

# Unannounced Care Inspection Report 31 October 2016



## Parkview House

**Type of service: Domiciliary Care Agency**  
**Address: Parkview Road, Castlederg BT81 7XH**  
**Tel no: 02881679192**  
**Inspector: Jim McBride**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Parkview House took place on 31 October 2016. The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Delivery of safe care was evident on inspection. The agency has in place robust recruitment systems and ensures there is at all times an appropriate number of suitably skilled and experienced staff to meet the needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust. The agency has systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Staff indicated that they felt care provided to was safe. No areas for quality improvement were identified during this inspection.

### **Is care effective?**

Delivery of effective care was evident on inspection. The agency consistently responds appropriately to meet the individual needs of service users through the development and review of individualised care plans. The agency has implemented robust systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are robust systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

### **Is care compassionate?**

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect, independence, and rights was embedded throughout staff attitudes and the provision of individualised care and support. It was noted from observations made and discussion with staff that agency staff value the views of service users and where appropriate their representatives. The inspector identified evidence of positive outcomes for service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a fulfilling life. No areas for quality improvement were identified during this inspection.

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

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are robust management and governance systems in place to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery.

Evidence of effective working partnerships with the HSC Trust and other external stakeholders was evident during the inspection. No areas for quality improvement were identified during this inspection.

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 Davina Mc Allister, 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

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

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

### 3.0 Methods/processes

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

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

Prior to inspection the following records were analysed:

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

The following records were viewed during the inspection:

- Service users' care records
- HSC Trust assessments of needs and risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records including:
  - First aid
  - Safeguarding
  - Challenging behaviour
  - Medication
  - Manual handling
  - Safeguarding service users' monies
- Records relating to staff supervision
- Records relating to recruitment process
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Staff Handbook
- Standards for Supported Living Policy, February 2016
- Training and Development Policy, January 2015
- Selection and Recruitment Policy, January 2014
- Supervision Policy, July 2015
- Safeguarding Vulnerable Adults Policy, October 2014
- Risk Assessment Policy, January 2015
- Disciplinary Policy, June 2014
- Confidential Reporting Policy, January 2015
- Data Protection Policy, May 2016
- Complaints Procedure, May 2016
- Statement of Purpose
- Service User Guide
- Accident and Incident Policy

#### 4.0 The inspection

During the inspection the inspector met with one service user, the registered manager and two staff members.

Questionnaires were distributed for completion by staff and service users during the inspection; seven staff and four service user questionnaires were returned.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report. Discussion with the registered manager, staff and service users provided evidence of positive outcomes for service users; details of which have been included within this report.

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 Review of requirements and recommendations from the most recent inspection dated 1 March 2016**

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### **4.2 Review of requirements and recommendations from the last care inspection dated 1 March 2016**

There were no requirements or recommendations made as a result of the last care inspection.

#### **4.3 Is care safe?**

During the inspection the inspector reviewed current staffing arrangements in place within the agency. The agency's selection and recruitment policy outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; it was identified that a checklist detailing checks completed is retained by the agency's human resources department and can be accessed electronically by the manager. The manager could describe the process for ensuring that staff are not eligible for work until all necessary checks have been completed.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; from records viewed and discussions with staff it was noted that staff are required to attend induction training one day per week in the initial ten weeks of employment.

The agency maintains a record of the induction programme provided to staff; records viewed detailed the information provided during the induction period and any additional supervision and support provided to staff during the six month probationary period. Induction records viewed by the inspector provided evidence of a comprehensive induction programme.

The manager stated that all staff have recently completed competency assessments; staff provided positive feedback about this process. It was noted that staff are provided with the agency's staff handbook and can access the agency's policies and procedures at any time electronically or in paper format.

The agency has a procedure for the induction of short notice/emergency staff and for verifying their identity prior to supply; it was identified from discussions with the registered manager that relief staff are rarely accessed from another domiciliary care agency. There is a process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the role.

Discussions with the registered manager and staff indicated that there was at all times an appropriate number of skilled and experienced persons available to meet the needs of the service users. The agency's staff rota for weeks ending 30 October 2016, 6 November 2016, 13 November 2016 and 20 November 2016, information which was viewed by the inspector, reflected staffing levels as described by the manager and staff.

