

# Unannounced Care Inspection Report 3 February 2017



## Woodbank House

**Type of Service: Domiciliary Care Agency**  
**Address: 9 Deverney Road, Omagh BT79 0ND**  
**Tel No: 02882251762**  
**Inspector: Lorraine O'Donnell**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Woodbank House took place on 3 February 2017 from 09:30 to 16:15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary supported living service was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

During the inspection the agency was found to be competently delivering safe care. The agency ensures there are appropriately trained and supervised staff who understand the needs of service users. During inspection the inspector was unable to confirm if all pre-employment checks are undertaken as these records are held at the agency's head office human resources department; however, at the request of the inspector the registered manager contacted this department who have confirmed they hold all the relevant information for each staff member.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. However, the Adult Safeguarding Policy available at inspection was dated October 2014. The manager has confirmed the policy relating to the safeguarding of vulnerable adults, is currently being updated. The inspector found significant evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

### **Is care effective?**

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users' representatives are closely involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users' representatives, and provide a thorough system of audit and service improvement.

### **Is care compassionate?**

During the inspection the agency was found to be competently delivering compassionate care.

The inspector observed interactions between staff and service users and received feedback from relatives and a community professional which indicated that the human rights, choice and respect of service users are upheld through service delivery.

The agency maintains systems to ascertain the wishes and feelings of service users/their representatives, and to involve them in decision making.

### **Is the service well led?**

During the inspection the agency was found to be competently delivering a well led service. Management and governance systems have been effectively implemented at the agency to

ensure that the needs of service users are met and quality improvement is driven. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Caroline Swift, the registered manager, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10 December 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Apex Housing Association/Gerald Kelly	<b>Registered manager:</b> Caroline Swift
<b>Person in charge of the service at the time of inspection:</b> Caroline Swift	<b>Date manager registered:</b> 18 April 2011

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016

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

- Discussion with the registered manager
- Consultation with two members of staff

- Discussion with two service users
- Discussion with a care manager
- Examination of records
- File audits
- Evaluation and feedback

The service users' views are contained within the body of this report.

On the day of inspection the inspector met with two members of staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with questionnaires to distribute to randomly selected staff members for their completion. Three completed staff questionnaires were returned to RQIA. The content of the questionnaire is discussed in the main body of the report. The registered manager was also provided with questionnaires to distribute to service users for their completion. One service user returned a completed questionnaire.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Schedule of staff supervision and appraisal dates
- Two induction records
- Complaint log
- Staff training schedule
- Staff duty rotas
- Monthly monitoring reports for October to December 2016
- Minutes of staff meetings
- Minutes of tenant meetings
- Policies and procedures relating to: risk management, staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints
- Records of incidents reportable to RQIA in 2015/2016
- The agency's Statement of Purpose

#### **4.0 The inspection**

Woodbank House is a supported living type domiciliary care agency situated close to Omagh town which provides care and support for fifteen individuals.

The agency provides a domiciliary care type supported living service to 15 tenants. Staff provide support on a 24 hour basis and are present in the tenants' home at all times.

Discussions with the staff and the two service users provided evidence of positive outcomes for service users; details of which have been included within this report.

#### 4.1 Review of requirements and recommendations from the last care inspection dated 10 December 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 21(1)(a) <b>Stated:</b> First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner.	<b>Met</b>
	The registered person is required to ensure that the agency's staff rota information includes the full name and role of staff provided.	
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the current staff rota and this rota contained the full name and role of each staff member.	

#### 4.2 Is care safe?

The agency's registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose.

During the inspection staffing arrangements were reviewed by the inspector. The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Following inspection the manager has confirmed with the human resources department all the required information and documentation is in place in line with the regulations.

A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

The agency has a structured comprehensive staff induction programme. The inspector viewed induction records for three staff which confirmed that a competency assessment is carried out for each new care worker and subsequent supervision records maintained. The agency has an appropriate induction and support mechanisms in place for staff working on a temporary basis.

