



The Regulation and
Quality Improvement
Authority

Alexander House
RQIA ID: 10858
Bishop Street
Londonderry
BT48 6UX

Inspector: Joanne Faulkner
Inspection ID: IN023166

Tel: 02871363891
Email: j.deery@apexhousing.org

**Unannounced Care Inspection
of
Alexander House

2 November 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 2 November 2015 from 10.30 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Apex Housing Association/Gerald Kelly	Registered Manager: Janet Deery
Person in Charge of the Agency at the Time of Inspection: Gerry Harnett, Senior Residential Worker	Date Manager Registered: 13 January 2014
Number of Service Users in Receipt of a Service on the Day of Inspection: 19	

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.' The service users have individual en suite flats and a range of shared facilities which includes a lounge and kitchen.

3. Inspection Focus

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

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

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

4. Methods/Process

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

- Discussion with the person in charge
- Examination of records
- Consultation with service users/staff/stakeholders
- File audit
- Evaluation and feedback

During the inspection the inspector met with 11 service users, two support staff and the person in charge.

Prior to inspection the following records were analysed:

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

The following records were viewed during the inspection:

- Care and support plans of four service users
- Daily recording/evaluation of care records
- Monthly quality monitoring reports
- Minutes of tenants' meetings
- Minutes of staff meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Staff induction records
- Complaints register
- Recruitment policy (January 2014)
- Training and development policy (January 2015)
- Supervision policy (July 2014)
- Disciplinary procedure (June 2014)
- Risk assessment policy (January 2015)
- Care and support plan policy (February 2015)

- Absence management policy (November 2013)
- Staff handbook (June 2015)
- Staff register/information
- Agency's staff rota information
- Whistleblowing policy

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

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

One service user completed a questionnaire following the inspection; they indicated that:

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

The inspector would like to thank the service users and staff for their support and co-operation during the inspection.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 12 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted and the prescribed services arranged by the agency , are provided –</p> <p>(d)so as to ensure the safety and security of service users' property, including their homes</p>	Met

	<p>This requirement is in relation to the registered person ensuring that service users are encouraged to have an assessment of needs carried out by the relevant HSC trust.</p>	
<p>Requirement 2 Ref: Regulation 6.-(1)(b)</p>	<p>Action taken as confirmed during the inspection: The person in charge described the process for encouraging service users to avail of an assessment of need by the HSCT; a record is maintained of the service users' decisions.</p> <p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b)the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that the service user's guide is updated to include information relating to restrictive practice.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the agency's service user guide, March 2015 and noted that relevant reference was made to restrictive practice.</p>	<p>Met</p>
<p>Requirement 3 Ref: Regulation 23.-(1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of service users' relatives and relevant professionals.</p> <p>Action taken as confirmed during the inspection: From monthly quality monitoring records viewed it was noted that the views of service users' relatives and where appropriate relevant professionals were recorded.</p>	<p>Met</p>

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 3.7	Where the agency is acting in response to a self-referred service user, the registered manager explores with the service user the value of availing of the HSC trust's systems. This recommendation relates to the manager ensuring that service users are encouraged to avail of an assessment of need by the HSC trust prior to admission to the service and that the agency retains a copy of assessments.	Met
	Action taken as confirmed during the inspection: The inspector viewed the admission assessment records of one service user and noted that service users are given the option to have an assessment of need completed by the HSCT prior to admission.	

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

Is Care Safe?

The agency's recruitment policy outlines the mechanism used to ensure that appropriate pre-employment checks are completed; a record of checks completed is retained by the organisations Human Resources department. The agency maintains an alphabetical index of domiciliary care workers supplied by the agency. The person in charge could describe the process for ensuring that staff supplied are physically and mentally fit for the purposes of their job role; staff are required to complete a health declaration prior to commencement of employment and in addition may be required to undergo a medical assessment. The agency's absence management policy outlines the process for supporting staff to return to work.

The agency's 'Training and Development Policy' outlines the induction programme lasting at least three days; the person in charge stated that this involved shadowing other staff members. Staff stated that they had received a structured induction programme based at the agency's head office, it was noted that the format of the induction has recently been reviewed and staff will be required to attend training weekly during their initial induction period.

