

# Unannounced Care Inspection Report 19 June 2017



## Parkview House

**Type of service: Domiciliary Care Agency**  
**Address: Parkview Road, Castleterg BT81 7XH**  
**Tel no: 02881679192**  
**Inspector: Joanne Faulkner**

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Assurance, Challenge and Improvement in Health and Social Care

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

Parkview House is a supported living type domiciliary care agency, situated in Castlederg. The agency offers domiciliary care and housing support to service users who live in individual flats with en-suite bathroom facilities. The flats are unfurnished as each tenant is encouraged to individualise their flat to their own taste.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life.

Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

### 3.0 Service details

<b>Registered organisation/registered person:</b> Apex Housing Association Gerald Kelly	<b>Registered manager:</b> Davina Marion McAllister
<b>Person in charge of the service at the time of inspection:</b> Davina Marion McAllister	<b>Date manager registered:</b> 30 March 2009

### 4.0 Inspection summary

An unannounced inspection took place on 19 June 2017 from 11.00 to 15.00.

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 domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

#### Evidence of good practice was found in relation to:

- Staff recruitment;
- Staff induction and training;
- Quality monitoring;
- Service user engagement.

#### Service users said:

The comments of service users have been included in the relevant report sections.

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.

The inspector would like to thank the registered manager, service users and agency staff for their support and co-operation throughout the inspection process.

### 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 Davina Marion McAllister, 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 31 October 2016

No further actions were required to be taken following the most recent inspection on 31 October 2016.

## 5.0 How we inspect

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

- Discussion with the registered manager and senior support worker
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the registered manager, two service users and three staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Staff Handbook
- Supervision Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy

- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that agency's Human Resources (HR) department to review the agency's individual staff recruitment records.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; two service user and four staff questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report. Feedback received from a service user in relation to the quality of food provided was discussed with the manager during the inspection and assurances provided that the agency has had ongoing engagement the service user in order to achieve a satisfactory outcome for the service user.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 31 October 2016

The most recent inspection of the agency was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 31 October 2016

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 patients and clients from the care, treatment and support that is intended to help them.**

During the inspection the agency's processes to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements in place within the agency.

It was noted that the agency's recruitment policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment is processed and managed by the organisation's HR department.

Prior to the inspection the inspector visited the HR department on 27 April 2017 and reviewed a number of staff personnel records; documentation viewed was noted to include details of the organisation's recruitment processes and evidence of the pre-employment checks completed.

Documentation viewed and discussions with HR personnel indicated that the agency has effective recruitment systems in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed. The registered manager could describe the process for obtaining confirmation that new staff are available to commence employment.

The agency's training and development policy outlines the induction programme provided to staff; the inspector noted from records viewed and discussions with the registered manager and staff that the organisation has a 10 week rolling induction programme which staff are required to complete. Staff are required to attend induction training one day per week for the initial ten weeks of employment to complete the organisation's induction programme which is in excess of the three day timescale as required within the regulations. Staff stated that they were required to complete an induction workbook and shadow other staff employed by the agency during their induction programme. A record of the induction programme provided to staff is retained by the agency; documentation viewed by the inspector detailed the information provided during the induction period.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager. Staff who spoke to the inspector felt that there were enough staff to meet the needs of the service users. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The agency's supervision and appraisal policies outline the procedures and timescales to be followed. The inspector viewed the supervision and appraisal records for three staff; those viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector indicated that supervision and appraisal benefited them in their job roles.

The agency has an electronic system for recording staff training; the manager could describe the process for identifying training needs in conjunction with staff and the organisation's training officer. Staff were aware of their responsibility for ensuring that required training updates are completed and for ensuring that they had the required skills and knowledge to fulfil their roles. The inspector noted from records viewed and discussion with staff that all staff were required to complete training in a range of identified areas and if required training specific to the needs of individual service users. It was noted that the agency has recently introduced an E- Learning programme for staff and that staff will be required to complete an identified training module on a monthly basis.

The inspector viewed that agency's staff training matrix and noted that the record indicated that staff had completed relevant mandatory training. Staff who met with the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role. The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has updated their policy and procedures to reflect information contained within the policy.

