

# Unannounced Care Inspection Report 27 September 2019



## Dunvale House

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

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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 for up to 16 service users. Service users have an identified 'key worker' and staff are available to support them 24 hours per day. The care and support is commissioned by the Western Health and Social Care Trust.

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> Miss Sheena Mc Callion	<b>Registered Manager:</b> Mary Patricia Casey
<b>Person in charge at the time of inspection:</b> Mary Patricia Casey	<b>Date manager registered:</b> 18 November 2015

### 4.0 Inspection summary

An unannounced inspection took place on 27 September 2019 from 10.30 to 14.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties 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 choices and freedoms associated with any person living in their own home.

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

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, privacy, autonomy, equality, choice, dignity, confidentiality and service user involvement.

No areas for improvement were identified.

Service users indicated that they were happy with the care and support provided.

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.

#### 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 Marie Casey, manager, as part of the inspection process and can be found in the main body of the report.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 04 February 2019

No further actions were required to be taken following the most recent inspection.

#### 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responded.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the service users and their representatives; six were returned and details of the responses are included within the report.

The inspector spoke with three service users and three staff members. Comments received are reflected within the body of the report.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 4 February 2019

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

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. A matrix was available, which evidenced compliance with regulation in respect of all pre-employment checks.

Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The review of the induction workbook verified that staff were provided with an induction period which exceeded the timescales outlined within the Regulations.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. It was good to note that additional training had been provided to staff in areas such as human rights, confidentiality, data protection and communication. Plans were in place for staff to complete training on equality and diversity.

The manager also maintained information on staff from other domiciliary care agencies, to evidence their compliance with recruitment practices, professional registration and mandatory training requirements. Agency staff were generally provided with a three day induction in keeping with the regulations.

The review of records confirmed that any potential safeguarding incidents had been referred appropriately. Where appropriate protection plans were in place to ensure that the service users were safe and protected from harm. The review of the minutes of service users meetings identified that adult safeguarding was a standing item at all meetings. Any safeguarding issues were reviewed as part of the monthly quality monitoring processes, to ensure any follow up action was taken.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that there is an identified ASC within the organisation. The Annual Position Report had also been completed.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes, to ensure that any patterns or trends were identified.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency’s arrangements for managing this and the manager advised that they did not identify any potential challenges to this.

During the inspection the inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users’ health, welfare and safety. The inspector was advised that there were no restrictive practices in use within the agency.

Care records and information relating to service users were stored securely and accessible by staff when needed.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.4 Is care effective?**

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

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information and risk assessments.

The care plans reviewed identified that consideration had been given to the service users’ human rights. This related particularly to, but was not limited to, the service users’ rights to privacy and dignity; personal choices and autonomy. The care records were also noted to include information on the service users likes and dislikes and what they felt was important to them. This information helped the staff to get to know the service users better.



No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Service user' and staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. This included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users.

### 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 compassionate?

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

The organisation's principles of care were included in the staff induction workbook. This clearly identified to staff, the organisations' expectation in relation to treating service users as individuals, promoting their human rights and respecting their right to privacy, dignity and respect, promoting independence and maintain confidentiality.

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.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support

- individualised person-centred care
- individualised risk assessments
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Records of service user meetings and reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders.

A range of documents were available in easy read format, these included a restrictive practice assessment and a house sharing agreement.

Staff spoken with were aware of issues relating to consent. It was noted that consent had been sought from all service users, in relation to the sharing sensitive information and for the staff to contact relatives in relation to changes in health needs or changes in the care plan.

Where appropriate, service users were encouraged to self-administer their own medications.

Participation in activities in the local and wider community were encouraged, with appropriate staff support; it was good to note that the service users were involved in planning the activities they wished to partake in. Examples of activities services users were supported with included walks, shopping, bingo, pamper sessions, games, arts and crafts. Service users were also invited to a tea and talk session, where they are encouraged to socialise.

The inspector spoke with three service users, who indicated that they were happy living in Dunvale House.

The inspector also spoke with four staff members who all spoke positively in relation to the care and support provided.

The returned questionnaires from six service users indicated that that they were 'very satisfied' that the care was safe, effective and compassionate; and that the service was well led. Written comments included:

- "It is a homely place, I am happy here."
- "I'm very pleased; I have a lot of confidence in all staff."
- "Care is 110 percent here. Very happy and comfortable here."
- "I'm happy here. Staff are very friendly."
- "Happy with my care and support at Dunvale."
- "All staff is very good .... Going well."

### **Areas of good practice**

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users 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

### 6.6 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 agency is managed on a day to day basis by the manager, with the support of a deputy manager and a team of care staff. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There had been a small number of minor complaints received from the date of the last inspection and these were deemed by the inspector to have been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. It was noted that service users were reminded of how they could make a complaint in the service users' meeting and feedback cards were available.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). A review of the records confirmed that all staff were currently registered with NISCC or with the Nursing and Midwifery Council. The manager confirmed that information regarding registration and renewal dates were maintained by the agency.

The staff induction workbook provided new staff with information on the NISCC Induction Standards and provided them guidance on where they could get information to meet the standards. Information was also given to the manager in relation to the new Learning Zone, created by NISCC, which aims to provide registrants with a range of learning tools and information guides. The manager welcomed this information and agreed to share this with the staff.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned. Advice was given in relation to a specific aspect of the monitoring process. This will be followed up at future inspection.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- care and support records
- service user' finances
- medicine records

- environmental audits
- health and safety audits
- laundry audits
- cleanliness audits

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user surveys.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in electronic format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

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

### Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, dignity, confidentiality and service user involvement.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<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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