

# Unannounced Domiciliary Care Agency Inspection Report 14 April 2016



## Dunvale House

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Tel: 02871374130

Inspector: Joanne Faulkner

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Dunvale House domiciliary care agency took place on 14 April 2016 from 10.30 to 15.30.

The inspection sought to review progress with any issues identified during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### **Is care safe?**

Delivery of safe care was evident on inspection. The agency has in place robust recruitment systems and ensures there is at all times an appropriate number of suitably skilled and experienced staff to meet the needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust and on occasions other stakeholders. The agency has systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. No areas for quality improvement were identified during this inspection.

### **Is care effective?**

Delivery of effective care was evident on inspection. The agency consistently responds appropriately to meet the individual needs of service users through the development and review of individualised care and support plans. The agency has implemented robust systems for review and monitoring of quality; providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate their representatives. There are robust systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

### **Is care compassionate?**

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care and support. It was noted that agency staff value the views of service users and where appropriate their representatives. The inspector identified evidence of positive outcomes for service users. Service users and relatives indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a meaningful life. No areas for quality improvement were identified during this inspection.

### **Is the service well led?**

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are robust management and governance systems in place to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery.

Evidence of effective working partnerships with the HSC Trust and other external stakeholders was provided. No areas for quality improvement were identified during this inspection.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mary Casey, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

<b>Registered organization / registered person:</b> Apex Housing Association/Gerald Kelly	<b>Registered manager:</b> Mary Patricia Casey
<b>Person in charge of the agency at the time of inspection:</b> Mary Patricia Casey	<b>Date manager registered:</b> 18 November 2015

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with five service users, the registered manager and two support workers; following the inspection the inspector spoke to the relative of one service user.

Questionnaires were distributed for completion by staff and service users during the inspection; one staff and six service user questionnaires were returned.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

The following records were viewed during the inspection:

- Four service users care records
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care records
- Monthly quality monitoring reports
- Audit reports including those pertaining to complaints, notifiable incidents, restrictive practices, safeguarding incidents, supervision and appraisal
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff Induction records
- Staff rota information
- Staff intranet
- Training and development policy, January 2015
- Selection and recruitment Policy; January 2014
- A range of policies relating to the management of staff
- Supervision policy, July 2015
- Safeguarding Vulnerable Adults Policy, October 2014
- Referral and assessment policy, May 2014
- Risk assessment policy, January 2015
- Restrictive practice policy, July 2013
- Whistleblowing Policy, 2013
- Data Protection Policy, February 2013
- Complaints Procedure, May 2013
- Statement of Purpose, December 2015
- Service User Guide
- Accident and Incident policy, 2014
- Standards for supported living, May 2014
- Consent and sharing information, April 2014

#### 4.0 The inspection

Dunvale House is a supported living type domiciliary care agency, located in Londonderry. The agency offers domiciliary care and housing support to adults with enduring mental health issues.

The agency's registered premises are located in the same building as the service users' accommodation. The service users have individual rooms and a range of shared facilities which includes a lounge; bathrooms and kitchen.

Referrals to the agency are made by the HSC Trust mental health services. The agency's aim is to provide care and housing support to service users; this includes helping service users with

tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good mental health and maximising quality of life.

Staff are available to support tenants 24 hours per day and service users have an identified 'key worker.'

Discussion with the registered manager, staff, relatives and service users, provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the registered manager, service users, a relative and agency staff for their support and co-operation throughout the inspection process.

#### 4.1 Review of requirements and recommendations from the last care inspection dated 5 May 2015

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 21.- (1)(a) Schedule 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota details the full names of staff provided and that shift timings are clearly identifiable.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed the agency's staff rota information and noted that records detailed that full name of staff provided and that the shift times were clearly recorded.</p>	

#### 4.2 Is care safe?

During the inspection the inspector reviewed staffing arrangements in place within the agency.

It was identified that the agency's selection and recruitment policy outlines the mechanism for ensuring that relevant staff pre-employment checks are completed prior to employment; a record of checks completed is retained by the agency's human resources department.

