

Unannounced Care Inspection Report 10 February 2020



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 provider 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 service'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 the 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 (HSCT).

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 10 February 2020 from 10.15 to 12.30 hours.

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.

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

An area for improvement was made in relation to the monthly quality monitoring process.

Evidence of good practice was found in relation to Access NI and staff' registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC).

The majority of those spoken with commented positively in relation to the support and care provided.

The findings of this report will provide the service 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	1	0

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 21 March 2019

No further actions were required to be taken following the most recent inspection on 21 March 2019.

5.0 How we inspect

Prior to inspection the inspector reviewed the information held by RQIA about this service. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. The inspector also spoke with healthcare professionals involved with the service.

The inspector ensured that the appropriate staff checks were in place before staff visited service users.

- Recruitment records specifically relating to Access NI; NISCC and NMC registrations.

Questionnaires and “Have we missed you?” cards were provided to give service users and those who visit them the opportunity to contact us after the inspection with their views. One response was received; however the questionnaire did not identify whether it had been returned by a service user or from a relative. Feedback is included within the report.

A poster was provided for staff detailing how they could complete an electronic questionnaire feedback to RQIA. No responses were received.

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.

During the inspection the inspector spoke with nine service users, two staff, five relatives and two HSCT’ representatives.

The inspector would like to thank the person in charge, service users, service users’ relatives and staff for their support and co-operation throughout the inspection process.

6.0 Inspection findings

The review of records confirmed that there was a system in place to ensure that relevant pre-employment checks with Access NI had been undertaken prior to employment. There was a system in place to ensure staff were registered with NISCC and the NMC and these were monitored on a regular basis.

Whilst the majority of those spoken with commented positively in relation to the support and care provided, a small number of service users raised a concern with the inspector, in relation to a specific matter. During the inspection, the inspector relayed the concerns to the area manager for review and immediate action was taken in this regard. Following the inspection,

the inspector was informed that the HSCT were reviewing this matter and that RQIA would be informed of the outcome.

At the inspector's request the monthly quality monitoring reports were submitted to RQIA, by email on 11 February 2020. In April 2017, Apex Housing Association implemented an alternative approach to assuring quality monitoring and this was deemed appropriate by RQIA at that time. Given that the monthly quality monitoring processes were not robust in detecting the concern raised to the inspector, an area for improvement has been made, to ensure that monitoring visits revert to being undertaken on a monthly basis, in keeping with Regulation 23.

Staff spoken with did not raise any concerns in relation to the care and support provided. The inspector also spoke with five relatives and two HSCT representatives and feedback was positive. Comments are detailed below:

HSCT' representatives

- "I would have no concerns, the clients are getting on very well there."
- "We are very happy with how the staff are supporting the service users, very well looked after, we link in closely with them, there is good communication."

Relatives

- "I am happy enough, no complaints, they seem to be looking after him well enough, I have no issues."
- "Not one concern, they are so, so good, we are very pleased with the way he is getting on, they are great and that goes for every single one of them."
- "No concerns."
- "I am more than happy, the staff are excellent, I couldn't praise them highly enough. Woodbank is just the right place for (name of service user)."
- "I am happy enough with what he is getting there, the staff are very approachable."

The one returned questionnaire indicated that the respondent felt 'very satisfied' that the care was safe, effective and compassionate; and that the service was well led. No written comments were received.

Areas of good practice

Evidence of good practice was found in relation to Access NI and staff' registrations with NISCC and the NMC.

The majority of those spoken with commented positively in relation to the support and care provided. Matters requiring further review were discussed with the relevant HSC Trust.

Areas for improvement

An area for improvement was made in relation to the quality monitoring process.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the Area manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 23 (1)(2)(3)(4)(5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>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.</p> <p>Ref: 6.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Apex Director of Supported Living has written to RQIA Interim Director of Improvement requesting an opportunity for further discussion on the reinstatement of monthly visits with the Aveen Donnelly, Inspector.</p>



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