The registered manager stated that all of the organisation's registered managers have received training in relation to the updated policy and procedures; they could describe the agency's plans to provide information sessions for all staff in relation to the updated procedures. It was noted that staff have recently completed an E learning module in relation to adult safeguarding.

The agency has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility which was noted to include the completion of an annual report relating to adult safeguarding. The inspector noted that information leaflets in relation to adult safeguarding have been developed for both staff and service users and that adult protection is discussed at service user and staff meetings.

The inspector noted that the agency's policy and procedures clearly outline the process for staff in reporting concerns. Discussions with the manager and staff demonstrated that they had a clear understanding of adult safeguarding and the process for reporting concerns; in addition staff had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are provided with training in relation to safeguarding vulnerable adults during their induction programme and in addition are required to complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager and records viewed it was identified that the agency has a system for recording any referrals made to the relevant Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has made no referrals in relation to safeguarding since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk; it details that risk assessments and management plans are required to be completed in conjunction with service users and where appropriate their representatives. It was noted that service users are supported to participate in an annual review involving a HSCT keyworker if appropriate and that care and support plans are reviewed as required. It was identified that the monthly governance arrangements include an audit of individual care records and risk assessments and any practices that may be deemed as restrictive.

The agency's registered premises are located within the same building as the service users' accommodation and accessed from a shared entrance; the premises includes an office that is suitable for the operation of the agency as described in the Statement of Purpose. It was noted that the agency has a contingency pack for staff to support them in the event of a serious incident occurring.

Two service user and four staff questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is safe.

### **Service users' comments**

- 'I feel safe.'
- 'I talk to XXXXX if I am worried.'
- 'Staff are alright; some are very good.'

**Staff comments**

- ‘Service users are safe.’
- ‘All staff are long term staff member who ensure that tenants are safe and protected at all times’
- ‘I love this place.’
- ‘We have enough staff.’

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risk.

**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 effective?**

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

During the inspection the inspector reviewed the agency’s arrangements for appropriately responding to and meeting the assessed needs of service users. It was noted that the agency’s Statement of Purpose and Service User Guide detail the nature and range of services provided.

The data protection policy outlines the procedures for the creation, storage, retention and disposal of records. Records viewed both prior to and during inspection indicated that they maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed at the organisation’s head office prior to the inspection were noted to be retained securely and in an organised manner; in addition documentation held in the agency’s office both electronically and in a paper format were noted to be retained securely. It was identified that staff had received training relating to record keeping and confidentiality during their induction programme.

Staff stated that service users are supported to be effectively engaged in the care planning process. Service users who spoke with the inspector could describe how staff support them to be involved in the development of their care and support plans and indicated that their choices are reflected. The inspector noted from records viewed that service users are requested to sign their individual care plans to indicate that they have agreed the care to be provided.

The agency has systems in place to monitor, audit and review the effectiveness and quality of care provided to service users. The inspector noted that the organisation has recently reduced the frequency of the quality monitoring visits by a senior manager to quarterly; additional processes have been implemented to ensure that relevant information continues to be collated and audited on a monthly basis. The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plans developed; they indicate that the system is effective in identifying areas for improvement.

Records of quality monitoring visits viewed during the inspection were noted to include comments made by staff, service users, and where appropriate their representatives. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, record keeping and financial management arrangements.

## **Comments recorded on quality monitoring reports**

### **Service users' comments**

'I am happy, no complaints.'  
'I am well looked after and go out to the daycentre.'

### **Staff comments**

'I enjoy my work.'  
'I think the tenants are well looked after, I feel supported.'  
'Everything is grand, there are no problems.'

### **Relative's comments**

'I am very happy with the placement. My mother is well looked after.'

### **HSCT representatives' comments**

'I think this is an excellent establishment.'  
'No concerns, staff are very pleasant.'

The agency's systems to promote effective communication between service users, staff and other key stakeholders were reviewed during the inspection. Discussions with service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users. Service users who spoke to the inspector could clearly describe the process for raising concerns or complaints.

The agency facilitates bi-monthly service user meetings; service users who met with the inspector indicated that they are provided with the opportunity to express their views. Staff meetings are facilitated; it was noted that a number of standard items are discussed at each meeting.

The registered manager could describe a range of methods used to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders.

