

Unannounced Care Inspection Report 21 January 2019



Abbey House

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

www.rqia.org.uk

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 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

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Sheena McCallion	Registered manager: Vivienne Barbara Anne McGlinchey
Person in charge of the service at the time of inspection: Senior Support Worker	Date manager registered: 30 March 2009

4.0 Inspection summary

An unannounced inspection took place on 21 January 2019 from 10.30 to 15.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined 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:

- Communication with service users, relatives and other relevant stakeholders
- Staff induction, training, supervision and appraisal
- Quality monitoring systems
- Provision of care in an individualised, compassionate manner
- Service user engagement and involvement

This was supported through review of records at inspection and from feedback received from service users and staff on inspection.

The comments of service users have been included in the relevant report sections.

No areas for improvement were identified during the inspection.

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 person in charge, service users and staff for their welcome, support and full 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 the person on charge, 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 6 June 2017

No further actions were required to be taken following the most recent inspection on 6 June 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the person in charge
- examination of records
- consultation with service users and staff
- evaluation and feedback

During the inspection the inspector met with the person in charge, four service users and two staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Minutes of service user meetings
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult protection
- Staff rota information
- Statement of Purpose
- Service User Guide

A number of policies and procedures viewed prior to and following the inspection were noted to have been reviewed and updated in line with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; three questionnaires were returned to RQIA. Responses received indicated that service users and /or relatives were very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; one response was received. Negative comments provided by the respondent were discussed with a senior manager for the organisational and assurances provided that the matters raised would be discussed with staff and service users in the agency and a response forwarded to RQIA.

The inspector requested that the person in charge display a 'Have we missed you card' to provide relatives and visitors the opportunity to contact RQIA with their views; no responses were received.

In addition feedback received by the inspector during the course of the inspection 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 6 June 2017

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 6 June 2017

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 service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment process is co-ordinated in conjunction with the organisation's Human Resources (HR) department. The person in charge provided assurances that staff are not supplied for work until all required pre-employment checks and induction have been satisfactorily completed.

The organisation is currently developing a process for ensuring that a statement by the registered provider or the registered manager indicating that domiciliary care workers supplied are physically and mentally fit for the purposes of the work which they are to perform as outlined in Regulation 13.(d) Schedule 3, is in place.

The agency's training and development policy outlines the induction programme required to be completed by staff; it was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. Agency staff are required to attend induction training one day per week for a number of weeks and in addition are required to complete an induction competency workbook, medication competency assessments and a number of shifts shadowing other staff employed by the agency.

The induction workbook completed by staff within the initial six months of employment, is based on the Northern Ireland Social Care Council's (NISCC) standards. It was noted that during the probationary period staff participate in a review of their induction. Staff induction records viewed during the inspection contained details of the information and training provided to staff during their induction period.

Staff are provided with a job description at the commencement of employment. Observations of and discussions with staff indicated that they had the appropriate knowledge, experience and skills to fulfil the requirements of their job roles.

Discussions with the person in charge and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. It was noted that a number of staff provided at short notice have been accessed from another domiciliary care agency; the agency has staff profiles in place for these individuals.

The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. The inspector discussed with the person in charge the need to ensure that the rota consistently denotes the full name of staff supplied; assurances were provided that this would be actioned immediately. Staff who spoke to the inspector highlighted that requests for annual leave are often not responded to in a timely manner this was discussed with the person in charge.

The agency has a process for retaining details of the registration status and expiry dates of staff required to be registered with the NISCC or other regulatory body. The person in charge stated that staff are not be supplied for work if they are not appropriately registered and indicated that staff are alerted when their registration is required to be renewed. Records viewed during the inspection indicated that staff were registered appropriately.

The agency's supervision and appraisal policies outline the timescales and procedures to be followed. It was identified that staff are provided with a supervision contract and a record of staff supervision and appraisal is maintained.

Records relating to three staff reviewed by the inspector indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff could describe the supervision process and indicated that they are involved in developing individual development plans on an annual basis as part of their appraisal process. Staff supervision and appraisal information viewed were noted to be retained in a well organised and secure manner.

Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. It was noted that the agency has recently introduced an E-Learning programme for staff and that staff are required to complete training on an identified areas each month.

Staff could describe the process for identifying training needs in conjunction with the organisation's training officer and their responsibility for ensuring that training updates are completed. Staff stated that their training was informative and had equipped them with the appropriate knowledge and skills for their role.

The agency has a system for recording staff training; it was identified that the process had recently been reviewed and updated to ensure that information was accurate and reflective of the training completed by staff. Records viewed indicated that staff had completed required training updates as required.

Staff who spoke to the inspector raised an issue in relation to the availability of a computer to complete E learning modules; they stated that they had raised this matter previously with the management of the organisation. The inspector discussed this with the person in charge who described the current process for staff to access online training and provided assurances that the matter would be discussed further with senior management.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. 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 outlines the procedure for staff in reporting concerns.

The agency has identified an Adult Safeguarding Champion (ASC) and a number of deputy ASC's; the policy outlines their roles and key areas of responsibility which was noted to include the completion of an annual report relating to adult safeguarding. It was positive to note that the ASC has developed a newsletter relating to adult safeguarding matters.

Discussions with staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns. Staff are required to complete safeguarding training during their induction programme and in addition update. Training records viewed by the inspector indicated that staff had recently received a training in relation to adult safeguarding.

Service users who spoke to the inspector could describe what they would do if they had any concerns in relation to their safety or the care they received.

The inspector viewed the agency's records maintained in relation to safeguarding adults. Discussions with the person in charge and records viewed evidenced that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT)

safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse.

