

Unannounced Care Inspection Report 21 March 2019



Woodbank House

Type of Service: Domiciliary Care Agency
Address: 9 Deverney Road, Omagh, BT79 0ND
Tel No: 02882251762
Inspector: Aveen Donnelly

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

Woodbank House is a supported living type domiciliary care agency located in Omagh. The agency's aim is to provide accommodation, care and support to meet the needs of 16 people with enduring mental health issues in an environment that takes into account the physical, social, emotional and spiritual needs of service users. Staff are available to support service users 24 hours per day and support them with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

The service users' care is commissioned by the Western Health and Social Care Trust (HSC).

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager: Ms Caroline Swift
Person in charge at the time of inspection: Deputy manager	Date manager registered: 18/04/2011

4.0 Inspection summary

An unannounced inspection took place on 21 March 2019 from 09.30 to 15.45.

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 throughout the inspection in relation to recruitment practices, staff development, adult safeguarding and risk management. The care records were generally well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

A number of areas were commended during the inspection, particularly the educational resource file which was used to support staff' knowledge and an adult safeguarding project which had been undertaken with the service users. The staff had also achieved an appropriate balance between promoting autonomy and maintaining safety, which resulted in positive outcomes for the service users.

No areas requiring improvement were identified during the inspection.

Consultation with the service users and their representatives 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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the deputy manager and the registered manager, who joined the inspection for feedback, 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 22 August 2017

No further actions were required to be taken following the most recent inspection on 22 August 2017.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

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

The following records were examined during the inspection:

- staff recruitment matrix
- staff training matrix
- staff supervision and appraisal matrix
- one staff induction record
- accident and incident records
- two service users' care records
- staff' meeting minutes
- service users' meeting minutes
- relatives' meeting minutes
- monthly quality monitoring reports
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- a sample of policies and procedures
- annual service users' survey results
- the Statement of Purpose
- the Service User Guide.

At the request of the inspector, the person in charge 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 responses were received.

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; no responses were returned within the timeframe for inclusion within this report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

The inspector spoke with the deputy manager, three staff members, four service users, four relatives and two HSC Trust representatives. Comments received are included within the body of the report.

The findings of the inspection were provided to the deputy manager and the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 August 2017

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.

During the inspection the inspector reviewed the agency’s processes for avoiding and preventing harm to service users and this included a review of the staffing arrangements in place. There was a manager in post, who managed the agency with the support of a deputy manager and a team of care staff. The staffing arrangements were discussed with the inspector, was advised that there were currently no staff vacancies. Staff from other domiciliary care agencies were used to cover annual leave or staff illnesses and efforts were made to ensure that the agency used the same staff, who were familiar with the service users’ needs. No concerns were raised with the inspector in relation to the staffing levels and the needs of the service users not being met.

The organisation has a dedicated Human Resources (HR) department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of the recruitment matrix identified that the required checks had been undertaken in keeping with regulations.

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 inspector was advised that staff are not be supplied for work if they are not appropriately registered and indicated that staff are alerted when their registration is required to be renewed. Records viewed during the inspection indicated that staff were registered appropriately.

The profile of one staff member accessed from another domiciliary care agency was noted to be out of date. This was raised with the person in charge, who ensured that an up to date profile was received during the inspection.

There was a procedure in place in relation to the induction process. This reflected that the induction provided to staff is at least three days as outlined within the domiciliary care agencies regulations. A review of records confirmed that induction was also provided to staff accessed from another domiciliary care agency. Advice was given in relation to implementing a system to ensure that agency profiles were up to date.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the supervision and appraisal matrix confirmed that the staff received formal supervisions three times a year and an annual appraisal.

A review of the staff training matrix confirmed that training had been provided in all mandatory areas and records were kept up to date. It was identified that additional training had been provided to staff in areas such as resilience and mental health first aid. The inspector was also advised that the trust provided training to staff, specific to the service users' needs, when required. It was noted that the agency had developed an educational file which contained useful information on a number of physical and mental health conditions. This was available to all staff and was used as part of the staff supervision process. This is good practice and is commended.

The staff member spoken with confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had.

Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The inspector was advised that there had been a small number of incidents which had been referred to adult safeguarding since the date of the last inspection. A review of the records confirmed that these had been managed appropriately. An annual safeguarding position report had been completed.

There was a poster displayed at the front entrance to the building, called 'a Key to Safeguarding'. This displayed the staffs' pledge to safeguard and protect the service users living in Woodbank House. The inspector also viewed statements made by the service users in relation to their understanding of what the term 'vulnerable adult' meant and how to stay safe. This was displayed near the front entrance to the building and is highly commended by the inspector. Service users' comments indicated that they felt safe because:

- "Staff look after me, I can talk to them if I am worried, they won't let anything happen to me."
- "I am able to talk to staff and I have my own space. I know that staff will always be here and I will not be alone."

- “Staff help me to feel safe because they look after me and get help when I am unwell.”
- “The staff here are very good to me. They are very calm and know how to treat people. I love all the staff.”

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

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. There was some evidence of positive risk taking in collaboration with the service users and/or their representative, the agency and the HSC trust. Discussion with the manager and HSC trust representatives identified that the staff had achieved an appropriate balance between promoting autonomy and maintaining safety. There was also evidence that this approach to care delivery resulted in positive outcomes for the service users. This is good practice and is commended.

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 in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 the 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.

Records viewed by the inspector were noted to be retained in an organised and secure manner, in keeping with the agency’s data protection policy.

During the inspection the inspector viewed a number of service user care records; it was noted that risk assessments and care plans were comprehensive. Staff recorded 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 agency has a process for completing bi-monthly quality monitoring visits; it was noted that additional processes were in place to ensure that relevant information is collated and audited on a monthly basis by the management team.

The inspector viewed the agency’s quality monitoring reports and records of the audits completed by a senior manager within a range of the agency’s departments. Records viewed indicated that the process is effective. 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. The records were noted to include comments made by service users, and where appropriate their representatives.

Comments recorded on quality monitoring reports included:

HSC Trust’ representatives

- “Excellent facility, the clients are very well cared for and with great respect and dignity.”
- “I find all staff members to be helpful and considerate in their approach to myself and clients.”

Service users’ comments

- “I like it here.”
- “Everything is good.”
- “I am keeping well, everything is good.”

Staff

- “I am enjoying it here.”

The inspector reviewed the agency’s systems to promote effective communication between service users, staff and relevant stakeholders. Discussions with service users’ representatives indicated that staff communicated appropriately with service users.

Discussion with two HSC trust representatives indicated there were excellent working relationships between the agency, the HSC trust and other relevant stakeholders.

It was identified that the agency facilitates regular service user and staff’ meetings. It was identified that a range of standard items are discussed at all meetings, they include adult protection, complaints, 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 safeguarding.

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 in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

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 had completed training on equality and diversity.

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 service users' 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 record comments made by service users and/or their representatives. Records of service user meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users and where appropriate relevant stakeholders.

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. A review of the compliments recorded within the monthly quality monitoring reports identified that all those consulted had rated the quality of the service as excellent.

The inspector spoke with the deputy manager, three staff members, four service users, four relatives and two HSC trust representatives. Some comments received are detailed below:

Service users' representatives

- "I don't see anything wrong, don't hear (service user's name) complain."
- "We are very happy, no concerns."
- "They are all so good, very happy, lovely staff."
- "(Service user's name) is happy enough there."

HSC’ Trust representatives

- “I couldn’t place a high enough value on this place, the communication is excellent and the staff are second to none.”
- “I have no concerns, in fact quite the opposite, it is very well managed and there is excellent person-centred care there.”

Staff

- “Lovely place, nice place to work.”
- “We do our best to help promote their independence, like a big family.”
- “(the majority) of service users want to live here forever, that says a lot.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and 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 in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 the management and governance systems in place within the agency to meet the needs of the service users; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide. The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms.

The agency’s on call system ensured that staff could avail of management support 24 hours a day. The inspector was advised that an on-call register was maintained and reviewed on a regular basis, to ensure that any learning deficits could be identified and subsequently addressed. This is good practice.

There had been a small number of complaints received from the date of the last inspection and these were deemed 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.

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.

There were processes in place to ensure that the quality of services was evaluated on an annual basis. Comments recorded on the annual service user' satisfaction survey included:

Relatives

- "Keep up the good work."
- "Excellent service provided."

Service users

- "Staff are very good to me."
- "I feel safe."

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 electronically and in hard copy also. It was noted that the service users had recently attended a focus group on policy development. This is good practice.

The agency had a robust process in place for recording and monitoring incidents including those reportable to RQIA; records viewed were noted to be comprehensive and clearly record actions taken and outcomes.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC trust, 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 examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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