

Unannounced Care Inspection Report 9 January 2017



Alexander House

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

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Alexander House took place on 9 January 2017 from 10.00 to 14.30.

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' 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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with a senior support worker 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 2 November 2015.

2.0 Service details

Registered organisation/registered person: Apex Housing Association/Gerald Kelly	Registered manager: Janet Deery (Acting)
Person in charge of the service at the time of inspection: Senior Support Worker.	Date manager registered: (Acting)

3.0 Methods/processes

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

- Discussion with the senior support worker
- Examination of records
- Consultation with staff
- 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:
 - Safeguarding
 - Medication
 - Manual handling
 - MAPA
 - Mental health awareness
 - Support planning
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- 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
- 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

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.

During the inspection the inspector met with a senior support worker and four staff members. No service users wished to speak with the inspector during this unannounced inspection.

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

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

The inspector would like to thank the agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 2 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.7 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspector noted a number of induction records in place which were satisfactory.	
Recommendation 2 Ref: Standard 12.4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Training needs are highlighted during supervision and appraisal. This was confirmed by staff during discussions.	

4.2 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 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.

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 senior support worker that relief staff are 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 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 rotas for weeks ending 1 January 2017, 8 January 2017 and 15 January 2017, information which was viewed by the inspector, reflected staffing levels as described by the 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.

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. It was noted that the organisation is currently reviewing their policy and procedures to reflect DHSSPS regional guidance: 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. Information contained within the guidance and in conjunction with the HSC Trust. 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 senior support worker it was identified that the agency had made one referral 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. The inspector noted some of the comments made by service users during their annual review:

- "I'm very happy here and happy with my care and support."
- "I'm happy n Alexander House."
- "Happy and content here."
- "I'm very happy with the arrangements here."
- "***** has no issues or concerns and praises staff."

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.

Staff comments

- "The tenants are safe and secure here."
- "My induction was good; the staff were helpful."

Four 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.

Service users' comments:

- "The management and staff are never too busy to stop and ask how you are, or do you need anything. I can assure you this is important to me."
- "Very safe here."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 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. 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 love living here."
- "The staff are very kind to me."
- "Staff go over and above."
- "Staff are very good and would do anything for you."
- "No complaints."
- "I've been here a couple of months, I really like it, and it's saved my life."
- "This is my home and the staff are great."

Staff comments:

- "I always feel supported."
- "The atmosphere is good; I enjoy working here."
- "This is the tenant's home and we respect that."
- "We have more time to spend with tenants now."
- "I enjoy coming to work."
- "We are a community."

Relatives' comments:

- "Staff are very good; the care and support is excellent."
- "*** is content and well looked after."
- "I have no worries about *** care."
- "The staff are brilliant."
- "I can only compliment the staff."

HSC Trust staff comments:

- "I have no problems."
- "My client is very happy."
- "My client is supported very well; he is happy; I have no concerns."
- "I see my client regularly; he is well settled and content."

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

The agency facilitates bi-monthly tenants' meetings; service users 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
- Service changes
- Staffing
- Activities

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with staff, and observation of staff interaction during the inspection, indicated that staff communicate appropriately with service users.

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.

Staff comments

- "Training is ongoing, we can ask for any training we feel is needed."
- "Staff are well trained to care for the tenants."
- "Individual choice is important for the tenants and we try to meet all their needs and wishes."

Four 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 user comments:

- “Very effective; I feel safe and comfortable with the care I get.”
- “My care is good; I have no complaints.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 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 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 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 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 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 noted the positive responses from service users to the annual satisfaction survey. Service users were asked to comment on the following areas:

- Staff know what care & support they need
- The care & support they receive keeps them safe
- That staff speak to them nicely
- That staff listen to them
- Know how to complain
- Staff discuss their care & support plans with them
- Tenants’/residents’ meetings are useful

- Choice of food
- Choose their activities
- Are happy with the activities they go to

Staff comments

- “The tenants come first as it should be.”
- “This is their home and we treat them as we would want to be treated.”
- “The staff are aware of the care and support needs and help tenants to be as independent as possible.”

Four 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.

Service users' comments:

- “I do not think I could have any more care and help, everyone is so helpful and kind.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 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 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 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, 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 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.

Staff comments

- "The manager is very approachable and supportive."
- "We have a good staff team."
- "Staff communicate well with each other."

Four 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.

Service users' comments:

- "I'm happy with the way the care is run."
- "The staff and the manager are brilliant. The help and attention I receive is very good; I could not ask for more."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	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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