The agency's training and development policy details the induction programme lasting at least three days which is in accordance with the regulations; it was noted that staff are provided with weekly induction training in the initial ten weeks of employment. A record of the induction programme provided to staff is maintained; records viewed outlined the information provided during the induction period and enhanced support provided to staff during the probationary period. The agency maintains a record of induction provided; records examined provided evidence of a comprehensive induction programme.

It was noted that following recent restructuring within the organisation, the staff were required to complete competency assessments; staff could describe the benefits to the inspector. Staff stated that they are provided with the agency's staff handbook and have access to the agency's policies and procedures online.

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. The staff rota information viewed reflected staffing levels as described; it was noted that the registered manager has currently been in post for six months and that additional support staff had recently been employed. The agency has a procedure in place for ensuring that staff provided at short notice have the knowledge, skills and training to carry out the requirements of the job role.

The agency has a procedure for the induction of short notice/emergency staff and for verifying the identity of staff prior to their supply; it was identified from records viewed by the inspector that relief staff are accessed from another domiciliary care agency. Staff could describe the impact of staff changes on service users and benefits of ensuring continuity of care.

The agency's supervision and appraisal policies outline the frequency and procedures to be followed; it was noted that staff are provided with a supervision contract. The agency maintains a record of staff supervision and appraisal; records viewed indicated that they are completed in accordance with the agency's policies and procedures.

The agency has an electronic system for recording training completed and for highlighting when training is required to be updated; it was viewed by the inspector. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users i.e. mental health awareness and managing challenging behaviours. The registered manager indicated that staff are encouraged to highlight individual training needs at any time and that training is discussed during individual supervision meetings.

The inspector noted from records viewed that a fire training update for one staff member was outstanding; the registered manager provided a plan to address this and has subsequently provided evidence that the training has been completed.

Staff who spoke to the inspector stated that they had the required knowledge, skills and support to carry out their roles and could describe how their induction involved meeting service users and becoming familiar with their care and support needs. They described the importance of respecting the privacy, dignity and choices of service users and the challenges this created.

The inspector examined the agency's provision for the welfare, care and protection of service users. It was identified from documentation viewed that the agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was noted that the organisation is currently reviewing their policy and procedures to reflect information contained within the guidance. The registered manager stated that senior staff have recently received updated training in relation to the guidance and that the agency has recently provided a safeguarding awareness event for service users.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and records viewed indicated that the agency has responded appropriately to all suspected, alleged or actual incidents of abuse.

It was noted from training records viewed that staff are provided with face to face safeguarding training during induction and at appropriate intervals. Staff who spoke to the inspector demonstrated that they had a good understanding of safeguarding issues and could describe the procedure for reporting concerns.

Staff could describe the detail of the agency's whistleblowing policy and their responsibility in highlighting and raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. It was identified that the agency has in place a risk management policy which outlines the process for assessing and reviewing risk; it details the requirement that risk assessments and management plans are completed in conjunction with individual service users and where appropriate their representatives. In addition the agency receives risk assessments from referring HSCT representatives. It was noted from records viewed and discussions with staff, service users and relatives that risk assessments are reviewed and updated six monthly. The agency's governance arrangements include audit of risk assessment and any restrictive practices in place.

The agencies registered premises are located within the same building as the service users' homes; the premises include a number of offices and facilities which are suitable for the operation of the agency as described in the Statement of Purpose.

One staff and six service user questionnaires were returned to the inspector; they indicated that care provided by the agency was safe.

### **Service user comments**

- 'Staff keep us safe.'
- 'I get on well with everyone.'
- 'I am happy with everything.'
- 'I feel safe.'
- 'I have a better quality of life here.'
- 'I sometimes have a difficulty with another tenant; staff support me with this issue.'

### **Service user representative's comments**

- '\*\*\*\*\* wouldn't be here only for Dunvale; the staff are great.'
- 'Staff are very approachable.'
- 'Staff keep an eye on \*\*\*\*\*.'

### **Staff comments**

- 'We have enough staff to meet the needs of the service users.'
- 'Service users can talk to staff at any time; staff have a good rapport with them.'
- 'My view is we support service users to feel safe.'
- 'During staff induction we have a buddy system; I found it supportive as a new staff member, it helped my confidence.'



## Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3 Is care effective?

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided, including any restrictive interventions, is detailed within the Statement of Purpose and Service User Guide.

