

# Unannounced Care Inspection Report 4 February 2019



## Dunvale House

**Type of Service: Domiciliary Care Agency**  
**Address: Duncreggan Road, Londonderry, BT48 0AA**  
**Tel No: 02871374130**  
**Inspector: Joanne Faulkner**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

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. Service users have an identified 'key worker and staff are available to support them 24 hours per day.

The agency's registered premises are located in the same building as the service users' accommodation and accessed from a shared entrance. 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.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Apex Housing Association  <b>Responsible Individual:</b> Sheena McCallion	<b>Registered Manager:</b> Kelvin Hegarty, Acting-no application received
<b>Person in charge at the time of inspection:</b> Kelvin Hegarty	<b>Date manager registered:</b> Acting-no application received

### 4.0 Inspection summary

An unannounced inspection took place on 21 January 2019 from 10.30 to 16.00.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication with service users, relatives and other relevant stakeholders
- Staff induction, training, supervision and appraisal
- Quality monitoring systems
- Provision of care in an individualised, compassionate manner
- Service user engagement and involvement

This was supported through review of records at inspection and from feedback received from service users and staff on inspection.

The comments of service users have been included in the relevant report sections.

No areas for improvement were identified during the inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

The inspector would like to thank the person in charge, service users and staff for their welcome, support and full co-operation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, 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.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 12 February 2018**

No further actions were required to be taken following the most recent inspection on 12 February 2018.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- discussion with the person in charge
- examination of records
- consultation with service users and staff
- evaluation and feedback

During the inspection the inspector met with the person in charge, five service users and two staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Minutes of service user meetings
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult protection
- Staff rota information
- Statement of Purpose
- Service User Guide

Questionnaires were provided during the inspection for completion by service users and /or relatives; three questionnaires were returned to RQIA. Responses received indicated that service users and/or relatives were very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

The inspector requested that the person in charge display a 'Have we missed you card' to provide relatives and visitors the opportunity to contact RQIA with their views; no responses were received.

In addition feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 12 February 2018**

The most recent inspection of the agency was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 12 February 2018**

There were no areas for improvement made as a result of the last care inspection.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment process is co-ordinated in conjunction with the organisation's Human

Resources (HR) department. The person in charge stated that new staff are not supplied until all required pre-employment checks and induction have been satisfactorily completed.

The organisation is currently developing a process for ensuring that a statement by the registered provider or the registered manager indicating that domiciliary care workers supplied are physically and mentally fit for the purposes of the work which they are to perform as outlined in Regulation 13.(d) Schedule 3, is in place.

The agency's training and development policy outlines the induction programme required to be completed by staff; it was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that new staff employed by the agency are required to attend induction training one day per week for a number of weeks. In addition staff are required to complete an induction competency workbook, medication competency assessments and a number of shifts shadowing other staff employed by the agency at the commencement of employment.

Staff are required to complete the agency's induction workbook based on the Northern Ireland Social Care Council's (NISCC) standards within the initial six months of employment. It was noted that during the probationary period, staff are required to participate in a review of their induction. Staff induction records viewed by the inspector were noted to include details of the information and training provided to staff during their induction period.

Staff are provided with a job description at the commencement of employment. Observations made and discussions with staff indicated that they had the appropriate knowledge, experience and skills to fulfil the requirements of their job roles.

Discussions with staff and service users demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. The inspector identified that a number of staff provided at short notice had been accessed from another domiciliary care agency; the agency retains staff profiles for these individuals.

The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. It was noted that the rota information clearly details staff on duty and denotes the person in charge of each shift. The agency retains an alphabetical index of staff. Staff who spoke to the inspector indicated that they felt there were sufficient staff to meet the assessed needs of service users.

The agency has a process for retaining details of the registration status and expiry dates of staff required to be registered with the NISCC or other regulatory body. The person in charge stated that the information is reviewed monthly in conjunction with the organisation's training officer and that staff are not be supplied for work if they are not appropriately registered. Records viewed during the inspection indicated that staff were registered appropriately. It was noted that staff are reminded by the agency when their registration is required to be renewed.

The agency's supervision and appraisal policies outline the timescales and procedures to be followed. The agency retains a record of staff supervision and appraisal.

Records viewed relating to two staff provided evidence that they had received supervision and appraisal in accordance with the agency's policies. Staff could describe the supervision process and indicated that they are involved in developing individual development plans on an annual basis as part of their appraisal process. Staff supervision and appraisal information viewed were noted to be retained in a well organised and secure manner.