A record of the induction programme provided is maintained by the agency; records viewed indicated evidence of a comprehensive induction programme. Staff are required to sign the induction record to indicate that they have received and understood the information provided; from records examined it was noted that the induction record for one staff member had not been signed. Agency staff are provided with a staff handbook and induction booklet, and have access to the agency's policies and procedures.

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

The agency has a process for ensuring that staff supplied from another domiciliary care agency have the appropriated knowledge, skills and training to fulfil the requirements of the role. From staff rota information viewed it was noted that there is minimal use of staff from another domiciliary care agency.

The agency's policy and procedures for staff supervision and appraisal outline the frequency and processes to be followed. It was identified from discussions with the person in charge that staff are provided with a supervision contract and that records of individual staff supervision and appraisal are maintained. The agency maintains a matrix detailing when staff have received supervision and appraisal; it was viewed by the inspector and indicated that staff have received supervision and appraisal in accordance with the agency's policy and procedures. It was noted that the person completing the monthly quality monitoring visit monitors the agency's supervision and appraisal compliance with the policy.

Is Care Effective?

Discussions with the person in charge, staff, service users and relatives indicated that an appropriate number of skilled and experienced persons are available at all times to meet the assessed needs of the service users. It was noted that staff rota information reflected staffing levels as described by the person in charge; rotas viewed for the forthcoming days had staff allocated to shifts as required. Staff stated that due to the complex needs of the service users that at times they found their job role demanding; they stated that the provision of additional staff would enable them to spend more time with service users. From records viewed it was identified that staff rota information detailed the full name and role of staff provided and included an abbreviation list.

Staff stated that they are provided with a job description during their induction, outlining the roles and responsibilities of individual roles; they could clearly describe their roles and responsibilities.

Staff stated that they had received an appropriate induction and could describe the content of the induction programme provided; it was noted that the full induction process takes six months to complete.

The agency's 'Training and Development' policy outlines the responsibilities of the registered manager and staff in highlighting and addressing training needs. The agency maintains an electronic matrix of staff training which highlights when training is required; staff stated that they can approach the manager at any time to discuss individual training needs or during supervision or appraisal.

It was identified that the person providing supervision has received appropriate training. Staff stated that they receive quarterly supervision and annual appraisal; this was confirmed by records viewed. Mandatory training is provided to all staff and in addition it was identified that the agency provides training specific to the needs of individual service users; however a number of staff stated that they had recently requested training specific to the needs of individual service users.

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

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

Is Care Compassionate?

The person in charge stated that service users are introduced to all staff and have an identified keyworker; staff stated that concerns raised by service users in relation to staffing are discussed at tenant and staff meetings.

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

Induction records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that during induction they are supported to familiarise themselves with the needs of service users.

Staff could describe the importance of respecting the privacy, dignity and choices of service users; service users who met with the inspector stated that their privacy and dignity is respected at all times.

The agency's disciplinary policy outlines the process for addressing unsatisfactory performance of staff.

Service User Comments:

- "Staff are great."
- "I like living here."
- "I can speak to the staff at any time."
- "I am very happy with everything."
- "There is enough staff."

Staff Comments:

- "I receive supervision; it is worthwhile."
- "The induction and training is excellent."
- "I am really happy working here; it is a great place to work."
- "We have a good team of staff; we all work well together."
- "The manager is approachable."
- "I feel we need more training on the complex needs of the service users."
- "There are enough staff but it can be demanding at times."
- "It is difficult to balance the paperwork and the care tasks."

Areas for Improvement

There were two areas for improvement identified within Theme 1:

Standard 12.7

It is recommended that the record of the induction provided to staff is retained and signed by the staff member to indicate that they have received and understood the information provided.

Standard 12.4

It is recommended that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.

Number of Requirements:	0	Number of Recommendations:	2
--------------------------------	----------	-----------------------------------	----------

5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive**Is Care Safe?**

Assessments of need and risk assessments viewed reflected the views and choices of service users and where appropriate their representatives. Service users stated that they are involved in the assessment of need and completion of their individual care and support plans and that their views and choices are reflected. The agency uses the 'Star Outcomes' assessment tool to facilitate service users in having a clearer understanding of their needs and the care and support required.

