



The Regulation and
Quality Improvement
Authority

Abbey House
RQIA ID: 10859
Little Diamond
Londonderry
BT48 9EJ

Inspector: Joanne Faulkner
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**Announced Care Inspection
of
Abbey House**

14 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 14 March 2016 from 10.00 to 13.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Apex Housing Association/Gerald Kelly	Registered Manager: Vivienne McGlinchey
Person in Charge of the Agency at the Time of Inspection: Vivienne McGlinchey	Date Manager Registered: 30 March 2009
Number of Service Users in Receipt of a Service on the Day of Inspection: 12	

Abbey House is a domiciliary care supported living type agency located in the Little Diamond area in Londonderry. The accommodation, care and support is provided by Apex Housing. Service users live in individual flats; staff are available to provide care and support 24 hours per day. Each service user has an identified 'key worker'.

The flats are unfurnished; each service user is encouraged to decorate and furnish it to their own taste. Part of the building is used for sheltered housing but has no bearing on the supported living agency.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of maximising quality of life.

The agency's registered office is located on the same site as the service users' accommodation.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Consultation with service users/staff/stakeholders
- Evaluation and feedback

During the inspection the inspector met with two service users, two support staff and the registered manager; the inspector spoke to an HSCT representative.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- The care records of two service users
- Monthly quality monitoring reports
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Staff register/information
- Agency's rota information
- Whistleblowing policy

Staff questionnaires were completed by nine staff following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are fully satisfied that the induction programme prepared them for their role.
- Staff are fully satisfied that care is delivered in a person centred manner.
- Staff are satisfied that concerns raised are taken seriously.
- Staff are fully satisfied that at all times there is an appropriate number of suitably skilled and experienced persons to meet the service users' needs.
- Staff are aware of the agency's whistleblowing policy.

One individual stated that, "Service users are our number one priority".
 One individual stated, "I feel the training provided by Apex has ensured that I am fully equipped to fulfil the duties of a support worker; my colleagues and the management are very supportive".

Service users' questionnaires were completed by five service users during or following the inspection; they indicated that:

- Service users are satisfied with the care and support they receive.
- Four service users are satisfied that they are consulted in relation to the quality of the service.
- Four service users feel safe and staff respond to their needs.
- Four service users are satisfied that staffing levels are appropriate.
- Service users are satisfied that staff have the skills to care for them.

An issue highlighted by one individual in relation to support to access community was discussed with the registered manager, and assurances provided that discussions had taken place involving representatives from the HSCT with the service user in relation to their assessed needs and the agreed care and support to be provided.

The inspector would like to thank the service users, the HSCT representative, staff and the registered manager for their support and co-operation during the inspection.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 30 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8.15	It is recommended that staff record the times of removal and return of service users' bank cards from the agency safe.	Met
	Action taken as confirmed during the inspection: The inspector viewed the records in place for one service user and noted that staff record the times of removal and return of the service user's bank card from the agency safe.	

5.3 Additional Areas Examined

5.3.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation; it was identified that unannounced monthly monitoring visits are completed by the organisation's senior housing officer. Records viewed recorded the views of service users, their relatives and where appropriate relevant professionals. The documentation contains information relating to incidents, safeguarding vulnerable adults, staffing issues, staff supervision and training needs, and contained an action plan. It was noted that an audit of supervision records and service users' finances was also completed during these visits. The agency's reports are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

5.3.2 Complaints

The agency's complaints policy was reviewed in May 2013; it outlines the procedure for handling complaints. It was verified from records viewed and discussion with the manager that the agency has received no complaints for the period 1 January 2014 to 31 March 2015.

5.3.3 Safeguarding of Vulnerable Adults

It was identified from records viewed and discussions with the manager that the agency has made one referral to the HSCT safeguarding team in relation to potential safeguarding incidents. Records viewed indicated that the agency had adhered to the relevant policy and procedures. It was noted from training records viewed that staff have received relevant training; staff who spoke to the inspector could describe the procedure for identifying and reporting any suspected incidents of abuse.

5.3.4 Staffing Arrangements

Discussions with the manager and staff provided assurances that there is at all times an appropriate number of suitably skilled and experienced persons available to provide care and support to the service users. The manager stated that staffing numbers have recently been increased to meet the needs of service users.

Staff rota information viewed details the full name of staff provided, the timing of the shift and included an abbreviation list. Staff rotas viewed reflected staffing levels as described by the manager.

Staff who spoke to the inspector could describe the details of their induction and the support provided by the agency during their initial induction programme.

The agency has a procedure for the induction of short notice/emergency staff; the manager stated that staff are accessed from another domiciliary care agency. The manager could describe the process in place to ensure that staff provided at short notice have the knowledge, skills and training to carry out the requirements of the job role and the process for verifying the identity of the staff supplied.

Staff were aware of the agency's whistleblowing policy and could describe their responsibility in highlighting concerns.

Service User Comments:

- “I love it here.”
- “I have no worries or concerns.”
- “The staff are good.”
- “I go to the day centre three times per week.”
- “If I am worried I speak to the manager or my key worker.”
- “I am very happy living here.”
- “Staff help me with my shopping.”
- “This is the best place I have ever lived.”
- “I don’t go out much.”
- “The staff would help you with anything.”

Staff Comments:

- “Tenants receive a high standard of care and staff enjoy the benefits of ongoing training.”
- “Service users can make their own choices.”
- “Staff encourage service users to live as independently as possible.”
- “I received induction; the training was good.”
- “I feel there is enough staff to meet the needs of the service users.”
- “This is a nice team; the staff support each other.”
- “This is a lovely place to work.”

HSCT Representative Comments:

- “This is a great place; the communication is good.”
- “The staff work with us and will be very flexible in dealing with challenging issues.”
- “The staff are excellent.”
- “I have no concerns.”
- “The manager attends our multi-agency meetings.”

Areas for Improvement

There were no areas for improvement identified within the areas examined.

Number of Requirements:	0	Number of Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Vivienne McGlinchey	Date Completed	11/04/16
Registered Person	Muriel Sands	Date Approved	11/04/16
RQIA Inspector Assessing Response	JOanne Faulkner	Date Approved	12/04/16

Please provide any additional comments or observations you may wish to make below:

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.