

# Unannounced Care Inspection Report 26 June 2017



## Alexander House

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

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

<b>Registered organisation/registered person:</b> Apex Housing Association/Gerald Kelly	<b>Registered manager:</b> Janet Deery (Acting)
<b>Person in charge of the service at the time of inspection:</b> Janet Deery	<b>Date manager registered:</b> (Acting)

### 4.0 Inspection summary

An unannounced inspection took place on 26 June 2017 from 10.30 to 15.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

#### Evidence of good practice was found in relation to:

- Staff recruitment;
- Staff induction and training;
- Record keeping processes;
- Collaborative working with HSCT representatives;
- Engagement with service users.

#### Service users said:

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 acting manager, service users and staff for their support and co-operation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Janet Deery, Acting manager, 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.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 9 January 2017**

No further actions were required to be taken following the most recent inspection on 9 January 2017.

#### **5.0 How we inspect**

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

- Discussion with the acting manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

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

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with eleven service users, the acting manager and two staff.

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
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy

- Complaints Policy
- Data Protection Policy
- Complaints Policy
- Incident Policy
- Restrictive Practice Policy
- Standards for Supported Living
- Privacy and Dignity Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection, the inspector visited that agency's Human Resources (HR) department on 27 April 2017 to review the agency's individual staff recruitment records.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; one service user and six staff questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires 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 9 January 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 9 January 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 patients and clients from the care, treatment and support that is intended to help them.**

The inspector reviewed that agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

The agency's staff recruitment process is managed by the organisation's HR department. Prior to the inspection the inspector visited the HR department and reviewed a number of individual staff personnel records; documentation viewed included a clear outline of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Records viewed by the inspector indicated that there are effective recruitment systems in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed.

The agency's training and development policy outlines the organisation's induction programme lasting in excess of the three day timescale as required within the regulations; it was identified that the organisation has a 10 week rolling induction programme. Staff are required to attend induction training one day per week for the initial 10 weeks of employment to complete the induction programme. It was noted that in addition to the induction training days staff are required to complete an induction competency workbook and shadow other staff employed by the agency during their induction programme. The inspector noted that the expectation is that staff complete the full induction programme within their six month probationary period.

A record of the induction programme provided to staff is retained by the agency; records viewed by the inspector detailed the information provided during the induction period. Staff who met with the inspector demonstrated that they had the knowledge and skills to fulfil the requirements of their individual job roles.

Discussions with the acting manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the acting manager. Service users and staff who spoke to the inspector felt that there were enough staff to meet the needs of individual service users.

It was identified that relief staff are accessed from another agency; the acting manager could describe the procedure for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role. The inspector viewed staff profiles relating to staff provided from another agency and noted that they contained details of the staff members training, relevant experience, induction and registration status with the relevant regulatory body.

The agency's supervision and appraisal policies outline the timescales and procedures to be followed. It was noted that a record of staff supervision and appraisal is maintained by the agency; records viewed and discussions with staff indicated that they receive supervision and appraisal in accordance with the agency's policies and procedures. Staff could describe the benefits of individual supervision, group supervision and appraisal.

The agency has an electronic system for recording staff training; staff could describe the process for identifying and highlighting training needs in conjunction with the manager and the organisation's training officer. It was noted that staff were required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. Staff were aware of their responsibility for ensuring that required training updates are completed as required. The organisation has recently introduced an E- Learning programme;

it was noted that staff will be required to complete an identified training module on a monthly basis.

The inspector viewed that agency's staff training matrix and noted that it indicated that staff had completed relevant mandatory training. Staff indicated that their induction and training had equipped them with the required knowledge and skills for their role.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The acting manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation had updated their policy and procedures to reflect information contained within the policy. It was identified that all staff have recently completed an E learning module in relation to adult safeguarding; the acting manager described the procedure planned to provide information sessions for all staff in relation to the updated policy.

The agency has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility which was noted to include the completion of an annual report relating to adult safeguarding. The policy clearly denotes the responsibility of the acting manager and the training manager in relation to adult safeguarding. The organisation has developed information booklets for staff and service users in relation to adult safeguarding.

The agency's policy and procedures clearly outline the process for staff in relation to reporting concerns. Discussions with the acting manager and staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults during their induction programme and in addition complete an annual update.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the acting manager and records viewed it was identified that the agency maintains a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are recorded.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. It was noted that the agency's risk management policy outlines the process for assessing and reviewing risk; it outlines that risk assessments and management plans are required to be completed in conjunction with service users and where appropriate their representatives. Staff stated that service users are supported to participate in an annual review involving their HSCT keyworker if appropriate and that care and support plans are reviewed six monthly or as required.

The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the agency's quarterly governance arrangements 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' accommodation; the premises include a number of offices that are suitable for the operation of the agency as described in the Statement of Purpose.

One service user and six staff questionnaires were returned to RQIA; responses received indicated that the staff and service users were very satisfied that care provided is safe.

### Service users' comments

- 'I am happy with everything.'
- 'Staff are great.'
- 'I speak to XXXXX if I am worried.'
- 'Staff are always very kind and helpful.'

### Staff comments

- 'I feel service users are safe.'
- 'The training is good; I feel supported.'
- 'We get supervision; it is worthwhile; we can speak to the manager at any time.'
- 'There is opportunity for promotion and further development.'

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

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

During the inspection the inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

It was noted that the agency's data protection policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted from records viewed both prior to and during inspection that they were maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed at the organisation's head office prior to the inspection were retained securely and in an organised manner; in addition records viewed in the agency's office were noted to be retained securely. It was identified that staff had received training in relation to record keeping and confidentiality during their induction programme.

