

Unannounced Care Inspection Report 14 March 2019



Railway Court

Type of Service: Domiciliary Care Agency
**Address: Bungalows 1-6, O’Kane Park, Dromore Road, Omagh,
BT78 5AA**
Tel No: 02882252629
Inspector: Aveen Donnelly

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

Railway Court is a supported living type domiciliary care agency, situated in Omagh. Service users live in a number of bungalows; they each have individual bedrooms and shared lounge, dining and bathroom facilities.

The agency's aim is to provide care and support to meet the needs of individual service users in an environment that takes into account their physical, social, emotional, spiritual, as well as cultural needs. Staff are available to support service users 24 hours per day and assist service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

The service users' care is commissioned by the Western Health and Social Care Trust (HSC) and the Southern Health and Social Care Trust.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Sheen McCallion	Registered Managers: Diane Alison Rafferty Mairead Brogan
Person in charge at the time of inspection: Diane Alison Rafferty Mairead Brogan	Date managers registered: 30 March 2009

4.0 Inspection summary

An unannounced inspection took place on 14 March 2019 from 09.45 to 15.45.

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

The inspection sought 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 throughout the inspection in relation to recruitment practices, staff development, adult safeguarding and risk management. The care records were generally well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place. No areas requiring improvement were identified during the inspection.

Consultation with the service users and their representatives indicated that they were happy with the care and support provided.

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.

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 Diane Alison Rafferty and Mairead Brogan, registered managers, 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 31 July 2017

No further actions were required to be taken following the most recent inspection on 31 July 2017.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- Records of notifiable events
- all correspondence received by RQIA since the previous inspection

The following records were examined during the inspection:

- staff recruitment matrix
- staff training matrix
- staff supervision and appraisal matrix
- two staff induction records
- accident and incident records
- two service users' care records
- staff' meeting' minutes
- service users' meeting' minutes
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- a sample of policies and procedures
- monthly quality monitoring reports
- annual service users' survey results
- the Statement of Purpose
- the Service User Guide.

At the request of the inspector, the managers were asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

The inspector requested that the managers place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the service users and their representatives; none were returned within the timeframe for inclusion within the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

The inspector spoke with both registered managers, eight staff members, one service user, five relatives and one HSC trust' representative. Comments received are included within the body of the report.

The findings of the inspection were provided to the managers at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 July 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.

During the inspection the inspector reviewed that agency's processes for avoiding and preventing harm to service users and this included a review of the staffing arrangements in place. There were two managers in post, who managed the agency with the support of four senior staff and a team of care staff. The staffing arrangements were discussed with the management team and they advised that there were currently two staff vacancies, in addition to two staff members being on extended leave. Vacant shifts were currently being filled by staff from other registered domiciliary care agencies. Staff spoken with during the inspection discussed how they felt the high agency usage impacted on them. However, given that there was no evidence that this had impacted on the service users, the matter was relayed to the management team, for review and action, as appropriate.

The organisation has a dedicated Human Resources (HR) department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of the recruitment matrix identified that the required checks had been undertaken in keeping with regulations.

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 inspector was advised 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.

There was a procedure in place in relation to the induction process. This reflected that the induction provided to staff is at least three days as outlined within the domiciliary care agencies regulations. A review of records confirmed that induction was also provided to staff accessed from another domiciliary care agency.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the supervision and appraisal matrix confirmed that the staff received formal supervisions three times a year and an annual appraisal.

A review of the staff training matrix confirmed that training had generally been provided in all mandatory areas and records were kept up to date. One staff member was noted to be overdue in relation to the completion of their adult safeguarding training. Following the inspection, the management team confirmed to RQIA by telephone on 27 March 2019 that the identified staff member had updated their training in this regard.

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 team. The inspector discussed this with the management team who described the current process for staff to access online training and provided assurances that the matter would be discussed further with senior management within the organisation.

A review of the staff profiles received for agency staff accessed from other domiciliary care agencies identified that these were up to date.