The agency's data protection policy relating to management of records which was viewed by the inspector details the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

Discussions with staff, service users and records viewed indicated that HSC Trust representatives are involved in evaluation and review of care plans annually or as required. In addition it was highlighted that the agency reviews care plans six monthly. The inspector viewed a number of individual service user care plans; service users and relatives stated that they are encouraged to be involved in the development of their individual care and support plans. It was noted that staff record daily the care and support provided to service users.

Service users informed the inspector that they are supported to live as independently as possible and can make choices in relation to their daily routines; they stated that they can refuse any aspect of their care and support.

The agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring visits are completed by a senior manager within the organisation. Records viewed included the views of service users, their relatives and where appropriate relevant professionals had been recorded; the inspector noted that they contained a number of positive comments in relation to staffing and service user choice. The documentation includes details of the audit of incidents or safeguarding concerns and reviews staffing, record keeping and financial management arrangements. It was noted that an action plan is developed and that the registered manager is required to record when the required actions have been completed.

The agency facilitates monthly tenants' meetings; records viewed and discussions with service users indicate that they are encouraged to express their views and opinions. Service users and their relatives are aware of the agency's complaints procedure and the agency maintains a record of all compliments and complaints.

It was identified that service users have been provided with a human rights booklet issued by the Ministry of Justice and details of an advocacy service is contained within the agency's service user guide. Minutes of bi-monthly tenants' meetings viewed by the inspector evidenced that human rights and advocacy are discussed regularly.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and relatives and observation of staff interaction during the inspection indicated that service



users can access staff at any time. Service users could describe the process for reporting any issues or complaints. Service users and relatives made positive comments about their working relationships with staff.

It was evident during the inspection that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The registered manager could describe examples of ongoing liaison with stakeholders.

One staff and six service user questionnaires were returned to the inspector; they indicated that care provided by the agency was effective.

### Service users' comments

- 'Staff are brilliant; I have a key worker.'
- 'Staff help me with everything.'
- 'I am happy with everything here.'
- 'I attend the tenant's meeting; I can say what I want.'
- 'I talk to my key worker if I am worried.'

### Service user representative's comments

- 'I attend the meetings with the Trust.'
- 'Staff keep me informed of any changes involving \*\*\*\*\*.'

### Staff comments

- 'Service users can make their own decisions and are supported to take positive risks.'
- 'Care plans are reviewed and updated six monthly and during the review with the HSC Trust key worker.'
- 'Service users can do what they want, it is their home; they make the decisions.'
- 'In my opinion service users' are treated with dignity and respect.'
- 'Service users are supported to live a good life and live as independently as possible.'
- 'I completed competency assessments; made me look at my role.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.4 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity, respect and equality, and to fully involve service users in decisions affecting their care, support and life choices.

It was noted from training records viewed that staff had received training on human rights during their initial induction. Discussions with service users, a relative and agency staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation.

Staff stated that choices and consent of service users are central to service provision; and could describe instances when the rights of service users are promoted and provided examples of positive risk taking to enable service users to live a fulfilling life.

Observations made and discussions with staff and service users indicate that care is provided in an individualised manner. Care plans viewed were written in an individualised manner and service users stated that they are consulted about the care they receive. Records of tenant meetings reflected the involvement of service users and detailed choices made by service users in relation to shared living.

The registered manager could describe the process for liaising with the HSC trust regarding best interest practices for service users where there are capacity and consent issues.

The inspector noted that the views of service users and/or their representatives were recorded throughout a range of relevant agency documentation. Formal processes to record and respond to service users and relatives are maintained through the complaints and compliments process, quality monitoring, HSC Trust review meetings, service user survey, key worker meetings, suggestions box and tenants' meetings.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account the individual views, choices and feelings of service users and supported them to make informed choices and decisions. The inspector noted that the agency had provided a range of information in an alternative format to facilitate clearer understanding.

During the inspection the inspector observed that service users were able to make choices regarding their daily routine and activities; this was confirmed by service users who spoke to the inspector. Records viewed and discussions with staff and service users indicated that service users are involved in decision making on a wide range of matters such as meals, activities and shared facilities.

The inspector noted that that agency has in place systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring and bi-monthly tenant's meetings include evidence of consultation with service users. Action plans developed include details of progress on improvements.