The agency's supervision and appraisal policies clearly outline the frequency and processes to be followed. The agency maintains a record of staff supervision and appraisal; records 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 felt that supervision and appraisal were worthwhile.

The agency has an electronic system in place for recording staff training; the manager could describe their role in identifying gaps and planning training in conjunction with the organisations training officer. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users. They stated that individual training needs are discussed during supervision and appraisal meetings.

Staff indicated that they had the required knowledge, skills and experience to carry out their roles. They could describe how the detail of their induction which involved shadowing other staff members; meeting service users and becoming familiar with their care needs had equipped them for their role. Staff described the importance of respecting the privacy, dignity and views of service users.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is currently reviewing their policy and procedures to reflect information contained within the guidance and in conjunction with the HSC Trust. The manager stated that managers within the organisation have received updated training in relation to the information detailed within the guidance. The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager it was identified that the agency had made no referrals to the HSC Trust safeguarding team.

It was noted that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete an annual update. Staff who spoke to the inspector demonstrated that they had a good understanding of safeguarding issues and could clearly describe the procedure for identifying and reporting concerns. Staff had knowledge of the agency's whistleblowing policy and could describe their responsibility in highlighting and raising concerns.

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 the requirement that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. It was noted from records viewed and discussions with staff that risk assessments and care plans are reviewed six monthly and that service users have an annual review involving their HSC Trust representatives. It was identified that governance arrangements in place include an audit of risk assessments and any practices deemed to be restrictive.

The agency's registered premises are located within the same building as the service users' homes; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

## Service user comments

- “My home is my home and I feel safe here.”

## Staff comments

- “The service users care plans and the outcomes from assessments ensure they are safe and secure here.”

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

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

### 4.4 Is care effective?

The agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency’s data protection policy relating to management of records outlines the procedures for the creation, storage, retention and disposal of records. A range of records viewed during the inspection indicated that they were maintained in accordance with legislation, standards and the organisational policy.

The inspector viewed a number of individual service user care plans. Documentation viewed indicated that risk assessments and care plans are reviewed and updated six monthly and that staff record daily the care and support provided. It was noted that HSC Trust representatives participate in the annual review process.

It was identified from documentation viewed and discussions with staff that the agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency’s care plans focus on the “Star outcome system” of assessment, for tenants in the following areas:

- Stay as well as you can
- Keeping in touch
- Feeling positive
- Being treated with dignity
- Looking after yourself
- Feeling safe
- Managing money and administration

The agency’s Quality Monitoring Policy outlines the processes to be adhered to in relation to the review of the quality of the service being provided. It was noted that monthly quality monitoring visits are completed by a senior manager within the organisation and an action plan developed.

Records viewed included the views of service users, their relatives and where appropriate relevant professionals. The inspector noted comments received from service users, relatives, staff and HSC Trust staff during the monthly quality monitoring.

#### **Service users' comments:**

- "I'm very happy."
- "I have no complaints."
- "I like being at Parkview."
- "The girls are all very kind to me."
- "I could not find anything to complain about."
- "This is my home staff are a great bunch of girls."

#### **Staff comments:**

- "I have no issues with the care and support here."
- "There are good care packages in place for those with complex needs."
- "I Love working here."
- "I have no concerns about the care and support."

#### **Relatives' comments:**

- "We are happy with the care and support."
- "Staff go over and above for my \*\*\*\*\*."
- "If it was not for here we would not have copped."
- "I have no concerns my \*\*\*\*\* is very happy here."

#### **HSC Trust staff comments:**

- "Staff are very friendly, knowledgeable and caring, they are always visible."
- "Staff are helpful in any request."
- "Tenants have expressed their satisfaction to me during my visits."
- "Staff are friendly and informative."
- "I have no concerns about the care provided."

The information also indicated that a review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed. The manager stated that they are required to complete and submit monthly and quarterly returns to senior management.

