Inspection Report

5 September 2023

Abbey House

Type of service: Domiciliary Care Agency
Address: Little Diamond, Londonderry, BT48 9EJ
Telephone number: 028 7126 2385

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Apex Housing Association **Responsible Individual:** Ms Sheena McCallion	**Registered Manager:** Mrs Vivienne Barbara Anne McGlinchey **Date registered:** 30 March 2009
Person in charge at the time of inspection: Mrs Vivienne Barbara Anne McGlinchey	
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 service users who live in individual flats. The agency's registered office is located within the same building as the service users' accommodation. This organisation also provides sheltered accommodation to a number of individuals who occupy the same building. RQIA does not regulate sheltered accommodation.	

2.0 Inspection summary

An unannounced inspection took place on 5 September between 9.55 a.m. and 3.00 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 was also reviewed.

No areas for improvement were identified during this inspection.

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

Evidence of good practice was found in relation to communication between service users and agency staff and other key stakeholders; the provision of compassionate care and support; staff training; and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC). There were good governance and management arrangements in place.

Based on the inspection findings RQIA were assured that compassionate care and support was being delivered in the agency and the manager had taken relevant action to ensure the delivery of safe, effective and well led care and support.

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

Abbey 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.

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 and staff members.

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

Comments received included:

Service users' comments:

- "This is a lovely place to live and staff are obliging and kind. I am happy here and I am involved in all decisions affecting my life here. I could not suggest anything to make the place better."

- "I am very well looked after here. Staff respect my privacy and they always knock my door and request to come in. The manager and staff are very approachable and willing to help."
- "This place is home from home. We have regular meetings and can express our views. Staff are a great bunch and they are always friendly and helpful."

Staff comments:

- "Great induction provided and I shadowed a senior member of staff for several days when I started."
- "Very good staff support. I have regular supervision and if I had a problem the manager is very supportive and approachable."
- "I am an agency worker and I feel very much part of the team. I do all my training annually with the agency. This is the best place I have ever worked and I really enjoy working here."
- "The tenants are really well cared for and they have meetings where they can discuss the service."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided.

A number of staff responded to the electronic survey. The respondents indicated that they were generally 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. All questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate. Written comments included:

- "Tenants are given choice in all aspects of their daily living. They are treated with respect and dignity. We try as much as possible to keep Abbey House a happy, homely environment."

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 17 November 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 manager 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 manager 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.

The agency's governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an effective incident/accident reporting policy and system was in place. A review of a sample of accident/incident records evidenced that these were managed appropriately.

There were systems in place to ensure that notifiable events were reported to RQIA or other relevant bodies appropriately.

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.

The manager 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.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager 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 MCA.

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

The manager 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 and staff, it was positive to note that service users had an input into devising their own plan of care. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

It was also positive to note that the agency had service users' meetings on a regular basis. Some matters discussed included activities, health and safety, human rights and adult safeguarding.

Discussion with the staff and service users provided assurance that the staff had responded to service users' wishes, feelings, opinions and concerns with the aim of ensuring service users received an effective service.

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 number of service users were assessed by SALT with recommendations provided and some 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 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 demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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 manager 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; safeguarding matters; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) 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. Records reviewed and discussion with the manager 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.

Discussions with staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. Staff members viewed

supervision as a useful part of their accountability feedback system and of their individual development.

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 Mrs Vivienne McGlinchey, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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