



The Regulation and  
Quality Improvement  
Authority

Parkview House  
RQIA ID: 10857  
Parkview Road  
Castleberg  
BT81 7XH

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**Unannounced Care Inspection  
of  
Parkview House**

**1 March 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 1 March 2016 from 10.00 to 14.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 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 can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Apex Housing Association/Gerald Kelly	<b>Registered Manager:</b> Marion Davina McAllister
<b>Person in Charge of the Agency at the Time of Inspection:</b> Marion Davina McAllister	<b>Date Manager Registered:</b> 30 March 2009
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> Six	

Parkview House is a supported living type domiciliary care agency, situated in Castlederg. The agency offers domiciliary care and housing support to service users.

The 'housing with care' tenants occupy individual flats with en suite bathroom facilities, the aim of which is to provide housing with care to older people. 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 aim 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. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users.**

**Theme 2: Service User Involvement - Service users are involved in the care they receive.**

### 4. Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff/stakeholders
- File audit
- Evaluation and feedback

During the inspection the inspector met with three service users, three support staff and the registered manager; the inspector spoke to a relative of one service user and an HSCT representative.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- The care records of two service users
- Recording/evaluation of care records
- Monthly quality monitoring reports
- Minutes of tenants' meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment policy (January 2014)
- Supervision policy (July 2015)
- Staff register/information
- Agency's rota information

- Whistleblowing policy
- Training and development policy (January 2015)
- Disciplinary procedure (June 2014)
- Staff handbook (April 2015)

Staff questionnaires were completed by three staff following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are satisfied that the induction programme prepared them for their role.
- Staff are satisfied that care is delivered in a person centred manner.
- Staff are satisfied that concerns raised are taken seriously.
- Two staff are satisfied that at all times there is an appropriate number of suitably skilled and experience persons to meet the service users' needs.
- Staff are aware of the agency's whistleblowing policy.

One individual indicated that they were unsatisfied that at all times there is an appropriate number of suitably skilled and experience persons to meet the service users' needs; this was discussed with the manager prior to the issuing of the report and assurances provided that at all times there is an appropriate number of staff available to meet the needs of the service users. The manager discussed the rationale for having recently reduced the number of staff due to the reduced number of service users requiring care and support.

Service users' questionnaires were completed by six service users during or following the inspection; they indicated that:

- Service users are satisfied with the care and support they receive.
- Service users are satisfied that they are consulted in relation to the quality of the service.
- Service users feel safe and staff respond to their needs.
- Five service users are satisfied that staffing levels are appropriate.
- Service users are satisfied that staff have the skills to care for them.

The inspector would like to thank the service users, a relative, the HSCT representative, staff and the registered manager for their support and co-operation during the inspection.

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the agency was an announced care inspection dated 2 March 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 14.(d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted and the prescribed services arranged by the agency , are provided –</p> <p>(d)so as to ensure the safety and security of service users’ property, including their homes</p> <p>This requirement is in relation to the registered person ensuring that service users are encouraged to have an assessment of needs carried out by the relevant HSC trust.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> It was identified that service users have been encouraged and supported to avail of an assessment of needs by the relevant HSC trust.</p>	
<p><b>Requirement 2</b></p> <p>Ref: Regulation 23.-(1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of relevant professionals.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> It was noted from records viewed that the agency’s monthly quality monitoring record records the views of relevant professionals.</p>	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 3.7	<p>Where the agency is acting in response to a self-referred service user, the registered manager explores with the service user the value of availing of the HSC trust's systems.</p> <p>This recommendation relates to the manager ensuring that service users are encouraged to avail of an assessment of need by the HSC trust prior to admission to the service and that the agency retains a copy of assessments.</p> <p><b>Action taken as confirmed during the inspection:</b> It was identified that service users have been encouraged and supported to avail of an assessment of needs by the relevant HSC trust.</p>	<b>Met</b>

### 5.3 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

#### Is Care Safe?

The agency's selection and recruitment policy outlines the mechanism in place to ensure that appropriate pre-employment checks are completed; a record of checks completed is retained by the organisation's Human Resources department. The agency maintains an alphabetical index of domiciliary care workers supplied or available for supply by the agency, and a staff register. The manager could describe the process for ensuring that staff supplied are physically and mentally fit for the purposes of their job role; staff are required to complete a medical assessment prior to commencement of employment.

