

Inspection Report

2 August 2022



Dunvale House

Type of service: Domiciliary Care Agency
Address: Duncreggan Road, Londonderry, BT48 0AA
Telephone number: 028 7137 4130

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion | Registered Manager: Mr Kelvin Hegarty Date registered: 27 June 2022 |
| Person in charge at the time of inspection: Mr Kelvin Hegarty | |
| Brief description of the accommodation/how the service operates: Dunvale House is a supported living type domiciliary care agency, which provides care and housing support services for up to 16 service users with enduring mental health issues. The service users have individual rooms and a range of shared facilities which includes a lounge; bathrooms and kitchen. The agency aim is to provide care and support to service users with the overall goal of promoting good mental health and maximising quality of life. | |

2.0 Inspection summary

An unannounced inspection took place on 2 August 2022 between 10.00 a.m. and 3.20 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 Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement and monitoring staffs' registration with the Northern Ireland Social Care Council (NISCC).

The areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

One new area for improvement was identified in relation to staff training.

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.

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

4.0 What did people tell us about the service?

During the inspection we met with a number of service users who spoke positively about the care and service provided at Dunvale House.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I enjoy living here. All the staff treat me well. If I had a concern I would go to the manager. I wouldn't be asked to do something I didn't want to do. The staff are very helpful."
- "I love living here. This is the only home I have and want. They are so good to all of us. They review my care and everything is discussed and agreed with me. If I saw something wrong I would report it to the manager."
- "I like living here. The staff are good to me. I cook my own food some days during the week and when the staff cook I am given choice. I have input into my care plan. I have no concerns."

Staff comments:

- “I can discuss anything with the manger. The manager is always available. We get training over Zoom and have the opportunity to go into breakaway rooms and discuss different areas of training. The service users have input into support and are given choice. I love work here.”
- “I love working here. I enjoy coming to work. The manager is available. Very good management. If you have any issues they are always here and very compassionate. The service users are given choice. We play table games with the service users. The service user’s choose what they want to eat. I have no concerns. Everything is great.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided.

A number of staff and visiting professional responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- ‘Absolutely love working here. It is like a real family. Amazing Manager, very approachable, amazing with all the tenants.’
- ‘Service well managed, management very approachable and feel that door is always open should you need to ask anything or need any reassurance.’
- ‘Great manager. Puts 110 percent into his job.’
- ‘I love working here.’

5.0 The inspection

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

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.

The last care inspection to Dunvale House was undertaken on 11 December 2020. Two areas for improvement were identified and the Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not undertaken in the 2021-2022 inspection years due to the impact of Covid-19.

| Areas for improvement from the last inspection on 10 December 2020 | | |
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| 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 | 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 |

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| | Action taken as confirmed during the inspection: Review of governance records evidenced that monthly quality monitoring visits were completed in keeping with Regulation. | |
| Area for Improvement 2 Ref: Regulation 22 (6) Stated: First time | The registered person shall ensure that complaints are managed in accordance with the agency's policies and procedures. This refers specifically to following up on an ongoing complaint, to ensure it is concluded. Action taken as confirmed during the inspection: Review of complaints records evidenced compliance with the Regulation | 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 policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff when needing to report 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.

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.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the Health and Social Care Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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.

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. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

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

The Mental Capacity Act (Northern Ireland) 2016 (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.

Staff had completed appropriate Deprivation of Liberty Safeguards (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 when considering DoLS and the provision of care to service users.

Discussion with the manager confirmed that 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. Staff discussed individual care plans 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.

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 quality of their care.

It is important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet by the service to explain Covid-19 and how they could keep themselves safe and protected during the ongoing pandemic. The inspector noted that information posters relating to Covid-19 were also displayed within the common areas.

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

Review of a sample of service users' records evidenced that some service users had been assessed by SALT staff who made nutritional recommendations concerning the need to provide a modified diet. A review of the training records identified that not all staff had up to date training in relation to Dysphagia. Action was taken by the agency to address this deficit and RQIA received confirmation that all staff had completed this training prior to the issue of this report.

A review of service users' care records reflected that staff engaged with members of the multidisciplinary team as needed.

The manager demonstrated a good knowledge of service users' wishes, preferences and assessed needs.

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

A review of the agency's staff recruitment records found 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 had been made by the agency to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a robust system in place which ensured that the manager had effective oversight in regard to staff registration with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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 evidence that all newly appointed staff had completed a structured orientation and induction training, having regard to NISCC's Induction Standards for new workers in social care. There was a robust, structured, induction programme which also 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.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

The manager also maintained a record for each member of staff in relation to 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.

One incident had occurred that required investigation under the Significant Event Audits (SEAs) procedures that was dealt with via the agencies policies and 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.

6.0 Conclusion

RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified.

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