The agency facilitates bi-monthly tenants' meetings; service users stated that they are encouraged to express their views and opinions. Service users and their relatives are made aware of the agency's complaints procedure; it was noted that the agency maintains a record of all compliments and complaints. The inspector noted some of the topics discussed during tenants meetings:

- Safeguarding
- Health and safety
- Complaints
- Focus groups
- Advocacy



- **Activities**

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users, and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting issues or complaints and stated that they can speak to staff at any time. One service user stated: "The staff are always there for us all; if we complain they sort it out."

The manager stated that the agency seeks to maintain effective working relationships with the HSC Trust and other stakeholders and could describe examples of ongoing liaison with HSC Trust professionals in relation to a number of service users. HSC Trust representatives who spoke to the inspector stated that they have regular contact with the agency staff and that they have developed good working relationships.

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

### **Service users' comments**

- "If I have complains I speak to the staff who always help to resolve them."

### **Staff comments**

- "Training and induction is excellent."

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 care compassionate?**

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care, support and life choices.

Discussions with service users and staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation. Staff indicated that they had received Human Rights training during their initial induction.

Staff could describe how the views of service users are central to service provided; they provided examples of supporting service users to take positive risks to enable service users to live a fulfilling life.

Discussions with service users and staff, and observations of staff interaction with service users indicated that care is provided in an individualised manner. Care plans viewed were written in a person centred manner; service users and relatives stated that they are consulted about the care they receive and involved in making decisions regarding their care and support.

Records of tenant meetings reflected the involvement of service users and included decisions made by service users in relation to a range of areas within shared living such as outings, organised activities and menus.

The views of service users and/or their representatives were recorded throughout a range of agency documentation. Processes to record and respond to service users and relatives are maintained through the complaints and compliments processes, monthly quality monitoring visits, annual review meetings, annual stakeholder surveys, keyworker meetings, and tenants' meetings. The inspector viewed an action plan developed from the feedback received from the annual survey.

During the inspection the inspector observed that service users were able to make choices regarding their daily routine and activities; service users who spoke to the inspector confirmed that they could make choices about all aspects of their care and that staff treat them with respect. Records viewed and discussions with staff, service users and relatives indicated that service users and where appropriate their relatives are involved in decision making on a wide range of matters such as care needs, meals, activities and shared facilities.

### Service user comments

- “The staff care and are friendly to me at all times.”

### Staff comments

- “The service users have in place effective care and support plans.”

Seven staff and four service user questionnaires were returned to RQIA; responses received from both staff and service users indicated that they were satisfied that care provided was compassionate.

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

## 4.6 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a range of policies and procedures. The manager stated that the agency's policies and procedures are retained electronically which all staff have access to, and additionally in paper format stored within the agency's office.

Records viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk; these include relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA. Discussion with the registered manager and staff provided assurances that staff are familiar with the process for dealing with complaints.

The inspector viewed evidence that the agency has in place management and governance systems to drive quality improvement. There are arrangements for monitoring incidents and complaints which includes a mechanism for identifying trends and reducing the risk of

recurrences. During the inspection the inspector viewed evidence of staff induction, training, supervision and appraisal. Staff could describe the importance of identifying areas for learning and development and for improving the quality of the service provided to promote better outcomes for service users.

The organisational and management structure of the agency is clearly defined; it details lines of accountability and roles and responsibilities of staff. Staff stated that they are provided with a job description at the commencement of employment which outlines the role and responsibilities of their job role. Staff could describe the details of their individual roles and responsibilities; service users and their relatives were aware of staff roles and knew who to talk to if they had a concern.

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 are kept under review.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided. Discussion with the registered manager indicated that there are effective collaborative working relationships with HSC Trust Staff.

Discussions with the registered manager and staff provided assurances that there were effective working relationships maintained by the registered person with staff. Staff stated that the registered manager is very supportive and that they can access support and guidance at any time; in addition staff had knowledge of the process for obtaining guidance and support.

Staff could describe lines of accountability and knew who to contact if they required support or guidance. Staff stated that their views and opinions are listened to and felt that the agency seeks to address issues raised.

It was noted that there are systems in place to support the manager in their role such as quarterly meetings with managers from the organisation's other facilities and regular contact and support from their line manager.

### **Service user comments**

- "The manager listens and helps if required."

### **Staff comments**

- "Good management systems in place."
- "Staff communicate well with each other."
- "We have a good manager."

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

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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