

Inspection Report

11 November 2021



Ballyoan House

Type of Service: Domiciliary Care Agency
Address: Clooney Road, Londonderry, BT47 6TG
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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: Mr Hugh Doherty (Acting)
Responsible Individual: Miss Sheena McCallion	Date registered: Not applicable
Person in charge at the time of inspection: Mr Hugh Doherty	
Brief description of the accommodation/how the service operates:	
<p>Ballyoan House is a domiciliary care agency supported living type, which provides personal care and housing support to up to 16 people with enduring mental health difficulties.</p> <p>Staff are available to support service users 24 hours per day and assist them with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.</p>	

2.0 Inspection summary

The care inspector undertook an announced inspection on 11 November 2021 between 10 am and 1pm.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff.

No areas for improvement were identified. RQIA was assured that the care provided was safe, effective and compassionate, and that the service was well-led.

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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and Quality Improvement Plan (QIP), records of Notifiable incidents, written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the NISCC and the NMC were monitored by the agency.

During the inspection we discussed any complaints that had been received and any incidents that had occurred with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

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

4.0 What people told us about the service

The information provided by service users and staff during the inspection indicated that there were no concerns in relation to the care and support provided. The following comments were received during the inspection:

Service users' comments:

- "I wouldn't be here without them. I want them all to get a pay raise for everything they do."
- "It is grand."
- "We are all very happy here."

Staff' comments

- "The service users are treated very well."
- "I have no concerns, I like it here alright. If I had any concerns, I would go to the manager."

Service users also told us that they were very happy with the support and care provided in Ballyoan House. The following comment was received via the questionnaires:

Service user's comments:

- "I myself don't need care, but it is good to know that I have the support at hand."

A number of staff responded to the electronic survey. Comments received are detailed below:

- “Good standard of care & support provided.”
- I feel this is a really helpful and well run supported living home.”

5.0 The inspection

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

Areas for improvement from the last inspection on 26 November 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23 (1)(2)(3)(4)(5) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the current system of undertaking bi-monthly visits to the agency ceases and that monthly visits are reinstated, in keeping with regulation 23.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the monthly monitoring visits were being undertaken on a monthly basis.	

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency had been completed.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff had undertaken training in relation to adult safeguarding. Review of incidents identified that they had been referred appropriately.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The manager was aware of which incidents required to be notified to RQIA.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training.

The manager demonstrated that they have an 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. RQIA were informed there were no service users who were subject to DoLS. No restrictive practices were used.

The manager confirmed the agency does not manage individual monies belonging to the service users.

5.2.2 Is there a system in place for identifying care partners who visit the service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no restrictions on visiting service users at the time of the inspection. Visiting was facilitated in the service users' individual rooms.

5.2.3 Is there a system 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). Discussion with the manager confirmed that staff have been enrolled to undertake training in dysphagia. It was noted that all staff had undertaken training in First Aid, which includes how to respond to any incidents of choking.

One service user was identified as having swallowing difficulties and required their food to be of a specific consistency. Review of care records confirmed that the care plan reflected the details outlined in the Speech And Language Therapy (SALT) assessment.

5.2.4 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC and the NMC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.5 Are there robust governance processes in place?

The quality monitoring processes were reviewed to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team

7.0 Quality Improvement Plan/Areas for Improvement

There were no areas for improvement identified during this inspection, and a Quality Improvement Plan (QIP) is not required or included, as part of this inspection report.



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