

Unannounced Care Inspection Report 21 October 2019



Alexander House

Type of Service: Domiciliary Care Agency
Address: Bishop Street, Londonderry, BT48 6UX
Tel No: 02871363891
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

Alexander House is a supported living type domiciliary care agency, situated in Londonderry. The agency's aim is to provide care and support to twenty 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.' The majority of service users have their care commissioned by the Western Health and Social Care (WHSCT) Trust. A small number are privately funded.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager: Mrs Samantha Magee (Acting)
Person in charge at the time of inspection: Senior Support Worker	Date manager registered: Not applicable

4.0 Inspection summary

An unannounced inspection took place on 21 October 2019 from 10.00 to 15.15 hours

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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 assessed progress with any areas for improvement identified 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.

There were examples of good practice found throughout the inspection in relation to staff recruitment, 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.

Service users who met with the inspector said they were very happy with the care and support provided to them.

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 the person in charge, 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 1 October 2018

The completed QIP was returned and approved by the care inspector and was followed up during this inspection and assessed as compliant.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and Quality Improvement Plan (QIP)
- 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.

The inspector spoke with four staff members, five service users, one relative and one HSC representative. Comments received are reflected 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. Four staff responded; analysis of feedback is included within the report.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the service users and their representatives; five were returned and details of the responses are included within the report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 1 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.3 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: The review of the training matrix confirmed that dates had been planned for the majority of training. However, there were two staff members, whose training was out of date in certain areas. Following the inspection, the person in charge informed RQIA by email that the identified staff had since completed their training. The review of the updated training matrix, submitted to RQIA on 22 October 2019, confirmed this.	

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 review of the recruitment checklist verified that relevant checks were undertaken before staff commenced in post.

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. Staff provided from another registered domiciliary care agency had been provided with an induction period.

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 agency also maintained information on staff from other registered domiciliary care agencies, to evidence their compliance with mandatory training requirements and additional training was also provided to them as appropriate.

It was good to note that additional training had been provided to staff in areas such as fraud awareness, General Data Protection Regulations (GDPR), conflict management and anaphylaxis. It was good to note that staff were encouraged to complete reflections on their training, which was used to inform future training planning. In addition, training on professional boundaries was planned, where staff would be given the opportunity to engage in role play.

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 by the person in charge 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 no incidents referred to adult safeguarding since the date of the last inspection.

Information relating to adult safeguarding was displayed on the notice board; this included contact details of the relevant safeguarding teams and a flowchart of the reporting procedure. The Annual Position Report had been completed. This will be reviewed at the next care inspection.

In Addition, the organisation had a safeguarding working group which meet bi-annually to discuss safeguarding matters. 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. These practices are aimed at raising awareness and keeping staff and service users/relatives up to date on important issues relating to safeguarding. This organisational focus on safeguarding is good practice and is commended

The review of the accident and incident records confirmed that they had been managed appropriately.

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, this verified with staff spoken with during the inspection. It was good to note that the agency had displayed various flowcharts, pertaining to the Deprivation of Liberty regulations (DOLs) 2019 and that training was due to commence in November 2019 in this regard.

The organisation had recently commenced a Digital Assist Programme which provided practical assistance to service users in areas such as online shopping, social media and banking Apps. This was aimed at helping the service users to stay safe and also to encourage them to stay in contact with friends/family members.

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. Information was also included in the care record in relation to any medical conditions the service user had; this ensured that the staff were aware of the signs and symptoms associated with the relevant condition.

The care plans reviewed identified that consideration had been given to the service users' human rights. In one of the care records reviewed, a retrospective comparison of the service users' skills and attributes (the Star) demonstrated that the care and support provided had resulted in positive outcomes for the service users. This was also reflected in the compliments records viewed, where a service user had been described as being a 'new person' after moving into Alexander House. This is good practice and is commended.

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 good to note that adult safeguarding and complaints were standing items for discussion at all meetings. The review of the minutes of the service users' meeting held on 26 September 2019 identified that human rights and DOLs had been discussed with the service users and that they had been given leaflets to take away with them. They had also been given the opportunity to discuss a recent healthcare setting, which had received much media attention. This is good practice as it enabled the service users to express any concerns they might have had. This was evident in the minutes of the service users' meetings.

There were care 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 which was in keeping with the regulations and minimum standards. 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.

The review of the care records identified that the organisation's policy on human rights was discussed with the service users at the start of their tenancy. The review of the care records identified that the care and support plans were underpinned by human rights principles.

The human rights areas identified in the care records included:

- promoting community and social involvement
- respect for private and family life
- freedom to come and go as they like
- support to live independently
- choice in all aspects of their lives and respect for autonomy.

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. The person in charge advised that staff had completed equality and diversity training and that no complaints had been received in relation to inequality.

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

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

Records of service users' 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 self-administration of medicines and staff carrying out safety checks on them at night. Consent was obtained in relation to sharing sensitive information and for the staff to contact relatives in relation to changes in health needs or changes in the care plan.

The agency had a number of documents which had been developed in 'easy read' format. These included house sharing agreements, the service user guide and information on how to make a complaint. It was also noted that information relating to Human Rights and DOLs was available in easy read format. The review of the minutes of the most recent service users' meeting identified that the service users had been informed about the role of RQIA and were encouraged to engage with the inspector. This offer was taken up during inspection as a number of service users spoke with the inspector regarding their care and support.

It was good to note that the service users were involved in menu planning. Participation in activities in the local and wider community were encouraged, with appropriate staff support; the service users had been involved in planning the activities they wished to partake in and that they were currently planning a Halloween party at the time of inspection. Service users

were involved in a social group called the Active Citizens Engagement group and they also enjoyed a regular chip shop night that was organised by the agency. Information pertaining to various religious services was also displayed.

During the inspection, the inspector spoke with four staff members, who all commented positively in relation to the care and support provided. The inspector also spoke with five service users, one relative and one HSC representative. Some comments received are detailed below:

HSC representative

- “The clients’ needs are being met.”

Relatives

- “Very good, the staff love (name of service user) to bits and she loves them. Definitely more independent since coming here.”

Service users

- “I like it here.”
- “No problems, very good.”
- “It is very nice, you can close the door and not a question would be asked.”
- “It’s great.”

Four staff provided feedback via the electronic survey. All respondents indicated that they felt ‘very satisfied’ that the care was safe, effective and compassionate; and that the agency was well-led.

The returned questionnaires from service users and relatives indicated that that they were ‘very satisfied’ that the care was safe, effective and compassionate; and that the service was well led. Written comments included:

- “The staff are kind and thoughtful, I have no complaints. If I have a problem, the staff will sort it out.”
- “My (relative) is happy and feels safe. As a family we are delighted That he has the security of a group of kind staff.”

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 a senior support worker and a team of seven support workers. The staff members spoken with indicated that there were good working relationships and that management were responsive to any suggestions or concerns raised. Comments included ‘both (the manager and the senior support worker) are on the ball.’

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. The agency had received one complaint since the date of the last inspection. The review of the records confirmed that the agency had dealt with this matter appropriately. It was noted that service users were reminded how to 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. There was a system in place to remind 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 person in charge 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 person in charge 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. As discussed in section 6.4, 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 which was in keeping with the regulations and minimum standards. 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. Their feedback had been included in the annual report on the quality of services.

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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