

Announced Care Inspection Report 1 October 2018



Alexander House

Type of Service: Domiciliary Care Agency
Address: Bishop Street, Londonderry BT48 6UX
Tel No: 02871363891
Inspector: Joanne Faulkner
Observer: Maggie Abbs, Administrative officer

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 service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life. Staff are available to support tenants 24 hours per day and each service user has an identified ‘key worker.’

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual(s): Gerald Kelly	Registered Manager: Samantha Magee, acting-no application received
Person in charge at the time of inspection: Samantha Magee	Date manager registered: No application received

4.0 Inspection summary

An announced inspection took place on 1 October 2018 from 10.10 to 16.40.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

Evidence of good practice was found in relation to:

- communication with service users, relatives and other relevant stakeholders
- staff induction, supervision and appraisal
- governance and Quality monitoring systems
- provision of care in a person centred manner
- service user involvement

This was supported through review of records at inspection and from feedback received from service users and staff on inspection.

One area for improvement was identified during the inspection in relation to staff training.

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

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

The inspector would like to thank the manager, service users a relative and staff for their welcome, support and full co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Samantha Magee, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 26 June 2017

No further actions were required to be taken following the most recent inspection on 26 June 2017.

5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the manager
- examination of records
- consultation with service users and staff
- evaluation and feedback

During the inspection the inspector met with the manager, six service users, five staff and the relative of one service user.

The following records were viewed during the inspection:

- service users' care records
- risk assessments
- monthly quality monitoring reports
- tenants' meeting minutes
- staff meeting minutes
- staff induction records
- staff training records
- records relating to staff supervision
- complaints records
- incident records
- records relating to adult safeguarding
- staff rota information
- Statement of Purpose
- Service User Guide

A number of policies and procedures viewed prior to and following the inspection were noted to have been reviewed and updated in line with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and/or relatives; seven questionnaires were returned to RQIA. The responses received indicated that all service users and/or relatives were very satisfied that care provided was effective and compassionate; six indicated that they were very satisfied that care was safe and well led. One person who responded indicated that they were very unsatisfied that care was safe and well led, however they stated on the response that they were 'very satisfied with everything.'

Comments recorded on questionnaires

- "The staff are very good; I am happy enough."
- "I am very satisfied."
- "As *****'s Sister I am really happy with the way my family and my sister is treated; staff are 100%."

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; six responses were received. Four responses received indicated that the staff were either satisfied or very satisfied that care provided was safe, effective and compassionate and that the agency was well led. Two respondents indicated that they were undecided if care was safe, effective, compassionate and well led; following the inspection the manager informed RQIA that two staff had reported to her that they had completed the survey incorrectly and therefore resubmitted their views.

The inspector requested that the manager display a 'Have we missed you card' to provided relatives and visitors to contact RQIA with their views; no responses were received.

In addition feedback received by the inspector during the course of the inspection is reflected throughout this report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 June 2017

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

6.2 Review of areas for improvement from the last care inspection dated 26 June 2017

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

6.3 Inspection findings

6.4 Is care safe?

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

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

The agency's recruitment policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment process is co-ordinated in conjunction with the organisation's Human Resources (HR) department.

The manager stated that confirmation is received that all checks have been satisfactorily completed in the form of an email. The stated that staff are not provided for work until all required checks have been satisfactorily completed.

It was identified that the agency has recently developed a system for ensure that a statement by the registered provider or the registered manager that staff employed by the agency are physically and mentally fit for the purposes of the work which they are to perform in in place.

The agency's training and development policy outlines the induction programme provided to staff; it was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. Staff are required to attend induction training one day per week for a number of weeks and in addition complete an induction competency workbook and a number of shifts shadowing staff currently employed by the agency. Staff are required to complete the induction workbook which is based on the Northern Ireland Social Care Council's (NISCC) standards within the initial six months of employment.

Staff could describe the details of the induction provided which was noted to include a review of their induction three monthly during their probationary period and shadowing other staff employed by the agency. It was noted that there have been no new staff employed by the agency since the last inspection.

