

Unannounced Care Inspection Report 6 June 2017



Abbey House

Type of Service: Domiciliary Care Agency
Address: Little Diamond, Londonderry BT48 9EJ
Tel No: 02871262385
Inspector: Joanne Faulkner

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

Abbey House is a domiciliary care agency supported living type which provides personal care and housing support to people who live in individual flats. Staff are available to provide care and support 24 hours per day.

The agency's registered office is located within the same building as the service users' accommodation.

3.0 Service details

Registered organisation/registered person: Apex Housing Association/Gerald Kelly	Registered manager: Vivienne Barbara Anne McGlinchey
Person in charge of the service at the time of inspection: Vivienne Barbara Anne McGlinchey	Date manager registered: 30 March 2009

4.0 Inspection summary

An unannounced inspection of Abbey House domiciliary care agency took place on 6 June 2017 from 10.30 to 16.30.

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 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;
- Service user engagement.

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 registered manager, service users, agency staff and HSCT representatives for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Vivienne McGlinchey, registered 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 22 August 2016

No further actions were required to be taken following the most recent inspection on 22 August 2016.

5.0 How we inspect

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

- Discussion with the registered 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 five service users 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
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy

- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that agency's Human Resources (HR) department to review the agency's individual staff recruitment records; details of the findings are included within the report.

Questionnaires were provided by the inspector for completion during the inspection by staff and service users; eight staff and eight service user questionnaires were returned to RQIA. Following the inspection the inspector spoke to one service user in relation to feedback received from a returned questionnaire which noted their concerns relating to exiting their home in the event of a fire. In addition the inspector discussed the matter with the person in charge of the agency on 23 June 2017 and information was provided in relation to fire safety procedures in place. The person in charge provided assurances that the issue raised would be reported to a senior manager and discussed with all service users in order to provide assurance to service users of the procedures in place.

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 22 August 2016

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

6.2 Review of areas for improvement from the last care inspection dated 22 August 2016

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 processes 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. The inspector visited the HR department on 27 April 2017 and examined a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there are robust recruitment systems in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed. The registered manager could describe the process for obtaining confirmation that new staff are available to commence employment.

The agency's training and development policy outlines the induction programme lasting in excess of the three day timescale as required within the Domiciliary Care Agency Regulations; the inspector noted from records viewed and discussions with the registered manager that the organisation has a 10 week rolling induction programme. Agency staff are required to attend induction training one day per week for the initial ten weeks of employment to complete the organisation's induction programme. In addition staff are required to complete an induction competency workbook and shadow other staff employed by the agency during their induction programme. Staff who spoke to the inspector stated that they are required to 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; three records viewed by the inspector detailed the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles. It was noted that the registered manager is required to sign the induction record to confirm that staff have been assessed as competent. Records viewed by the inspector were satisfactory.

The inspector noted that relief staff are accessed from another agency; the registered manager could describe the process for ensuring that any staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role. The inspector viewed a number of staff profiles for staff provided from another agency and noted that they contained information in relation to training, experience and induction.

Discussions with the registered 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 assessed needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager; it was noted that levels of staff can fluctuate to meet the needs of the service users. Service user who spoke to the inspector felt that there was enough staff to meet their needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector viewed four individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of individual supervision, group supervision and appraisal. It was noted that newly appointed staff receive additional supervision during their induction and probationary period.

The agency has an electronic system for recording staff training; the registered manager could describe the process for identifying and highlighting training needs in conjunction with the organisation's training officer. Staff were aware of their responsibility for ensuring that they had the skills and knowledge to fulfil their job roles and for ensuring that required training updates are completed. 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. It was noted from records viewed that the agency has recently introduced an E- Learning programme for staff; 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 the record indicated that staff had completed relevant mandatory training. Staff who spoke to the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required. It was positive to note that all staff have attained a NVQ Level three qualification.

It was identified that all staff had completed competency assessments in the previous year following restructuring within the agency; staff felt that this was beneficial and could describe how the process had enhanced their confidence, skills and knowledge.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered 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 has recently updated their policy and procedures to reflect information contained within the policy. The organisation's registered managers have recently completed training in relation to the updated policy and procedures. The registered manager could describe the agency's plans to provide information sessions for all staff in relation to the updated procedures. It was noted that all staff have recently completed an E learning module in relation to adult safeguarding.

The agency has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility which includes the completion of an annual report relating to adult safeguarding. It was noted that information booklets have been developed for staff and service users in relation to adult safeguarding. The agency's policy and procedures clearly outline the process for staff in reporting concerns.

Discussions with the 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. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered 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. Records 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. The inspector 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.

It was noted 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 annually or as required. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive. The inspector noted that in relation to one practice that may be deemed as restrictive there was evidence that the practice had been discussed and agreed with the service user and their relevant HSCT representative.

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.

Eight staff and eight service user questionnaires were returned to RQIA; responses received indicated that all staff and seven service user was satisfied that care provided is safe. One service user indicated that they were unsatisfied that care was safe; the issue raised was discussed with the service user and the person in charge following the inspection and assurances provided that the matters would be addressed.

Service users' comments

- 'Staff are lovely; they listen to me.'
- 'I can come and go as I please.'
- 'I am quite happy here; everything is good'
- 'I feel safe.'
- 'I would tell the staff if I wasn't happy; I have no worries.'
- 'I love it here; the staff are great.'
- 'This is a fantastic place; the staff help you they would do anything for you.'

Staff comments

- 'The team are amazing.'
- 'I feel supported.'
- 'Service users are safe.'
- 'Training is good; we do some online training. The training department send a reminder when training is due.'

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
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was identified 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; records held in the agency's office were noted to be retained securely. The inspector noted that staff had received training relating to record keeping and confidentiality during their induction programme.

Service users indicated that that they are supported to be involved in the development of their care and support plans and that their choices are reflected. Staff could describe the procedure for ensuring that service users are encouraged and supported to be effectively engaged in the care planning process. From care plans viewed it was noted that service users are encouraged to sign their care plan to indicate that they have agreed the care to be provided.

The inspector noted that 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 the organisation is currently in the process of reducing the quality monitoring visits to three monthly; additional processes have been developed to ensure that relevant information continues to be collated, audited and a report produced on a monthly basis. The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plan developed; and noted that they indicated that the process is robust.

Records of quality monitoring visits viewed were noted to include comments made by 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.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users. Service users could clearly describe the process for raising concerns or complaints.

The agency facilitates bi-monthly service user meetings; service users who met with the inspector indicated that they are supported to attend and encouraged to express their views and opinions. It was identified that a range of standard items are discussed at all meetings, they include adult protection and health and safety. Staff meetings are facilitated; it was noted that staff are required to sign the minutes of the meetings to indicate that they have read and understood the areas discussed and the information provided.

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

Eight staff and eight service user questionnaires were returned to RQIA; responses received indicated that the all staff and seven service user was satisfied that care provided is effective. One service user indicated that they were unsatisfied that care was effective; the issue raised was discussed with the service user and the person in charge following the inspection and assurance provided that the matters would be addressed.

Service users' comments

- 'Staff go to the shop for me for a message.'
- 'Staff help me with my shower.'
- 'Everything is good.'
- 'I have carers that come in.'

Staff comments

- 'Tenants are involved in their care and encouraged to be independent.'
- 'We help the service users with lots of things like cleaning, shopping, breakfast.'
- 'We have music activities; I have seen an improvement in some tenants.'
- 'I am always looking for ways to get the tenant's involved in activities; we have organised a Jive dance class.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to effective record keeping, audits and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users 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. It was noted that staff have been provided with information relating to human rights and confidentiality during their induction programme.

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

Service users could describe examples of how staff support them to be involved 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 relatives and were noted to contain comments made by service users and other relevant stakeholders.

From a range of documentation viewed the inspector noted that the agency record 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 representatives are maintained through the agency's complaints process; quality monitoring visits; care review meetings; stakeholder and service user satisfaction surveys, service user meetings and annual family meetings. It was identified from records viewed 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 agency 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 the manager and staff at any time.

Eight staff and eight service user questionnaires were returned to RQIA; responses received indicated that the all staff and seven service user was satisfied that care provided is compassionate. One service user indicated that they were unsatisfied that care was compassionate; the issue raised was discussed with the service user and the person in charge following the inspection and assurance provided that the matters would be addressed.

Service users' comments

- 'If I am worried I speak to the office staff.'
- 'I don't go out, that is my choice.'
- 'The food is good, we get a choice.'
- 'Staff listen to me.'

Staff comments

- ‘Tenants are safe and have choice.’
- ‘We respect their wishes.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred compassionate care and the effective engagement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 implemented systems of management and governance. The agency is managed on a day to day basis by a registered manager; they could clearly describe the process for obtaining support and guidance from a senior manager within the organisation.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format. Staff could describe the procedure for accessing the agency’s policies and procedures; it was noted that staff are required to read policies on line and indicate that they have understood the information. A range of the agency’s policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The inspector noted that the agency has a systematic approach in reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the registered 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 records 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. Service users who spoke to the inspector could describe the process for making a complaint. It was identified from discussion with the registered manager and records viewed that the agency has received no complaints since the previous inspection.

The manager stated that service users and where appropriate their relatives are encouraged to raise any issues or concerns they have in relation to the care and support they receive.

The inspector viewed information that indicated 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. The registered manager and staff who spoke to the inspector 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 relative. From quality monitoring records viewed 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 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 and described an 'open door' arrangement. Staff demonstrated that they had an understanding of the agency's whistleblowing policy and could clearly describe the procedure for obtaining support and guidance including the arrangements for out of hours. Staff who met with the inspector stated that the manager is supportive and approachable. It was noted that staff required to be in charge in the absence of the manager are provided with additional training to enable them to undertake additional responsibilities.

The registered manager stated that all 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 agency and the HR department which records registration details and expiry dates. Discussions with the HR manager and the registered 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.

Eight staff and eight service user questionnaires were returned to RQIA; responses received indicated that the all staff and seven service user was satisfied that the service was well led. One service user indicated that they were unsatisfied that the service was well led; the issue raised was discussed with the service user and the person in charge following the inspection and assurance provided that the matters would be addressed.

Service users' comments

- 'I talk to ***** the manager if I am worried or not happy.'

Staff comments

- 'The manager encourages and supports us to do additional training.'
- 'Good team working here.'

- ‘The manager is very supportive.’
- ‘We can contact on call for advice’ the manager will come in if needed.’

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 and quality monitoring and improvement.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

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