

# Inspection Report

28 July 2022



## Alexander House

Type of service: Domiciliary Care Agency  
Address: Bishop Street, Londonderry, BT48 6UX  
Telephone number: 028 71363891

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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> Miss Sheena McCallion	<b>Date registered:</b> 13 August 2018
<b>Person in charge at the time of inspection:</b> Mr Gerry Harnett, Senior Support Worker.	
<b>Brief description of the accommodation/how the service operates:</b>  Alexander House is a supported living type domiciliary care agency, 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.	

## 2.0 Inspection summary

An unannounced inspection took place on 28 July 2022 between 10.00 a.m. and 5.30 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 Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement.

The areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

## 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 any previous areas for improvement identified, 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 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 happy here. It is the best move I have ever made. The staff are approachable. We do arts and crafts and go on bus trips. I have no concerns"
- "I am here a number of years and I am happy. I would know to report any concerns to staff. We have resident meetings. I have no concerns. I am given choice as to what support I have. We have days out and social activities. We have resident meetings. I love it here. The staff are approachable. They sit and listen to you."

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

- "I am very welcome here, especially from the lock-down, as we can come in and I'm well treated during my visit. I have no concerns. We are so happy with here, it is unbelievable."

##### **Staff comments:**

- "I get on well with the management. The manager is very good. The on-line training is okay, but I prefer face to face. I think the service is well run. The service users are well cared for staff accompany residents on trips. "

## HSC Trust representatives' comments

- “Communication with the service is good. The manager is approachable. The service is compassionate. The staff seem to be a good team. I have no concerns.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “Very happy.”
- “No complaints at all. I am very happy and looked after.2
- “The best move I ever made.”

No responses were received to the electronic survey.

## 5.0 The inspection

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

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection to Alexander House was undertaken on 27 November 2020. One area for improvement was identified and the Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not undertaken in 2021-2022 inspection years due to the impact of Covid-19.

Areas for improvement from the last inspection on 27 November 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 23 (1)(2)(3)(4)(5)  <b>Stated:</b> First time	The registered person shall ensure that the current system of undertaking bi-monthly visits to the agency ceases and that monthly visits are reinstated, in keeping with Regulation 23.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of governance records evidenced that monthly quality monitoring visits were completed in keeping with Regulation.	

## 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 when needing to report 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.

The agency retained records of any referrals made to the Health and Social Care Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. 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.

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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

Discussion with the person in charge confirmed 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 care records it was good to note that service users had an input into devising their own plan of care. Staff discussed individual care plans with the service users, which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

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.

It is important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet by the service to explain Covid-19 and how they could keep themselves safe and protected from the virus. The inspector noted that information posters relating to Covid-19 were also displayed within the common areas.

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

Review of a sample of service users' records evidenced that some service users had been assessed by SALT staff who made nutritional recommendations concerning the need to provide a modified diet. A review of the training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

A review of service users' care records reflected that staff engaged with members of the multidisciplinary team as needed.

The person in charge demonstrated a good knowledge of service user's wishes, preferences and assessed needs.

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

A review of staff recruitment records found that 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 the Northern Ireland Social Care Council (NISCC).

There were no volunteers working 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 training, having regard to NISCC's Induction Standards for new workers in social care. There was a structured, induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

All NISCC 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.

A record was maintained for each member of staff in regard to all training, including induction and professional development activities undertaken.

#### **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; 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 (SAIs) or Significant Event Audits (SEAs) procedures.

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

## 6.0 Conclusion

RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

## 7.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified.

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





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