>This refers to the induction of all staff regardless of how they have been recruited.</p>	<p>Not met</p>

	<p>Action taken as confirmed during the inspection: Review of records identified that inductions were not consistently undertaken with agency staff. This area for improvement was not met and has been stated for the second time.</p>	
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5.2 Inspection findings

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

The provision for the welfare, care and protection of service users was reviewed. This included the agency's current staffing arrangements. RQIA was aware that the agency had been experiencing a number of challenges in regard to successfully recruiting and retaining staff. It was noted that there were circumstances which had contributed to the staffing situation which is beyond the control of the manager. Despite the organisation's ongoing recruitment efforts, there continued to be an over-reliance on the use of agency staff within the agency. It was identified that the staffing difficulties had impacted upon the service users, particularly in relation to their ability to be involved in activities. The lack of permanent staff, staffing shortages and over-reliance on staff accessed from another agency also impacted on the agency's ability to reach their objectives in terms of empowering services users and enabling successful communication. Following the inspection, the concerns in regards to the current staffing arrangements were discussed with senior management within the organisation. RQIA received written assurances from the responsible individual as to the actions taken to date and that they planned to take to address the highlighted concerns. Whilst we were satisfied with the assurances provided, RQIA will continue to keep this matter under review. An area for improvement has been identified in this regard.

The organisation's adult safeguarding policy and 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 had been completed.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. It was good to note that Apex held a Safeguarding Adults Week on an annual basis.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Review of the profiles relating to staff provided by recruitment agencies confirmed that they also had completed adult safeguarding training.

Discussion with the manager confirmed that any referrals made to the Adult Protection Gateway Service had been managed appropriately.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised equipment but they were aware of how to source relevant training should it be required in the future.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicines to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertake this task.

The Mental Capacity Act (MCA) 2016 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 had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing care records, it was good to note that service users had an input into devising their own plan of care. Individual care plans were discussed with the service users, which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

As discussed in section 5.2.1 above, there were missed opportunities for service user involvement, particularly in relation to community engagement.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A review of training records confirmed that all staff had completed training in relation to dysphagia and in relation to how they should respond to choking incidents.

The manager advised that none of the service users had dysphagia needs.

A resource folder was available for staff to reference. This included information on Swallow awareness and other relevant information/newsletters.

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.

The manager advised that there were no volunteers working in the agency.

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 support staff through 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. This included a structured, three day induction programme which also included shadowing of a more experienced staff member. However, due to the staffing issues detailed in section 5.2.1, a number of staff were identified as being outside the timescale for completion of registration. This was discussed with the manager who took immediate action to address the matter. Following the inspection, it was confirmed to RQIA by email on 18 October 2022 that this matter had been addressed. An area for improvement has been identified in this regard.

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.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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.

There was a system in place to ensure that staff could access the service users' bedrooms in case of emergency.

7.0 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 Regulations (Northern Ireland) 2007

	Regulations	Standards
Total number of Areas for Improvement	4*	0

* the total number of areas for improvement includes two that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with Mrs Delma McCurry, 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 Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)(e)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>(e) subject to sub-paragraphs (f) and (g), he is registered in the relevant part of the register.</p> <p>This refers to the information provided on agency staff profiles.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken: All profiles are requested in advance of any staff member due to commence a shift This enables the Manager to review and ensure that the profile is in line with requirements prior to the staff member commencing shift If a profile does not meet requirements, the Agency is contacted .If the profile does not meet the Standards then that staff member is not to be used In the situation of Emergency cover, it has been agreed that the Agencies will provide profile within 24 hrs of request</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (5) (a)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that staff are provided with an appropriately structured induction training lasting a minimum of three full working days.</p> <p>This refers to the induction of all staff regardless of how they have been recruited.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken: A new Induction pathway is currently being introduced. The pathway will ensure that all new staff will be provided with an appropriately structured Induction for their specific role. Staff as part of their Induction will be paired with a more experienced staff member for the initial Induction. Following this they will be provided with Training and Support from the Training Team as well as Senior Staff within the scheme</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that there is at all times an appropriate number of suitably skilled and experienced staff.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A revised interim staffing structure has been introduced to support staff as we continue to recruit. The structure consists of a Manager, Deputy Manager, 2 Senior Support Workers during the day and 2 Senior Support Workers during the Night. Whilst new this structure is aiming to provide a suitable skill mix on each shift to support staff. In addition an on-call person is available every day to support staff We have covered all posts within the structure except for one. This post will be filled by a new member of staff in January</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that all staff are appropriately registered within the timescale provided by NISCC.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: All staff within the scheme have been checked and are currently registered with NISCC. This is inclusive of all agency staff who are on the scheme. Agency staff registrations are confirmed within their profiles and these are checked prior to commencing duty One staff member is currently on long term sick. On their return we will ensure that they are fully registered in line with the Standards. A monthly check has been introduced to monitor NISCC registrations and to create an awareness when staff are due to re-register</p>

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