The Regulation and Quality Improvement Authority

Inspection Report

12 September 2024

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 Elena Lynch **Date registered:** Acting
Person in charge at the time of inspection: Mrs Elena Lynch	
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 12 September 2024 between 10.05 a.m. and 5.05 p.m. The inspection was conducted by two care inspectors.

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 were also reviewed.

Areas for improvement identified related to care planning, the monitoring of professional registrations of staff supplied by recruitment agencies, staff induction and the completion of competency assessments for the staff in charge of the service, in the absence of the manager

Good practice was identified in relation to service user involvement and staff training.

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.

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

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 and staff members.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I am exceptionally well looked after. Staff are respectful and kind. Staff always knock my door and wait for me to ask them to come in."
- "All runs smoothly here. I can't think of anything that would improve the service."
- "I am happy here. Staff helped me settle in when I came here first. If I need help I just ask the staff and they are happy to help."

Staff comments:

- "I got a good induction and it was helpful for me until I got to know my role. Excellent training provided by Apex."
- "I think the tenants are well looked after. We support the tenants to lead an independent life."

- "Great teamwork and we are well supported. Good communication and any changes in tenants needs we are informed immediately."

Returned questionnaires indicated that the respondents were generally satisfied with the care and support provided. The questionnaire responses were shared with the manager at inspection feedback for further consideration and action, as appropriate.

No staff returned questionnaires prior to the issue of this report.

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 5 September 2023 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 ASC was known to the staff team.

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.

The agency retained records of any referrals made to the relevant Health and Social Care (HSC) 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 manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff had been provided with moving and handling training appropriate to the requirements of their role. The manager reported none of the service users currently required the use of specialist 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 manager advised that no service users required liquid medicine to be administered orally 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 appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

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, it was identified that the care and support plans for two of the service users needed to be reviewed and updated to ensure that their assessed needs are recorded. In addition, these care plans need to be person centred. An area for improvement was identified.

It was positive to note that the agency had facilitated regular service users' meetings. This supported service users to discuss the provisions of their care and support. Some matters discussed included activities, menu planning, advocacy arrangements and health and safety.

5.2.3 What are the systems 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 swallowing difficulties or had been assessed by a SALT with recommendations. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Staff demonstrated good knowledge of service users' wishes and preferences with regards to nutritional intake.

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 (Access NI), 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 was a system in place for professional registrations, of staff employed by the agency, to be monitored by the agency's personnel department and the manager. However, there was a small number of staff working in the service that had been supplied by a recruitment agency. Discussion with the manager and review of records identified that a system was not in place to review the professional registrations of these staff. An area for improvement was identified.

Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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?

Review evidenced that an induction had not been completed for four staff members supplied by a recruitment agency. In addition, induction records for two recently recruited staff members had not been completed within the timeframes outlined in the induction record. An area for improvement has been identified.

The agency has maintained a record for each member of staff of all training, including professional development activities undertaken; this included staff that were supplied by recruitment agencies. The training information was retained electronically in a well organised manner.

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.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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. It was identified that no complaints had been received since the 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 manager or the person in charge.

Our discussion with staff revealed they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future outcomes. They identified staff training, policies and procedures, staff support mechanisms and the management team supported them to provide safe, effective and compassionate care in this setting.

It was noted that two staff who were left in charge of the agency in the absence of the manager had not been assessed as competent and capable to do so. An area for improvement has been identified.

We discussed the acting management arrangements which have been ongoing since 6 May 2024; RQIA will keep this matter under review.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	4

Areas for improvement and details of the QIP were discussed with Mrs Elena Lynch, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021

Area for improvement 1 **Ref:** Standard 3.3 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered shall ensure that a care plan is in place for each individual service user. The care plan should include information on: • the care and services to be provided to the service user; • directions for the use of any equipment; • the administration or assistance with medication; • how specific needs and preferences are to be met; and • the management of identified risks. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Acting Manager will ensure that care and support plans identified by the Inspector on the day of the Inspection are reviewed and updated to ensure that the assessed needs of all Tenants are recorded and are person centred
Area for improvement 2 **Ref:** Standard 12.6 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that a robust system is implemented to include the monitoring of staffs' professional registrations for any staff member supplied by a recruitment agency. Ref: 5.2.4
	Response by registered person detailing the actions taken: A robust system will be maintained to ensure compliance with NISCC registrations for all staff members supplied by a Recruitment Agency,
Area for improvement 3 **Ref:** Standard 12.1 **Stated:** First time **To be completed by:**	The registered person shall ensure that newly appointed staff, including agency staff, complete a structured orientation and induction, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures. Ref: 5.2.5

Immediate and ongoing from date of inspection	**Response by registered person detailing the actions taken:** The Acting Manager will ensure that all newly appointed staff, including Agency staff, complete a structured orientation and Induction to ensure they are competent to carry out their duties. In addition a Person In Charge competency assessment will be completed for all staff taking charge of a shift
Area for improvement 4 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them; this relates to the need for competency assessments to be undertaken for those who may be in charge of the service, in the absence of the manager. Ref: 5.2.6
	Response by registered person detailing the actions taken: The Acting Manager will ensure that a Training Needs Analysis is completed for all staff and a Person In Charge Competency assessment is completed for all staff taking charge of a shift

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

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