Observations of and discussions with staff indicated that they had the knowledge and skills to fulfil the requirements of their job roles.

The inspector discussed with the manager the process for ensuring that staff provided at short notice had the knowledge and skills for the job roles. The inspector viewed staff profiles in place for relief staff and noted that they contained information in relation to the individuals pre-employment checks, training, experience, induction and registration status and expiry with the NISCC.

Discussions with the manager and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the manager and staff. It was noted that all staff have a handover a key shift changes throughout the day.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. Staff are provided with a supervision contract and a record of staff supervision and appraisal are maintained. The records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff participate in developing individual development plans as part of the appraisal process.

The manager could describe the process for identifying training needs in conjunction with the organisation's training officer and their responsibility for ensuring that training updates are completed. Staff were required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. It was noted that the agency has recently introduced an E-Learning programme for staff and that staff are required to complete training on an identified areas each month. Staff stated that their training was informative and had equipped them with the appropriate knowledge and skills for their role. The agency has an electronic system for recording staff training; discussions with the organisations training officer prior to the inspection identified that the organisation was currently in the process of developing a system that would record all training completed by staff.

The inspector viewed that the agency's staff training matrix, from records viewed it was identified that a small number of staff are required to complete training in a number of mandatory areas. An area for improvement was identified.

The agency retains details of the registration status and expiry dates of staff required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered. Discussions with the manager indicated that the list is reviewed on a monthly basis in conjunction with the organisation's HR department.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The organisation's policy and procedures reflect information contained within the DOH policy and outlines the procedure for staff in reporting concerns.

The organisation has identified an Adult Safeguarding Champion (ASC) and a number of deputy ASC's; the policy outlines the role and key areas of responsibility of the ASC which was noted to include the completion of an annual report relating to adult safeguarding.

Discussions with staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the procedure for reporting adult safeguarding concerns appropriately and in a timely manner. Staff are required to complete safeguarding training during their induction programme and in addition an annual classroom based training update. Training records viewed by the inspector indicated that four staff are due to complete their annual training update. An area for improvement was identified.

It was noted that the agency has provided service users with information in relation to adult safeguarding and personal safety. Service users could describe what they would do if they had any concerns in relation to their safety or the care they received.

Adult safeguarding records viewed and discussions with staff provided evidence that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to any alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that the agency had acted in accordance with their policy and procedures in relation to referrals made since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk. Service users are supported to participate in an annual review involving their HSCT keyworker if appropriate and that care plans are reviewed annually or as required.

The agency's office accommodation is located within the same building as the homes of the service users and accessed from a shared entrance. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were locked, records were stored securely and in a well organised manner and that PC's were password protected.

Comments received during inspection process.

Service users' comments

- "I like living here."
- "Staff are very good."
- "Staff are nice."

Staff comments

- "I like working here, it is very homely and I feel valued."
- "I feel supported in my role; I can speak to the seniors at any time."
- "Training is good."
- "We have a very good team; we can overcome anything."
- "Service users are safe, there are staff here 24/7; they can talk to staff at any time."

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection in relation to staff training.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

The agency's data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised manner; it was noted that staff receive training relating to record keeping and confidentiality during their induction programme.

Staff could describe the processes used for encouraging and supporting service users to be engaged in the care planning and review processes. Service users indicated that they are supported to be involved in the completion of their individual risk assessments and the development of their care plans. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation 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, audited on a monthly basis by the manager and a monthly report developed and provided to the senior management team.

Records of quality monitoring audits viewed indicated that the process is effective and that an action plan is developed. The reports were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment, complaints and financial management arrangements.

Comments recorded on quality monitoring reports and compliments received

Service Users comments

- "I am very happy here."
- "Best move I ever made."
- "This is my home, I am very happy here."

Relative's comments

- "My sister in law is very happy living in Alexander House."

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users and that their views and opinions are respected.

