

Unannounced Care Inspection Report 7 October 2019



Parkview House

Type of Service: Domiciliary Care Agency
Address: Parkview Road, Castleterg, BT81 7XH
Tel No: 02881679192
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 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 Castledearg. The agency offers domiciliary care and housing support to two service users who live in individual flats with en-suite bathroom facilities.

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. The service users' care is funded by Supporting People.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager: Mrs Marion Davina McAllister
Person in charge at the time of inspection: Mrs Marion Davina McAllister	Date manager registered: 30 March 2009

4.0 Inspection summary

An unannounced inspection took place on 7 October 2019 from 10.30 to 14.30.

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.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place, which focused on maintaining good working relationships.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, privacy, choice, dignity, confidentiality and service user involvement.

No areas for improvement were identified.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Davina McAllister, manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 18 February 2019

No further actions were required to be taken following the most recent inspection dated 18 February 2019.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Six staff responded. Written comments are included within the report.

Questionnaires were also provided for distribution to the service users and their representatives; one was returned and details of the response is included within the report.

The inspector spoke with one staff member. Comments received are reflected within the body of the report.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 18 February 2019

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. The manager described their input into the recruitment process and advised that staff were not permitted to commence work until all the required checks had been undertaken.

Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met.

There was a process in place to ensure that new employees completed an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. No new staff had been recruited since the date of the last inspection. However, the inspector verified that staff provided from another registered domiciliary care agency had been provided with an induction period which exceeded the timescales outlined within the Regulations.

There was a rolling programme of supervision, appraisals and training, and these areas were routinely monitored as part of the monthly quality monitoring processes. The manager also maintained information on staff from other registered domiciliary care agencies, to evidence their compliance with mandatory training requirements. It was good to note that additional training had been provided to staff in areas such as lone working, human rights, confidentiality and data protection. Competency assessments were completed in relation to medicines management and finances.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The inspector was advised that there had been one incident which had been referred to adult safeguarding since the date of the last inspection. The inspector was satisfied that this matter had been managed appropriately. Information relating to adult safeguarding was displayed on the notice board; this included contact details of the relevant safeguarding teams and information on the different types of abuse. The Annual Position Report had also been completed.

In Addition, the organisation had a safeguarding working group which meet bi-annually. The agency also published a Safeguarding Newsletter three times per year, in which important information about safeguarding matters were shared. There is also an annual safeguarding event held. This organisational focus on safeguarding is good practice and is commended.

There was a process in place to ensure that accidents and incidents would be managed appropriately. The manager advised that no accidents or incidents had occurred since the date of the last inspection.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager advised that they did not identify any potential challenges in this regard.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. The inspector was advised that there were no restrictive practices in use within the agency.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The care records were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments and care plans.

The care plans reviewed identified that consideration had been given to the service users' human rights.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Service user' and staff meetings were held on a regular basis and minutes were available for those who were unable to attend. It was noted that staff and service users were encouraged to contribute to the agendas.

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency has a process for completing bi-monthly quality monitoring visits; it was noted that additional processes are in place to ensure that relevant information is collated and audited on a monthly basis by the management team.

This also included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency’s engagement with the service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The organisation’s principles of care were included in the staff induction workbook. This clearly identified to staff, the organisations’ expectation in relation to treating service users as individuals, promoting their human rights and respecting their right to privacy, dignity and respect, promoting independence and maintain confidentiality. Information on human rights was also displayed on the staff notice board.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner.

Discussions with the manager and a review of the care records confirmed that the staff promoted equal opportunities amongst the service users, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection include:

- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessments.

Records of service user meetings and reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders.

It was noted that consent had been sought from all service users, in relation to the administration of medicine and in relation to staff checking on service users through the night.

Six staff members provided electronic feedback to RQIA regarding the quality of service provision. Respondents indicated that they felt ‘very satisfied’ that the care and support provided was safe, effective and compassionate and that the agency was well led. Written comments included:

- “A lovely home with a caring and compassionate ethos.”
- “Excellent facility.”

The returned questionnaires from one service user indicated that that they were ‘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

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users with the aim of promoting the safety of service users and improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 the management and governance systems in place within the agency to meet the assessed needs of the service users. The agency is managed on a day to day basis by the manager supported by seven support workers. The staff member spoken with indicated that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The premises encompasses Parkview nursing home and Parkview supported living domiciliary care agency which are located adjacent to one another. The registered manager has managerial responsibility for both services although is supported on a daily basis by a support worker who oversees the supported living service. It was noted that of the two internal doorways which provide a point of access between these two services, only one was restricted. This was discussed with the manager who advised that this had been a long established practice and that plans were in place to change the category for which the supported living service was registered. However, it was agreed following the inspection that because there was

not a definitive timeframe identified for the proposed changes to the registration of the supported living service, the identified doorway which was unrestricted should be reviewed, in consideration of the fire risk assessment, and appropriately secured. Following the inspection, the manager informed RQIA by email on 21 October 2019, that this has been discussed with the fire risk assessor and that the identified access points will be secured as soon as possible. This will be followed up at future inspection.

There was a process in place to ensure that all complaints would be managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. It was noted that service users were reminded of how they could make a complaint in the service users' meeting and feedback cards were available.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). A review of the records confirmed that all staff were currently registered with NISCC. The manager described the system in place which ensured that all staff were reminded when their registration renewal fees were due.

The staff induction workbook provided new staff with information on the NISCC Induction Standards and provided them guidance on where they could get information to meet the standards. Information was also given to the manager in relation to the new Learning Zone, created by NISCC, which aims to provide registrants with a range of learning tools and information guides. The manager welcomed this information and agreed to share this with the staff.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in electronic format and in hardcopy format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, privacy, choice, dignity, confidentiality and service user involvement.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.



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