The inspector examined the agency's provision for the welfare, care and protection of service users. The Adult Safeguarding Policy available at inspection was dated October 2014. The manager stated this policy was in the process of being updated to ensure it was in line with regional guidance "Adult Safeguarding Prevention and Protection in Partnership July 2015" and they confirmed this document would be finalised and available by 31 March 2017, pending director approval. Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse. The registered

manager discussed the agency's response to safeguarding concerns and their role in working with the HSC Trust during the completion of an investigation.

The agency's whistleblowing policy and procedure was found to be satisfactory. The care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

Records of training and staff feedback indicated that staff attended a range of training necessary to meet the needs of service users.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained.

Service user referral information received from the HSC Trust staff contained information regarding the service user and/or their representatives. The inspector examined three support plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users' and/or representatives' views had been obtained and incorporated. Records of risk assessments are completed with each service user, regularly evaluated and reviewed.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The service users interviewed by the inspector stated that they felt safe and secure in their home. The inspector found the care provided was of a high standard; response to the questionnaires received from the members of staff and the service user would indicate a high level of satisfaction.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. It was noted that the Statement of Purpose and Service User Guide provide a comprehensive overview of the full nature and range of current service provision and are provided to service users and/or their representatives.

The inspector reviewed a range of care plans which are provided to service users. Staff provided feedback about how care plans are developed alongside service users and/or their representatives, to fully incorporate the views and wishes of service users. Service user records evidenced that the agency had carried out care reviews with service users in line with the agency procedure.

The registered manager confirmed annual questionnaires were issued to staff and service users to obtain feedback on services provided. The inspector viewed the annual report for 2015/16 which contained information relating to these questionnaires.

It was evident that staff have developed a good understanding of service users, which was reflected in the care plans and in the discussions the staff and service users had with the inspector.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, relatives, staff and as appropriate HSC Trust professionals; and progress on improvement matters. The inspector noted that quality monitoring reports documented positive feedback regarding the quality of service provision.

Minutes of tenant meetings clearly documented communication processes between agency staff and tenants, including tenant views and how the agency has responded to them. Discussions with the service users indicated that they have open lines with communication with staff. The service users provided feedback and stated they are aware how to raise concerns or complaints.

In the questionnaires returned by the staff and service user, they indicated they were 'very satisfied' and "satisfied" that care was effective.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care compassionate?

The staff spoken to on the day of inspection described to the inspector that values including privacy, dignity, independence and choice, form an important part of care provision.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. The inspector noted that service users were able to exercise choice regarding a range of daily decisions. The service users who spoke with the inspector valued their independence and the ability to take part in activities of their choosing in their home and the local community. The tenant meeting minutes viewed by the inspector reflected opinions being sought in respect of choices regarding outings.

The service user informed the inspector that they felt that the staff are appropriately trained and knowledgeable regarding their care and support needs.

### Service User comments

- "Feel safe here."
- "It is my home."

The inspector noted that service users' care plans were very person centred and specific to the individual, with the inclusion of pictorial guides which reflected service users' wishes or needs. The likes and dislikes of each service user were noted in detail in their file, alongside information about preferred means of communication and delivery of care.

The questionnaires returned by the staff members and the service user indicated they were 'satisfied' that care was compassionate.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is the service well led?

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. The manager stated the policy folders were being updated to ensure they contained the most recent version available for staff online. The agency maintains and implements a policy relating to complaints and compliments. The service users interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interview.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis.

Staff described the manager as approachable. It was noted that staff available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated that that the manager responds to their concerns.

The registered person has worked effectively with RQIA; the inspector viewed the agency's records of notifiable events and these records indicated that incidents had been reported to RQIA within the specified time frame.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders which are valued by staff.

The questionnaires returned by staff and service user indicated they were 'very satisfied'/'satisfied' that the service is well led.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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