The agency's 'Training and Development Policy' outlines the induction programme lasting at least three days, which includes shadowing other staff members. The manager stated that the induction provided included information specific to the needs of individual service users. Staff stated that they receive a structured induction programme based at the agency's head office. A record of the induction provided to staff is maintained by the agency; records viewed provided evidence of a comprehensive induction programme. Staff are provided with a staff handbook and induction booklet, and have access to the agency's policies and procedures. It was identified that staff receive more frequent supervision during their induction period.

A record is maintained of those staff supplied on a temporary or short notice basis. The agency has a procedure for verifying the identity of all staff prior to their supply; documentation viewed contained a photographic profile. The agency has a procedure for the induction of staff supplied at short notice.

The agency's policy and procedures for staff supervision and appraisal detail the frequency and process to be followed. It was noted from records viewed that a record of supervision and appraisal are maintained; those viewed indicate that they are completed in accordance with

the agency's policies and procedures. The person completing the monthly quality monitoring visit monitors the agency's supervision and appraisal compliance with the policy.

### **Is Care Effective?**

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times; the manager stated that staffing had been reduced due to a decrease in the number of service users. It was noted that staff rota information reflected staffing levels as described by the manager; rotas viewed for the forthcoming days had staff allocated to shifts as required. From records viewed it was identified that staff rota information detailed the full names of staff provided and included a list of abbreviations.

Staff stated that they are provided with a job description during their induction and could describe their roles and responsibilities. The agency has a process for ensuring that staff supplied from another domiciliary care agency have the appropriated knowledge, skills and training to fulfil the requirements of the role.

Staff could describe the content of the induction programme provided; they stated that they felt equipped to fulfil the requirements of their role. Induction information viewed and discussion with staff indicated that the induction programme includes training at the organisation's head office and shadowing other staff in the agency. A record of induction is maintained; it was noted that staff are required to complete and evaluation of induction at regular intervals and end of course evaluations.

The agency's 'Training and Development Policy', January 2015, outlines the responsibilities of the manager and staff in highlighting and addressing training needs. The agency maintains a matrix of staff training which is reviewed monthly by the manager; staff stated that they can approach the manager at any time to discuss individual training needs. It was identified that all staff have recently completed competency assessments due to restructuring within the organisation.

Staff providing supervision have received appropriate training; the agency's policy details the frequency of supervision and appraisal. Staff stated that they receive quarterly supervision and annual appraisal; this was confirmed by records viewed. Mandatory training is provided to all staff and in addition the agency provides training specific to the needs of individual service users.

The agency has a process for addressing unsatisfactory performance of staff; the staff handbook outlines the agency's disciplinary policy and procedures.

Staff were aware of their responsibility in highlighting concerns and had knowledge of the agency's whistleblowing policy.

### **Is Care Compassionate?**

The manager stated that service users are introduced to all staff and allocated a key worker, and that any issues raised by service users and their representatives are discussed at tenant and staff meetings.

Service users stated that they are familiar with staff provided to support them and are introduced to new staff. Staff could describe the impact of staff changes on service users and the benefits in providing continuity of care.

Induction records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that they had the required knowledge and skills to carry out their roles; they stated that during induction they are allocated time to familiarise themselves with the needs of service users. Observation of staff interaction with service users and discussions with staff and service users indicated that staff provided have the knowledge and skills to meet their needs.

Staff described the importance of respecting the privacy, dignity and wishes of service users; service users stated that their privacy and dignity is respected at all times.

The agency's disciplinary policy and procedures outline the process for addressing unsatisfactory performance of staff.

### **Service User Comments:**

- "Staff are very good."
- "I like living here."
- "I speak to staff if I am worried."
- "I am happy with everything."
- "Staff listen to us."
- "There are enough staff."
- "I get on well with staff."

### **Staff Comments:**

- "I received induction; we are well trained."
- "I feel supported in my role, the seniors are approachable."
- "Supervision is good."
- "I feel there are enough staff to meet the needs of the service users."
- "We work as a team; the staff support each other."
- "I feel confident to report any concerns."
- "I have just completed a competency reassessment."

### **Relative's Comments:**

- "Staff are good."
- "I have no issues or concerns."