The manager and staff could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates quarterly service user and staff meetings; service users stated that they are encouraged to attend and provided with the opportunity to express their views and opinions. Minutes of recent service users meetings were noted to be detailed and include views of service users; it was good to note that service users had been provided with information in relation to the complaints process and human rights. The inspector noted that a range of standard items are discussed at all meetings, they include adult protection, complaints and health and safety.

Comments received during inspection process.

Service users' comments

- "Staff give you attention."
- "I don't go out but I am happy with that."

Relative's comments

- "I am very happy with the care my aunt receives; I have no concerns."
- "Staff are very good and keep me informed of any changes."

Staff comments

- "Sometimes we go out with the service users, we would never see them stuck."
- "Everything we do we do well."
- "Service users are well cared for."
- "We have movie nights, bingo, pamper days and one to one reflection sessions for the service users."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and communication and engagement with service users, and where appropriate their relatives and other key stakeholders.

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 care compassionate?

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

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive training in relation to human rights, equality and confidentiality during their induction programme. Discussions with service users and staff, records viewed and observations made during the inspection provided evidence that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care and support is provided. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding.

Service user care records viewed were noted to contain information relating to their individual life histories and their needs, choices and preferences. During the inspection the inspector observed service users making decisions about the care and support they received.

Staff described the ways in which they provide care and support in a person centred way; and the processes used for effectively supporting service users in making informed choices. Service users who spoke to the inspector stated that staff support them to be involved in decisions relating to their care, support and daily routines.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity. The agency can provide a range of documentation for service users in an alternative format if required.

The agency's Statement of Purpose and Service User Guide contains information relating to equality and diversity. The manager could describe how staff training equips staff to engage with a diverse range of service users.

Discussions with the service users, staff and the manager provided evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner

Documentation viewed and discussions with staff indicated that the agency has a range of methods for recording comments made by service users and/or their representatives. Records of service user and care review meetings and reports of quality monitoring visits indicated regular engagement with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, quality monitoring visits, care review meetings and tenant's meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Observations made during the inspection and discussions with service users provided evidence that they are encouraged to make choices regarding their daily routines. The inspector visited service users in shared areas of their homes; it was good to note that service users appeared relaxed and comfortable in their home.

Service users’ comments

- “Staff are nice; I am content in here.”
- “I go out when I want.”
- “I speak to ***** if I am worried.”

Staff comments

- “Service users have choice we support them with whatever they need.”
- “Staff are so attentive, I think we spoil the service users.”
- “We provided reassurance to service users when they need it.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care and engagement with service users, and where appropriate their relatives and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspection reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is managed on a day to day basis by the manager; staff stated that the manager and senior staff are very supportive and could describe the process for obtaining support and guidance at any time including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained in an electronic format. A number of the organisation’s policies viewed both prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency’s complaints policy and procedure outlines the process for managing complaints; discussions with the manager and staff indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received training in relation to management of complaints during their induction programme. Service users could describe the process for raising concerns.

The agency maintains a record of complaints received. It was noted from records viewed and discussions with the manager that the agency has handled complaints received in accordance with their policy and procedures. The inspector discussed with the manager the need to ensure that the complaints records clearly record actions taken and outcomes. Complaints are audited on a monthly basis as part of the organisation quality monitoring system. Complaints received, the outcome and learning identified are discussed at staff meetings.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of policies and procedures, monthly monitoring of staffing arrangements, complaints, accidents/incidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective and ongoing collaborative working relationships with relevant stakeholders.

It was noted that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, supervision and appraisal.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it clearly details lines of accountability. Staff who spoke to the inspector had a clear understanding of the responsibilities of their job roles. It was noted that staff are provided with a job description at the commencement of employment. Service users 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 were noted to have been reviewed and updated.

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

Comments received during inspection.

Staff comments

- "I feel 100% supported."
- "***** and ***** are very approachable; I can speak to them at any time."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All staff training records have been reviewed and targets have been set for any staff out of date to either attend face to face sessions or complete appropriate e-learning modules</p>

Please ensure this document is completed in full and returned via Web Portal



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