Service users could describe to the inspector how staff support them to be involved in the development of their individual care plans. Staff stated that service users are encouraged to be effectively engaged in the care planning process; from care plans viewed it was noted that service users are requested to sign their care plans to indicate that they have agreed the care to be provided.

There are arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. It was noted that quality monitoring visits completed by a senior manager have been reduced to quarterly; however it was good to note that additional systems have been implemented to ensure that the relevant information continues to be collated and audited on a monthly basis. The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plans developed; and noted that they indicated that the process is effective.

Records of quality monitoring visits viewed were noted to include comments made by staff, service users, and where appropriate their representatives. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, record keeping and financial management arrangements.

## **Comments recorded on quality monitoring reports**

### **Service users' comments**

'I am really happy here, I'd never want to go anywhere else. It's better than a hotel.'  
'They are looking after me well, they are lovely girls.'

### **HSCT representatives' comments**

'The move to Alexander House has been a positive one for XXXXX; she presents as happy and contented.'

The inspector reviewed the agency's systems to promote effective communication between service users, staff and other key stakeholders. It was noted from discussions with service users and staff, and observations of staff interaction with service users during the inspection that staff communicate appropriately with service users. Service users could clearly describe the process for raising concerns or complaints and stated that they can speak to staff at any time.

The agency facilitates bi-monthly service user meetings; service users stated that they are encouraged to attend and provide with the opportunity to express their views. He inspector identified from records viewed that the views and choices of service users had been recorded in the minutes of the meetings. Staff meetings are facilitated bi-monthly; staff who spoke to the inspector could describe the format and the benefits of meeting as a team. It was identified that a range of standard items are discussed at all meetings, they include adult protection and health and safety. It was identified from records viewed during the inspection that a range of additional items had been discussed at staff meetings such as record keeping and human rights.

The acting manager and staff could describe a range of methods used to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders.

One service user and six staff questionnaires were returned to RQIA; responses received indicated that the staff and service users were very satisfied that care provided is effective.

**Service users’ comments**

- ‘I going to Lourdes with XXXXX.’
- ‘I love it here.’
- ‘I like to stay in my flat.’
- ‘I have no worries about anything.’
- ‘The meals are good; we get a choice.’

**Staff comments**

- ‘Tenants are well looked after.’
- ‘I love my job.’

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to effective record keeping, auditing and reviews and communication.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

During the inspection the inspector sought to assess the agency’s ability to treat service users with dignity, respect and equality and to involve service users effectively in decisions affecting their care and support.

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. The inspector noted that staff had been provided with information relating to human rights and confidentiality during their induction programme and additionally at a recent staff meeting.

Observations made by the inspector of staff interactions with service users during the inspection and discussions with staff and service users indicated that staff endeavour to provide care in a person centred manner and have processes in place to support service users to make informed choices. It was identified that the agency can provide a range of information in an alternative format to support service users to meaningfully engage in decisions about their care and support.

Service users could describe ways in which staff support them in making decisions regarding the care and support they receive. Records of service user and care review meetings reflected the involvement of service users and where appropriate their representatives.

Records viewed indicated that the agency has processes in place for recording comments made by service users and/or their representatives. Systems for effectively engaging and responding to the comments and views of service users and where appropriate their representatives are maintained through the agency’s complaints process; quality monitoring visits; care review meetings; stakeholder and service user satisfaction surveys and service user 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 required learning outcomes and areas for improvement.

During the inspection the inspector observed the agency’s staff supporting service users to make choices regarding their daily routine and activities. Service users who spoke to the inspector stated that they could speak to staff at any time if they require support or guidance.

One service user and six staff questionnaires were returned to RQIA; responses received indicated that the staff and service users were very satisfied that care provided is compassionate.

**Service users’ comments**

- ‘I can do what I want.’
- ‘I go out and about myself.’
- ‘Staff listen to me.’

**Staff comments**

- ‘Tenant’s get choice; they can do what they want.’
- ‘We support tenants to be more independent.’

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users and where appropriate their representatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 inspector reviewed management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has effective systems of management and governance in place. The agency is managed on a day to day basis by an acting manager with the ongoing support and guidance from senior managers within the organisation.

The agency has a range of policies and procedures which were noted to be in accordance with those outlined within the minimum standards; they are retained both in an electronic format and in a paper format retained within the agency's office. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales details within the minimum standards. Staff could describe the procedure for accessing the agency's policies and procedures.

It was identified from records viewed and discussions with the acting manager that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly and quarterly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy details the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from discussion with the acting manager and records viewed that the agency has received no complaints since the previous inspection. Service users who spoke to the inspector could describe the process for making a complaint; they stated that they are encouraged to raise any issues or concerns they have in relation to the care and support they receive.

It was identified from information viewed that that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints. During the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. Staff could describe the benefits of reviewing the quality of the services provided and of identifying areas for improvement.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives and PSNI. From quality monitoring records viewed and annual stakeholder survey returns the inspector noted positive feedback received the HSCT representatives regarding the ability of the agency to work in partnership.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had a clear understanding of the responsibilities and requirements of their job roles; service users were aware of staff roles and knew who to talk to if they had a concern.

Staff who met with the inspector stated that the manager is supportive; they could describe the process for obtaining support and guidance including the arrangements for out of hours.

The acting manager stated that staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate; it was noted that a record is maintained by the HR department which records registration details and expiry dates. Discussions with the HR manager and the acting manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

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.

One service user and six staff questionnaires were returned to RQIA; responses received indicated that the staff and service users were very satisfied the service is well led.

### **Service users' comments**

- 'I talk to the manager if I am not happy.'
- 'Staff are good; they help us with anything.'

### **Staff comments**

- 'I speak to the manager if I have issues.'
- 'We have a great team here.'
- 'I feel supported in my job.'

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements, management of complaints and incidents, adult safeguarding arrangements and quality monitoring and improvement.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews