

# Inspection Report

23 September 2021



## Woodbank House

**Type of Service: Domiciliary Care Agency**  
**Address: 9 Deverney Road, Omagh, BT79 0ND**  
**Tel No: 028 8225 1762**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Apex Housing Association	<b>Registered Manager:</b> Miss Caroline Swift
<b>Responsible Individual:</b> Miss Sheena Mc Callion	<b>Date registered:</b> 18 April 2011
<b>Person in charge at the time of inspection:</b> Mrs Susan Miles, Assistant manager	
<b>Brief description of the accommodation/how the service operates:</b>  Woodbank House is a supported living type domiciliary care agency located in Omagh. The service's aim is to provide accommodation, care and support to meet the needs of up to 16 service users with enduring mental health issues. Staff are available to support service users 24 hours per day.  The agency's registered office is located within the same building as the service users' accommodation.	

## 2.0 Inspection summary

The care inspector undertook an announced inspection on 23 September 2021 between 11 am and 2 pm.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff' registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Service users said that they were satisfied with the standard of care and support provided.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff.

RQIA were assured that the care workers provide compassionate care; and that the agency is generally well led. An area for improvement was made in relation to developing competency assessments for the staff in charge of the service, in the absence of the manager. This has the potential to impact on the safety of service users and ensuring they receive the right care at the right time. A second area for improvement was made in relation to mandatory 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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, quality improvement plan (QIP) and written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the NISCC and the NMC were monitored by the agency.

During the inspection, we discussed any complaints that had been received and any incidents that had occurred, with the person in charge and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

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

### 4.0 What people told us about the service

The information provided by service users and staff during the inspection indicated that there were no concerns in relation to the care and support provided. The following comments were received during the inspection:

#### Service users' comments:

- "I like it here."
- "It is very good, it is a real home."
- "They are very good to me here, I have no complaints."

#### Staff' comments

- "I enjoy it here, everything is good and I know if I had any concerns, I would raise them."
- "I love it here, it's actually nice to come to work. I have no concerns whatsoever."

Staff and service users also told us that they were very happy with the support and care provided in Woodbank House. The following comments were received via the electronic survey:

**Service users' comments**

- "I like living in Woodbank, I can always go to staff if any problems."
- "All the staff are very good, I am happy in Woodbank and want to stay rest of my life."
- "Happy in Woodbank and the staff are lovely and kind and good to me."

**Staff' comments**

- "I'm very happy with the training and learning opportunities provided to me by Apex. All tenants are treated with respect and care is person centred to meet individual needs. Great place to work."

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

<b>Areas for improvement from the last inspection on 5 November 2020</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23 (1)(2)(3)(4)(5)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate from the date of the inspection	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that monthly monitoring visits had been undertaken on a monthly basis.	

**5.2 Inspection findings****5.2.1 Are there 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 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 clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed and found to be satisfactory.

Discussions with the person in charge demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff indicated that they had a clear understanding of their

responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice. Review of incidents identified that they had been referred appropriately.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The person in charge was aware of which incidents required to be notified to RQIA.

Training was available for staff, appropriate to the requirements of their role. However, the review of the training records identified a number of staff that were overdue their update training; and a number who had yet to undertake the training. An area for improvement has been made in this regard.

We viewed training information pertaining to agency staff members. Whilst there was evidence that staff profiles had been provided by the agency, advice was given in relation to the need for the profiles to be updated.

The person in charge demonstrated that they have an 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. RQIA were informed there were no service users who were subject to DoLS. No restrictive practices were used.

The person in charge confirmed the agency does not manage individual monies belonging to the service users.

### **5.2.2 Is there a system in place for identifying care partners who visit the service users to promote their mental health and wellbeing during Covid-19 restrictions?**

The person in charge advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. The person in charge agreed to proactively engage with relatives to ensure that they were aware of the Care Partner approach, should they wish to avail of it.

### **5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The person in charge advised that none of the service users had been assessed by SALT in relation to dysphagia needs. The person in charge agreed to source training for staff on Dysphagia should this be required in the future.

### **5.2.4 Are there robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC and the NMC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

### 5.2.5 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

It was noted within the monthly monitoring reports, that the person designated with the responsibility of undertaking the visits, focused on the staffing levels within the service. We acknowledge the efforts being made to recruit new staff. However, on the day of the inspection, the service was short staffed. Whilst there was no evidence of any impact on service users, it was identified that the person in charge had not escalated the staffing shortage in a timely manner. This was discussed with the person in charge. This has the potential to impact on the safety of service users and ensuring they receive the right care at the right time. An area for improvement has been made in this regard.

It was established during discussions with the person in charge that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

## 6.0 Conclusion

RQIA were assured that the care workers provide compassionate care; and that the agency is generally well led. An area for improvement was made in relation to developing competency assessments for the staff in charge of the service, in the absence of the manager. This has the potential to impact on the safety of service users and ensuring they receive the right care at the right time. A second area for improvement was made in relation to mandatory training.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

An area for improvement and details of the Quality Improvement Plan (QIP) were discussed with Susan Miles, Assistant manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be completed by:</b> 24 November 2021	<p>The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them; this relates to mandatory training requirements.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All new H&amp;SC employees have a comprehensive organisational induction program that includes completion of an Induction booklet at scheme level that has adopted the NISCC Induction standards. Training is delivered through a blended approach of Elearning &amp; virtual/face to face learning</p> <p>Personnel are working on an escalation process to support the policy to ensure that all training is carried out in a timely manner. This will be shared across all schemes.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be completed by:</b> 24 November 2021	<p>The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them; this relates to the need for competency assessments to be undertaken for those who may be in charge of the service, in the absence of the manager.</p> <p>Ref: 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The induction booklet is undergoing review to incorporate the PIC competency assessment.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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