

Inspection Report

9 September 2021



Abbey House

Type of Service: Domiciliary Care Agency
Address: Little Diamond, Londonderry, BT48 9EJ
Tel No: 028 7126 2385

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Apex Housing Association	Registered Manager: Mrs Vivienne Barbara Anne McGlinchey
Responsible Individual: Miss Sheena McCallion	Date manager registered: 30 March 2009
Person in charge at the time of inspection: Mrs Elena Lynch, Senior Support Worker	
Brief description of the accommodation/how the service operates: Abbey House is a domiciliary care agency, supported living type which provides care and housing support to up to 12 service users who live in individual flats. Staff are available to provide support and care 24 hours per day. The agency's registered office is located within the same building as the service users' accommodation.	

2.0 Inspection summary

The care inspector undertook an announced inspection on 9 September 2021 between 10.15 am and 12.15 pm.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

No areas for improvement were made.

Service users said that they were satisfied with the standard of care and support provided.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable incidents and written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with NISCC were monitored by the agency.

During the inspection, we discussed any complaints that had been received and incidents that had occurred, with the person in charge and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users, staff and relatives indicated that there were no concerns in relation to the agency. All confirmed that they were very satisfied with the standard of care and support provided. The following comments were received during the inspection:

Service users' comments:

- "They are fantastic here, they go above and beyond."
- "They are all very good. Nothing to worry about here."
- "I have no complaints."

Service users' representatives' comments:

- "You'd never have to worry about this place, it is just great."

Staff' comments

- "I have no problems, I like it here."

Service users told us that they were happy with the support and care provided in Abbey House. The following comments were received on the questionnaires:

Service users' comments

- “Abbey House is very secure and covers all my needs.”
- “Well looked after at Abbey House.”

A number of staff completed the electronic survey. They indicated that they were very satisfied in relation to all aspects of working in Abbey House. The following comments were received:

- “I am happy in my workplace.”
- “All the tenants receive a high standard of care which is individualised, individually reflecting on their wants and needs. Each staff member has the time to get to know the tenant which ensures a high standard of care is being provided.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since 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 of the agency was undertaken on 30 January 2020; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed and found to be satisfactory.

Discussions with the person in charge demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice. Review of incidents identified that they had been referred appropriately.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The person in charge was aware of which incidents required to be notified to RQIA. The review of incidents identified that all had been submitted to RQIA appropriately.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. However, a review of the records identified a small number of staff who had yet to complete the training.

This was discussed with the person in charge who agreed to address this. Confirmation was received by email on 13 September 2021, which indicated that the outstanding training had been completed.

The person in charge demonstrated that they have an 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. RQIA were informed there were no service users who were subject to DoLS. No restrictive practices were used.

The person in charge confirmed the agency does not manage individual monies belonging to the service users.

5.2.2 Is there a system in place for identifying care partners who visit the service users to promote their mental health and wellbeing during Covid-19 restrictions?

The person in charge advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. The person in charge agreed to proactively engage with relatives to ensure that they were aware of the Care Partner approach, should they wish to avail of it.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager advised that none of the service users had been assessed by SALT in relation to dysphagia needs. The manager agreed to source training for staff on Dysphagia should this be required in the future.

5.2.4 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC. Information regarding registration details and renewal dates for staff are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.5 Are there robust governance processes in place?

The agency's quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

It was established during discussions with the person in charge that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency is providing safe and effective care in a caring and compassionate manner; and that the agency is well led by the manager/management team

7.0 Quality Improvement Plan/Areas for Improvement

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



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