The Regulation and Quality Improvement Authority

Inspection Report

6 April 2023

Dunvale House

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

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Apex Housing Association **Responsible Individual:** Ms 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 6 April 2023 between 10.25 a.m. and 3.15 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), service user involvement, restrictive practices and dysphagia management was also reviewed.

An area for improvement identified related to the monitoring of professional registrations of staff supplied by recruitment agencies.

Evidence of good practice was found in relation to staff knowledge of adult safeguarding, communication between service users and agency staff and other key stakeholders; the provision of compassionate care; staff training; and quality assurance.

There was evidence identified throughout the inspection process that the agency promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, decision making, confidentiality and service user involvement.

All service users spoken with indicated that they were very happy with the care and support provided by the staff.

We would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

Dunvale House Supported Living Service uses 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 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 staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

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

Comments received included:

Service users' comments:

- "This is a good place to live and I have been here a long time. Staff treat me well and I know them all."
- "I have no problems or complaints."
- "The staff are great and I get to choose what I do every day."
- "Staff are very supportive. Staff are always around to talk to."

Staff comments:

- "The manager is available at all times and he encourages staff to raise issues with him. There is an open door policy."
- "Apex provides very good training; all my training is up to date."
- "Tenants are treated with respect and we promote their independence."
- "Good communication and we have a staff handover when we come on shift."

Returned service users' questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

"Our staff give a care package that is made to suit each tenant. I'm very satisfied."

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

"Tenants are treated very well and their wishes are respected."

5.0 The inspection

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

The last care inspection of the agency was undertaken on 2 August 2022 by a care inspector. No areas for improvement were identified.

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 in reporting 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. They could also describe their role in relation to reporting poor

practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

Records viewed and discussions with manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with the manager and staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard.

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as dysphagia and first aid.

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.

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 (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 MCA.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with staff, it was positive to note that service users had an input into devising their own plan of care and support. The service users' care and support plan contained details about their likes and dislikes and the level of support they may require.

Care and support plans are kept under review and service users and/or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the agency had service users' meetings on a regular basis. Some matters discussed included activities, outings, health and safety and advocacy services.

Discussion with the staff and service users provided assurance that the staff had responded to service users' wishes, feelings, opinions and concerns with the aim of ensuring service users received an effective service.

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). Whilst none of the service users had swallowing difficulties. It was positive to note that staff had completed training in dysphagia and in relation to how to respond to choking incidents.

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 (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations, of staff employed by the agency, to be monitored by the agency's personnel department and the manager. However, there was a small number of staff working in the service that had been supplied by a recruitment agency. Discussion with the manager and review of records identified that a system was not in place to review the professional registrations of these staff. An area for improvement has been identified in this regard.

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, 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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

We reviewed the quality monitoring arrangements in line with Regulations and Standards. Quality monitoring was undertaken monthly. A review of the reports of the agency's monthly 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 training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs).

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. The review of records and discussion with the manager confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

Discussions with the management and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous training updates, supervision/appraisal processes, team meetings and an open door policy for discussions with the management team and observation of staff practice.

There is a system in place that clearly directs staff from the agency as to what actions they should take if they are unable to gain access to a service user's home.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP were discussed with Mr Kelvin Hegarty, 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 Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 12.6 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that a robust system is implemented to include the monitoring of staffs' professional registrations for any staff member supplied by a recruitment agency. Ref: 5.2.4
	Response by registered person detailing the actions taken: Agency profiles have been audited and all have been updated to reflect NISCC/ Induction and Mandatory training. Further discussions had with Recruitment Agency around regulatory requirements and agreement made for furture updated profiles of staff being sent to organisations. All agency profiles within the service are within regulatory requirements as per standard 12.6.

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