Two service user and four staff questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is effective.

### **Service users' comments**

- 'Staff are helpful.'
- 'I have had problems with the food; I have discussed these with management, staff and the catering manager.'

### **Staff comments**

- 'It can be hard at times to motivate service users to be involved in care and support planning.'

- ‘Training is good.’

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services 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 care compassionate?

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

During the inspection the inspector sought to assess the agency’s ability to treat service users with dignity and respect and to involve service users in decisions affecting the care and support they receive.

The inspector noted that staff have been provided with information relating to human rights and confidentiality during their initial induction programme. Discussions with service users and staff, and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

The inspector noted from observation of staff interactions with service users that staff endeavour to provide care in an individualised manner and support service users to make informed choices. It was noted that the agency’s complaints policy has been provided in an alternative format to support service users in understanding the information being provided. Staff stated that if necessary the agency can provide a range of information in an alternative format to assist service users to effectively engage in decisions about their care and support.

The agency has a range of processes for recording comments made by service users and/or their representatives were appropriate. Systems for effectively engaging and responding to the comments and views of service users and their representatives are maintained through the agency’s compliments/complaints process; quality monitoring visits; service user meetings and care review meetings. The organisation’s quality monitoring process supports the agency in the evaluation of the quality of the service provided and in identifying areas for improvement.

Service users could describe how staff have supported them to be involved in making decisions regarding the care they receive. During the inspection the inspector observed staff supporting service users to make choices regarding their daily routine and activities. Service users who spoke to the inspector stated that they could speak to staff at any time and made positive comments in relation to the care and support they receive from staff.

The inspector noted from records viewed that comments made by service users and other relevant stakeholders were reflected in the minutes of service user and care review meetings.

Two service user and four staff questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that care provided is compassionate.

**Service users’ comments**

- ‘I like to spend most of my time in my room.’
- ‘I can do what I want.’

**Staff comments**

- ‘Tenants are cared for; they can do what they want.’

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of 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

**6.7 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 management and governance systems in place within the agency to meet the needs of service users; documentation viewed and discussion with staff and service users indicated that the agency has implemented effective systems of management and governance.

The agency is managed on a day to day basis by the registered manager and a senior support worker. Ongoing support and guidance from a senior manager within the organisation can be accessed at any time.

It was noted from a range of policies and procedures viewed during the inspection that the agency’s policies and procedures were in place and had been reviewed and updated in accordance with those outlined within the minimum standards. Staff could describe the procedure for accessing the agency’s policies and procedures; it was noted that they can be accessed both electronically and in a paper format.

The inspector noted that the agency has effective systems for reviewing information with the aim of improving safety and quality of care for service users.

It was identified from records viewed and discussions with staff that the agency’s governance arrangements promote the identification and management of risk; these include the provision of

and review of relevant policies and procedures, monthly and quarterly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Service users who spoke to the inspector could describe the process for making a complaint. It was identified from discussion with the registered manager and records viewed that the agency has received no complaints since the previous inspection. It was noted that complaints are audited on a monthly basis.

The inspector viewed information that indicated that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints. Throughout the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. The registered manager and staff could describe the benefits of reviewing the quality of the services provided and of identifying examples of good practice and areas for improvement.

Feedback provided to the inspector by staff and service users and documentation viewed indicated that there are effective collaborative working relationships with relevant stakeholders. The Statement of Purpose outlines that organisational and management structure of the agency and details lines of accountability. Staff had a clear understanding the responsibilities and requirements of their individual job roles; service users knew who to talk to if they had a concern. Staff could describe the process for obtaining support and guidance including the arrangements for out of hours; those who spoke to the inspector stated that the manager is approachable and supportive.

The inspector reviewed arrangements in place for ensuring that were required staff are registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate; it was noted that a record is maintained by the agency and the HR department which records registration details and expiry dates. Discussions with the HR manager and the registered manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered. The inspector viewed the NISCC registration records for a number of staff and noted that they were registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Two service user and four staff questionnaires were returned to RQIA; responses received indicated that both staff and service users were satisfied that the service is well led.

### **Staff comments**

- 'I feel supported in my role.'
- 'The manager is approachable.'

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements, management of complaints and incidents and quality monitoring and improvement.

## 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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