From discussions with staff and records viewed there was evidence of positive risk taking in collaboration with the service user and/or their representative. Staff stated that they complete a risk assessment in conjunction with service users and their representatives; assessments viewed provided examples of positive risk taking. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible.

Is Care Effective?

Staff stated that they record daily the care provided to service users; it was noted that risk assessments and care and support plans are reviewed six monthly or as required; in addition staff complete a monthly report for individual service users. Service users stated that they are involved in developing their care plans; those viewed are written in an individualised way and record the wishes, choices and individual routines of service users and signed by the service user. Service users stated that they are encouraged to participate in an annual review of their care and support involving the agency's staff.

The person in charge could describe the methods used to capture the views and opinions of service users and their representatives. The agency facilitates quarterly tenants meetings; service users stated that they are encouraged to participate and express their views and can speak to staff at any time. The agency issues an annual survey to service users and their relatives to ensure that they are given the opportunity to comment on the quality of the service provided. Service users stated that they can make their own choices and can choose what care and support they receive.

Service users and their relatives are provided with information relating to the agency's complaints procedure; a record of all compliments and complaints is maintained. Monthly quality monitoring visits are completed and documentation viewed indicates engagement with service users and their representatives.

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

Is Care Compassionate?

Discussions with staff and service users indicate that care is provided in an individualised manner. Care plans viewed are written in a person centred manner and service users stated that they are involved in developing their care and plans.

The person in charge could describe the process for engaging with service users and where appropriate their representatives. Staff stated that service users are encouraged to attend tenant's meeting and that they are given opportunity to express their views. Service users stated that they can speak to staff about their concerns at any time and that their views and choices are respected.

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

Staff could describe the process of engaging with HSCT representatives regarding best interest practices for service users where there may be capacity issues.

Service User Comments:

- "We are always given choice."
- "We can do what we want."
- "I attend the tenants meeting."
- "I can speak to the manager at any time; the staff are great."
- "Staff help us to be as independent as possible."
- "I am listened to."
- "I like it alright here."
- "I can talk to my keyworker if I am worried."
- "We are very well looked after; the staff are great."

Staff Comments:

- "Service users can make their own choices."
- "Service users are encouraged to be involved in developing their care plans."
- "Staff promote the independence of service users."
- "Service users are listened to."

Areas for Improvement

There were no areas for improvement identified within Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring records; it was identified that unannounced monthly quality monitoring visits are completed by a senior housing officer within the organization. Records viewed record the views of service users, their relatives and where appropriate relevant professionals. It was identified that the documentation contained information relating to incidents, safeguarding concerns, staffing issues, staff supervision and training needs and contained an action plan.

5.5.2 Complaints

The agency has had four complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the person in charge. The agency's complaints policy, May 2013 outlines the procedure in handling complaints.

6. Quality Improvement Plan

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

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and

approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 12.7 Stated: First time To be Completed by: 2 January 2016	It is recommended that the record of the induction provided to staff is retained and signed by the staff member to indicate that they have received and understood the information provided.		
	Response by Registered Person(s) Detailing the Actions Taken: Complied		
Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 2 February 2016	It is recommended that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.		
	Response by Registered Person(s) Detailing the Actions Taken: No training needs had been previously identified by staff prior to this inspection. However, as per Training & Development policy and Supervision policy, going forward staff will be encouraged further to discuss individual training requirements as they feel the needs arise over the course of the year, but in particular at supervision or appraisal meetings. Since inspection training has been discussed with staff and they specifically requested training in the area of Mental Health with particular reference to Schizophrenia, Bi -Polar and Psychosis. This has been arranged to run to accommodate staff throughout the organisation over a 4 month period from January-April 2016 by which time all of Alexander staff will have been given the opportunity to attend		
Registered Manager Completing QIP	Janet Deery	Date Completed	08/12/15
Registered Person Approving QIP	Muriel Sands	Date Approved	08/12/15
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	9/12/15

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address