Staff employed by the agency are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. It was noted that the agency has recently introduced an E-Learning programme for staff and that staff are required to complete training on an identified area each month.

Staff could describe the process for identifying training needs in conjunction with the organisation's training officer and their responsibility for ensuring that training updates are completed. One staff member stated that they had recently requested additional training in relation to the needs of the service users and that this had been arranged. Staff stated that their training had equipped them with the appropriate knowledge and skills for their role.

The agency has a system for recording staff training; it was identified that the process had recently been reviewed and updated to ensure that information was accurate and reflective of the training completed by staff. Records viewed indicated that staff had completed required training updates as required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. 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 outline the procedure for staff in reporting concerns.

The agency has identified an Adult Safeguarding Champion (ASC) and a number of deputy ASC's; the policy outlines their roles and key areas of responsibility which was noted to include the completion of an annual report relating to adult safeguarding. It was positive to note that the ASC has developed a newsletter for staff relating to adult safeguarding matters.

Discussions with staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the process for reporting adult protection concerns. Staff are required to complete safeguarding training during their induction programme and in addition an annual update. Training records viewed by the inspector indicated that staff had recently received training in relation to adult safeguarding.

Service users who spoke to the inspector could clearly describe the process for raising concerns in relation to their safety or the care they received.

The inspector viewed the agency's records maintained in relation to safeguarding adults. Discussions with the person in charge and records viewed indicated that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse.

Records viewed and discussions with the person in charge indicated that referrals made had been handled in accordance with the agency's policies and procedures. Referrals made are audited as part of the agency's quality monitoring process.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk. The inspector viewed a range of risk assessments in place relating to individual service users. Service users are supported to participate in an annual review involving their HSCT keyworker if appropriate and a six monthly review of their individual care and support plans. Discussion with staff and service users indicated that there were no practices deemed to be restrictive; the agency completes restrictive practice risk assessments for each service user.



The agency’s office accommodation is located within the same building as the home of the service users and accessed from a shared entrance. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection that the entrance is accessed via a keypad, offices are lockable, records were stored securely and that computers were password protected.

**Comments received during inspection process.**

**Service users’ comments**

- “I am really happy living here.”
- “Everything is okay here.”
- “I feel safe living here; I have lived here for years.”

**Staff comments**

- “Training is good; I prefer face to face training.”
- “I get supervision and appraisal; I am due to attend Mental Health and Substance Abuse training.”
- “I feel service users are safe; I feel their lives are improved living here.”
- “I love working here.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision, appraisal and adult protection processes.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The inspector reviewed that agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised and secured manner. It was identified that staff had received training in relation to record keeping and confidentiality during their induction programme and had recently completed an E Learning module in GDPR.

Service users stated that staff encourage and support them to be involved in the completion of their risk assessments, the development of their care plans and choices relating to their everyday activities.



During the inspection the inspector viewed a number of service user care records; it was noted that care plans were comprehensive; staff record daily the care and support provided.

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing bi-monthly quality monitoring visits; it was noted that additional processes are in place to ensure that relevant information is collated and audited on a monthly basis by the manager and forwarded to a senior manager within the organisation.

The inspector viewed the agency's quality monitoring reports and records of the audits completed by a senior managers within a range of the agency's departments. Records viewed indicated that the process is effective. The records were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment, complaints and financial management arrangements.

## **Comments recorded on quality monitoring reports**

### **Service users' comments**

- "Everything is good here; I am well."

### **Staff comments**

- "Happy with the standards of care, everything is going well."
- "Happy here, \*\*\*\*\* is a great man."

The inspector reviewed the agency's systems to promote effective communication between service users, staff and relevant stakeholders. Discussions with service users, and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users.

The person in charge could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

It was identified that the agency facilitates bi-monthly service user and staff meetings; service users stated that they are provided with the opportunity to express their views and opinions on a range of matters during the meetings. A range of standard items are discussed at all meetings, they include adult protection, complaints, advocacy, professional boundaries and health and safety. Minutes of service users meetings viewed indicated that service users had been provided with additional information in relation the complaints process and personal safety. It was noted that the minutes of the service user meetings contain comments made by service users in relations to their views, preferences and choices.

## **Comments received during inspection process.**

### **Service users' comments**

- "Staff are good to you."
- "My family visit me; I am very happy."
- "There is nothing bad in here."

- “I can go out and about; I like going to the shops and the pub for a wee drink.”
- “The food is good; we get choice.”
- “My keyworker is good.”