One staff and six service user questionnaires were returned to the inspector; they indicated that care provided by the agency was compassionate.

### **Service users' comments**

- 'I love it here; I have a better quality of life.'
- 'If I am worried I talk to my key worker or the manager.'
- 'I happy with everything; I can do what I want.'
- 'Staff listen to me.'
- 'Staff look for things for us to be involved in.'
- 'The tenant's meetings are great; we bring up what we want to discuss.'
- 'My views are respected.'
- 'Sometimes I have a lazy day; that's no problem.'

### Service user representative's comments

- 'Staff listen to \*\*\*\*\*; we couldn't do without them.'
- 'Staff are approachable.'
- 'Staff are really good.'
- 'I am respected by the staff.'

### Staff comments

- 'I love working here.'
- 'Service users decide what they want to do; they can come and go as they please.'
- 'We listen to service users and involve them in decisions about their lives.'
- 'Service users are supported to attend review meetings and express their views and wishes.'
- 'We support service users to become more independent with life skills such as shopping, banking and attending activities in the community.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a comprehensive range of policies and procedures which are reviewed in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained on an electronic system which all staff have access to, and additionally in paper format stored within the agency's office. During the inspection the inspector viewed a number of policies and procedures on the agency's electronic system.

It was noted by the inspector that the agency's governance arrangements promote the identification and management of risk; these include appropriate policies and procedures, regular audit of safeguarding incidents and incidents notifiable to RQIA, complaints, and restrictive practices.

The agency's complaints policy details the procedure in handling complaints; it was noted from records viewed that the agency has received four complaints for the period 1 April 2015 to 31 March 2016; it was verified from records viewed and discussion with the registered manager that the agency had handled the complaints appropriately. Staff who spoke to the inspector could describe the process for dealing with complaints.

It was noted that the agency has in place management and governance systems to drive quality improvement. Arrangements for managing incidents and complaints include mechanisms for identifying trends and for reducing the risk of recurrences. The inspector viewed evidence of appropriate staff supervision, appraisal, and management of performance issues. The registered manager stated that the rationale for audit within the agency is to identify areas for learning and development, improve the quality of the service provided, and to provide better outcomes for service users.

The organisational and management structure of the agency is clearly defined; it identifies lines of accountability and roles and responsibilities of staff. Agency staff confirmed that they are provided with a job description at the commencement of employment which outlines the role and responsibilities of their job role; staff could describe their roles and responsibilities. Service users and relatives were aware of staff roles and stated that they could contact staff at any time.

The registered person has worked effectively with RQIA to operate and lead the service in accordance with the Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review, and have been reviewed and updated (2015).

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussion with staff indicated that there are effective collaborative working relationships with external stakeholders, including the HSCT representatives. Staff stated that good working relationships with stakeholders enable the service users to achieve better outcomes. Staff provided examples of regular contact with the HSC Trust representatives.

Discussions with the registered manager and staff provided assurances that there were effective working relationships maintained by the registered person with staff. Staff stated that they can access support from the registered manager at any time and described the process for receiving support out of office hours and in the absence of the registered manager.

Agency staff could describe lines of accountability and were aware of the appropriate person to contact if they required support or guidance. Staff indicated that they were confident that line managers listen to and appropriately address any concerns or issues raised. Staff could describe the detail of the agency's whistleblowing policy and their responsibility in reporting any concerns or issues. The registered manager could describe supportive structures in place to support them i.e. quarterly meetings with managers from the organisations other facilities.

One staff and six service user questionnaires were returned to the inspector; they indicated that staff and service users were satisfied that the service was well led.

### **Service user comments**

- 'Staff are brilliant.'
- 'I can talk to the manager at any time; they are very good.'
- 'The manager's door is always open.'

### **Service user representative's comments**

- 'Staff are great.'
- 'New manager is good; I have no concerns.'
- 'I think it's a good place.'

## Staff comments

- ‘We get lots of training; it is good.’
- ‘We are in regular contact with HSC Trust staff to achieve better outcomes for service users.’
- ‘I feel supported in my role; I get regular supervision, it is worthwhile; the manager is good.’
- ‘The manager is supportive; there have been a lot of changes but good changes; any issues raised are followed through.’
- ‘We have a good team.’

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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