### **H SCT Representative Comments:**

- "Staff are excellent."
- "Communication is good; staff are very approachable."
- "Staff work with the service users to achieve the best outcomes."
- "Staff keep me informed of any changes or concerns."
- "I have no issues or concerns."



## Areas for Improvement

There were no areas for improvement identified within Theme 1.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive

#### Is Care Safe?

Assessments of need and risk assessments viewed reflected the views of service users and/or representatives. Service users stated that they are involved in the assessment of need and completion of their individual care plans.

Staff could describe the benefits of positive risk taking and their role in supporting service users to live as independently as possible. From discussions with service users and from records viewed there was evidence of positive risk taking in collaboration with the service user and/or their representative.

#### Is Care Effective?

Service users are encouraged to participate in an annual review of their care and support; staff record daily the care provided. It was noted that Star outcome assessments and care plans are reviewed six monthly or as required; in addition staff complete a monthly report for individual service users. Service users stated that they are involved in the development of their care plans; those viewed detail the wishes and individual routines of service users.

The agency facilitates bi-monthly tenants' meetings; records viewed indicate that service users are encouraged to participate and express their views. Service users and their relatives are informed of the agency's complaints procedure the agency maintains a record of all compliments and complaints. Monthly monitoring visits are completed and documentation viewed indicates engagement with service users and their representatives. The manager stated that the agency undertakes an annual satisfaction survey with stakeholders to ascertain their views in relation to the care provided.

Service users have been provided with human rights information in a suitable format and the tenants' guide details the process of accessing an independent advocacy service.

#### Is Care Compassionate?

Discussions with staff, service users and relatives indicate that care is provided in an individualised manner. Care plans viewed are written in a person centred manner and service users stated that staff consult them in relation to their care needs, and that they participate in the development of their care and support plans. Service users stated that they can choose what care they wish to receive.

The manager could describe the process for engaging with service users and where appropriate their representatives. Staff provided examples of responding to service users' views and choices; service users stated that they are encouraged to attend tenants' meetings and that they are given opportunity to express their views and concerns.

Promotion of values such as dignity, choice and respect were evident through discussion with staff, service users and relatives. Human rights were outlined in care plans viewed; the agency provides service users with information on human rights in an easy read format.

The manager could describe the process of engaging with the HSCT regarding best interest practices for service users where there may be capacity and consent issues. One HSCT representative who spoke to the inspector stated that staff work with service users to achieve the best outcomes.

### **Service User Comments:**

- “Staff listen to me.”
- “I attend the tenants’ meetings.”
- “I can do what I want.”
- “I have choice and freedom to go out if I please.”
- “Staff treat us with respect.”
- “My keyworker talks to me.”

### **Staff Comments:**

- “We have good relationships with the service users.”
- “Service users have a choice about how they live.”
- “Staff encourage service users to lives as independently as possible.”
- “Service users have greater freedom.”
- “Service users are listened to.”

### **Relative’s comments:**

- “\*\*\*\* is very happy.”
- “I am very happy with everything.”
- “Staff are very attentive to \*\*\*\*\* needs.”

### **HSCT Representative Comments:**

- “Staff engage with service users and take their views and wishes into consideration”

### **Areas for Improvement**

There were no areas for improvement identified within Theme 2.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Monthly Quality Monitoring**

The inspector viewed the agency’s quality monitoring documentation; it was identified that unannounced monthly monitoring visits are completed by the organization’s senior housing officer. Records viewed recorded the views of service users, their relatives and where appropriate relevant professionals. The documentation contains information relating to

incidents, safeguarding concerns, staffing issues, staff supervision and training needs and contained an action plan. The agency's reports are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

### **5.5.2 Complaints**

The agency had two complaints for the period 1 January 2014 to 31 March 2015 and one subsequently; this was verified from records viewed and discussion with the registered manager. The agency's complaints policy was reviewed in May 2013; it outlines the procedure for handling complaints.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Davina McAllister	<b>Date Completed</b>	7-4-16
<b>Registered Person</b>	Muriel Sands	<b>Date Approved</b>	7-4-16
<b>RQIA Inspector Assessing Response</b>	Joanne Faulkner	<b>Date Approved</b>	7/4/2016

Please provide any additional comments or observations you may wish to make below:

***\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.