**Staff comments**

- “I go out with the service users; I enjoy the one to one key working sessions.”
- “There is good support given to the service users.”
- “We help service users with chores, meals, showering and attending appointments.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and engagement with service users and other relevant key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff had received training in relation to human rights, equality and confidentiality during their induction programme. It was noted that staff had recently been required to complete training relating to GDPR. Service users have been provided with information relating to human rights, advocacy and personal safety. Care records viewed included information relating to their life histories and details of the needs, choices and preferences of individual service users.

Discussions with service users and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the delivery of care and support.

Staff could describe how they endeavour to provide care and support in a person centred manner; and the processes used for effectively supporting service users in making informed choices. Service users indicated that staff encourage and support them to be involved in decisions relating to their care, support and daily activities.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner.

It was identified that staff are required to complete an E learning training module relating to equality and diversity in February 2019 as part of the organisations ongoing training programme. Staff could describe how their development and training equips them to engage with a diverse range of service users.

The agency's Statement of Purpose and Service User Guide contain information relating to equality and diversity.

Discussions with the service users, staff and the person in charge provided evidence that supports tenants' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- stakeholder involvement
- individualised person centred care
- individualised risk assessment

Documentation viewed and discussions with staff indicated that the agency has effective systems in place to obtain and record comments made by service users and/or their representatives. Records of service user meetings; keyworker meetings and reports of quality monitoring visits indicated that the agency has systems for regularly engaging with service users and where appropriate relevant stakeholders. During the inspection the inspector observed a number of service users engaging with staff for support and guidance.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, quality monitoring visits, service user surveys, family meetings, care review meetings and service user meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

### **Comments received during inspection process.**

#### **Service users' comments**

- "I have no concerns; I am happy with everything."
- "I look after my wee cats."
- "I can do what I want; I tell the staff or \*\*\*\*\* if I am not happy with anything."
- "I am getting a Chinese tonight; I am happy with that."

#### **Staff comments**

- "Service users have choice."
- "Service users have privacy."

#### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care and effective engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector reviewed management and governance systems in place to meet the assessed needs of service users. The agency is managed on a day to day basis by the acting manager supported by a team of support workers. Staff who spoke to the inspector could describe the process for obtaining support and guidance at any time including out of hour arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained electronically and in a paper format retained within the agency office. A number of the organisation's policies viewed were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy outlines the procedure for managing complaints; discussions with the person in charge and staff indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff receive training in relation to management of complaints during their induction programme. Service users could describe the process for raising concerns.

The agency maintains a record of complaints received; records viewed and discussions with the person in charge indicated that complaints received since the previous inspection had been managed in accordance with the agency's policy and procedures. It was noted that a number of complaints related to the behaviours of one service; discussions with the person in charge provided assurances that this matter had been resolved. In addition it was noted that complaints are audited on a monthly basis as part of the quality monitoring process.

It was noted that the agency had received a number of compliments relating to the care and support provided.

### Compliments received.

#### Service users' comments

- "All tenants and staff are wonderful."
- "My keyworker is excellent; she is really kind with working with me. She is a good listener and helpful to me; she involves me in activities."
- "\*\*\*\* is wonderful, she is helpful to all the tenants; she is lively and puts you in a good mood."
- "The staff are kind and caring."

It was identified that the agency has systems for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of relevant policies and procedures, and monthly auditing of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective collaborative working with relevant stakeholders.

Records viewed and discussions with the person in charge indicated that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal. Staff who spoke to the inspector could describe the rationale for regularly reviewing the quality of the services provided.

The agency has a robust process for recording and monitoring incidents including those reportable to RQIA; records viewed were noted to be comprehensive and clearly record actions taken and outcomes. Incidents are monitored on a monthly basis.

The organisational and management structure of the agency is outlined in the Statement of Purpose. Staff demonstrated that they had a good understanding of the responsibilities of their roles; it was noted that staff had been provided with a job description at the commencement of employment. Staff stated that the manager and senior staff are approachable and supportive; they could describe the procedure for obtaining support and guidance.

Service users indicated that they knew who to talk to if they had a concern; it was noted that service users are reminded at service user meetings of the process for raising concerns.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The inspector noted that the agency's Statement of Purpose and Service User Guide were required to be updated to include accurate details of the current manager; assurances were provided that this would be actioned immediately following the inspection.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

## **Comments received during inspection.**

### **Staff comments**

- "The manager is very supportive; I can raise issues."
- "Good team work."

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process and the management of complaints and incidents.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

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



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