The staff member spoken with confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had.

Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The inspector was advised that there had been a small number of incidents which had been referred to adult safeguarding since the date of the last inspection. Through discussion, it was evident that the incidents had been managed appropriately. Advice was given in relation to following up with the relevant HSC trust key workers, regarding ongoing safeguarding incidents.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. There was some evidence of positive risk taking in collaboration with the service users and/or their representative, the agency and the HSC Trust. Records confirmed that comprehensive risk assessments and safety management plans had generally been completed in conjunction with the service users.

However, discussion with the management team and a review of records confirmed that risk assessments for a number of restrictive practices had not been consistently undertaken, in keeping with the agency's own policy relating to restrictive practices. Following the inspection, the manager confirmed to RQIA, by email on 01 April 2019 that this had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified in this domain 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.

Records viewed by the inspector were noted to be retained in an organised and secure manner, in keeping with the agency's data protection policy.

During the inspection the inspector viewed a number of service user care records; it was noted that care plans were comprehensive. Staff recorded 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 agency 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 management team.

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

Service users' comments

- "I am fine."
- "Everything is ok."
- "Staff make time for me."
- "Everything is going well."

Relative's comments

- "My (relative) has come through such a metamorphosis by living at Railway Court, (their) confidence is at an all-time high...the staff in Railway Court are second to none and deserve every praise and credit for the tremendous work they do."

Staff comments

- “I think the standards here are very good.”
- “I would not hesitate to place my relative in Railway Court.”

The inspector reviewed the agency’s systems to promote effective communication between service users, staff and relevant stakeholders. Discussions with service users’ representatives indicated that staff communicated appropriately with service users.

Discussion with one HSC trust’ representative indicated there were effective working relationships between the agency, the HSC trust and other relevant stakeholders. One Trust’ representative commented to the inspector that the staff ‘are always very approachable, they are great for promoting independence and service users have come a long way, because of the staff’.

It was identified that the agency facilitates regular service user’ and staff’ 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 adult protection.

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 in this domain 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.

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 management team 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 managers provided evidence that supports service users' 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. A review of the compliments recorded within the monthly quality monitoring reports identified that all those consulted with had rated the service as being excellent. Compliments included examples of when the staff 'went over and above the call of duty' and in one record the staff were described as being 'fantastic, welcoming and warm'.

During the inspection, the inspector spoke with one service user, who indicated that they were happy living in Railway Court. The inspector spoke with both registered managers, eight staff members, one service user, five relatives and one HSC trust' representative. Some comments received are detailed below:

Staff

- "I have no concerns."
- "I would recommend this place to my relative."
- "If it wasn't excellent, I wouldn't be here."
- "It is a brilliant place to work."
- "It is a very good place, (the service users) definitely have good choices."
- "The team works well together, the quality of care is very good."
- "For the (service users) it is fabulous."
- "This is certainly the best place I have ever worked."

Service users' representatives

- "(My relative) has had a new lease of life since moving to Railway Court, a complete turnaround for them."
- "Everything is dead on."
- "They are doing a good job, I have no complaints."
- "We are very happy with everything, anything we have ever raised, has always been dealt with immediately."
- "They are very good to (my relative), I am very happy."

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 in this domain 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 the management and governance systems in place within the agency to meet the needs of the service users; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide. The day to day operation of the agency was overseen by two registered managers, four seniors and a team of care staff. In addition, the agency’s on call system ensured that staff could avail of management support 24 hours a day.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms.

There had been a small number of complaints received from the date of the last inspection and these were deemed to have been managed appropriately and in accordance with legislation, standards and the agency’s own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There were processes in place to ensure that the quality of services was evaluated on an annual basis. Comments recorded on the annual service satisfaction survey included:

Relatives

- “I am very happy with the clothes the staff supported my relative to purchase.”

Service users

- “I love living in Railway Court and like the staff.”

There was a system in place to ensure that the agency’s policies and procedures were reviewed at least every three years.

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

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust’ representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain 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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