

# Inspection Report

## 19 September 2023



## Alexander House

Type of service: Domiciliary Care Agency  
Address: Bishop Street, Londonderry, BT48 6UX  
Telephone number: 028 7136 3891

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Apex Housing Association	<b>Registered Manager:</b> Mrs Samantha Magee
<b>Responsible Individual:</b> Ms Sheena McCallion	<b>Date registered:</b> 26 July 2022
<b>Person in charge at the time of inspection:</b> Senior Support Worker	
<b>Brief description of the accommodation/how the service operates:</b>  Alexander House is a domiciliary care agency supported living service, which provides care and housing support for up to 20 service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services. Service users live in their own flats and have the use of communal indoor and outdoor space.  This organisation also provides sheltered accommodation to a number of individuals who occupy the same building. RQIA does not regulate sheltered accommodation. This organisation also provides community outreach, floating support and day opportunities to service users who live in the community. RQIA does not regulate these elements of support.	

## 2.0 Inspection summary

An unannounced inspection took place on 19 September 2023 between 10.10 a.m. and 3.20 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management and Covid-19 guidance was also reviewed.

No areas for improvement were identified during this inspection.

Evidence of good practice was found in relation to communication between service users and agency staff; staff training; the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC) and the management of dysphagia.

All service users spoken with indicated that they were very happy with the care and support provided by the staff.

Alexander House uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

We would like to thank the person in charge, service users and staff for their support and co-operation throughout the inspection process.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty 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 individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

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

- "I am very happy here. I can't think of anything that would make the place better. I feel safe here and staff are kind and helpful."
- "I am treated very well here and the staff are the kindest and best you will ever get. I make my own decisions and I can come and go as I please."
- "Staff are always around to listen to you if you want to chat about anything. This is a great place."

**Service users' relatives/representatives' comments:**

- “My brother is exceptionally well looked after. We are always made feel so welcome when we visit. The manager and senior support worker are great. The staff go above and beyond at all times to support my brother.”
- “It is my view that this is an excellent service. We are very fortunate that our family member lives here. All the staff are wonderful; so friendly and helpful. It is a pleasure to visit the service and see how well my family member is looked after.”
- “This place could not be better; run to perfection.”

**Staff comments:**

- “I am well supported by the manager. Tenants are well supported and are given choice in all that they do.”
- “We get a staff handover at every shift. Information is always passed over to staff in a timely manner.”
- “The tenants are very well looked after here and we do our best to meet their needs.”
- “I get regular supervision and an annual appraisal.”

A number of staff responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ or ‘satisfied’ that care provided was safe, effective and compassionate and that the service was well led.

No service users returned questionnaires prior to the issue of this report.

**5.0 The inspection****5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?**

The last care inspection of the agency was undertaken on 28 July 2022 by a care inspector. No areas for improvement were identified.

**5.2 Inspection findings****5.2.1 What are the systems in place for identifying and addressing risks?**

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Records viewed and discussions with the person in charge indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

The person in charge reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as first aid, fire safety and moving and handling. It was positive to note that the agency provided training in regard to General Data Protection Regulation (GDPR) and Control of Substances Hazardous to Health (COSHH).

The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required; a competency assessment would be undertaken before staff undertook this task. It was positive to note that staff had completed a medication competency assessment.

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed DoLS training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS.

The person in charge advised that there was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included advocacy services, health and safety and compliments and complaints procedures.

Staff reported that the care and support provided to the service users was of a high standard and they were always involved in their care and support.

Service users said that they were able to choose how they spend their day; they could attend events and facilities in the local community.

### **5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

A service users was assessed by SALT with recommendations provided and required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of a service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff told us how they were made aware of service users' nutritional needs to ensure that any recommendations made by SALT were adhered to. Care records were accurately maintained to help ensure staff had an accurate understanding of service users' nutritional needs.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with NISCC; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers deployed in the agency.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The person in charge was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; medication errors; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.



Records reviewed and discussion with the person in charge indicated that no complaints had been made since last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the person in charge or the manager.

There is a system in place that clearly directs staff from the agency as to what actions they should take if they are unable to gain access to a service user's home.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

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.





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