Records viewed and discussions with the person in charge indicated that no referrals had been made by the agency since the previous inspection.

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The agency’s risk management policy outlines the process for assessing and reviewing risk. The inspector viewed a range of risk assessments in place relating to individual service users. Service users are supported to participate in an annual review involving their HSCT keyworker if appropriate and that care plans are reviewed annually or as required

The agency’s office accommodation is located within the same building as the homes of the service users and accessed from a shared entrance. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices are lockable, records were stored securely and that PC’s were password protected.

Comments received during inspection process.

Service users’ comments

- “Can’t complain; staff help me with everything.”
- “The food is good.”
- “Staff help me with the laundry and cleaning.”
- “If I am worried I talk to the staff.”

Staff comments

- “I feel supported in my job.”
- “I like working here.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision, appraisal and adult safeguarding.

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 inspector reviewed that agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users. 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 procedures for the effective creation, storage, retention and disposal of records. Records viewed by the inspector were noted to be retained in an organised and secured manner. It was identified that staff had received training in relation to record keeping and confidentiality during their induction programme and had recently completed an E Learning module in GDPR.

Service users described the methods staff use to encourage and support them to be effectively involved in the completion of their risk assessments and the development of their care plans. During the inspection the inspector viewed a number of service user care records; it was noted that care plans were comprehensive; staff record daily the care and support provided.

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing bi-monthly quality monitoring visits; it was noted that additional processes are in place to ensure that relevant information is collated and audited on a monthly basis by the manager.

The inspector viewed the agency's quality monitoring reports and records of the audits completed by a senior manager within a range of the agency's departments. Records viewed indicated that the process is effective. The records were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment, complaints and financial management arrangements.

Comments recorded on quality monitoring reports

Staff comments

- "I think this is a brilliant service."
- "I believe we provide a very good service to tenant's."

Relative's comments

- "I wish to congratulate the staff of Abbey House for the fantastic service."

The inspector reviewed the agency's systems to promote effective communication between service users, staff and relevant stakeholders. 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.

The person in charge could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

It was identified that the agency facilitates quarterly service user and staff meetings; service users indicated that they are provided with the opportunity to express their views and opinions on a range of matters during the meetings. It was identified that a range of standard items are discussed at all meetings, they include adult protection, complaints, professional boundaries and health and safety. Minutes of service users meetings viewed indicated that service users had been provided with additional information in relation the complaints process and safeguarding. It was noted that the minutes of the service user meetings contain comments made by service users in relations to their views, preferences and choices.

Comments received during inspection process.**Service users' comments**

- "I can speak up at the tenant's meetings."
- "I would like more organised activities."

Staff comments

- "Service users are well looked after and supported."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and engagement with service users and other relevant 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?

Service users 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, equality and compassion and to effectively engage service users in decisions relating to their care and support.

Staff had received training in relation to human rights, equality and confidentiality during their induction programme. Discussions with service users and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the delivery of care and support. The agency has provided information to service users relating to human rights, advocacy and adult protection. Individual service user care records included information relating to their life histories and details of their needs, choices and preferences.

Staff described the methods used for ensuring they provide care and support in an individualised manner; and the processes used for effectively supporting service users in making informed choices. Service users indicated that staff encourage and support them to be involved in decisions relating to their care, support and daily activities.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity. The person in charge could describe how staff development and training enables staff to engage with a diverse range of service users.

The agency's Statement of Purpose and Service User Guide contain information relating to equality and diversity.

Discussions with the service users, staff and the person in charge provided evidence that supports tenants' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- stakeholder involvement
- individualised person centred care
- individualised risk assessment

Documentation viewed and discussions with staff indicated that the agency has effective systems in place to record comments made by service users and/or their representatives. Records of service user meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, quality monitoring visits, service user surveys, family meetings, care review meetings and service user meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Comments received during inspection process.

Service users' comments

- "Staff are good; they listen to us."
- "The staff would do anything for us."

Staff comments

- "Service users have choice; they tell us what they want."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

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 inspection reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is managed on a day to day basis by the manager supported by the senior support worker. Staff who spoke to the inspector could describe the process for obtaining support and guidance at any time including out of hour arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained electronically and in a paper format retained within the agency office. A number of the organisation's policies viewed both prior to inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy and procedure outlines the process for managing complaints; discussions with the manager and staff indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. Staff stated that they had received training in relation to management of complaints during their induction programme. Service users could describe the process for raising concerns and indicated that they could speak to staff at any time.

The agency maintains a proforma to record complaints received. It was noted from records viewed and discussions with the person in charge that complaints received since the previous inspection had been managed in accordance with the agency's policy and procedures. Complaints are audited on a monthly basis as part of the quality monitoring process.

The agency has systems for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of relevant policies and procedures, and the monthly monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective collaborative working with relevant stakeholders.

Records viewed and discussions with the person in charge indicated that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal. The person in charge and staff who spoke to the inspector could describe the rationale for regularly reviewing the quality of the services provided.

The agency has a robust process for recording and monitoring incidents including those reportable to RQIA; records viewed were noted to be comprehensive and clearly record actions taken and outcomes.

The organisational and management structure of the agency is outlined in the Statement of Purpose. Staff demonstrated that they had an understanding of the responsibilities of their roles; it was noted that staff had been provided with a job description at the commencement of employment. Service users indicated that they knew who to talk to if they had a concern. Staff stated that the manager and senior staff are approachable and supportive; they could describe the procedure for obtaining support and guidance.

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.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Comments received during inspection.

Staff comments

- “I feel supported.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements including the quality monitoring process and the management of complaints and incidents.

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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