

Inspection Report

29 July 2021



Railway Court

Type of Service: Domiciliary Care Agency
Address: Bungalows 1-6, O'Kane Park, Dromore Road,
Omagh, BT78 5AA
Tel No: 028 822 52629

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Apex Housing Association</p> <p>Responsible Individual: Miss Sheena McCallion</p>	<p>Registered Managers: Ms Mairead Brogan Mrs Diane Alison Rafferty</p> <p>Date registered: 30 March 2009</p>
<p>Person in charge at the time of inspection: Ms Mairead Brogan and Mrs Diane Alison Rafferty</p>	
<p>Brief description of the accommodation/how the service operates:</p> <p>Railway Court is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to people, who live in a number of bungalows; they each have individual bedrooms and shared lounge, dining and bathroom facilities.</p>	

2.0 Inspection summary

The care inspector undertook an announced inspection on 29 July 2021 between 10.00 am and 13.45 pm.

The inspection focused on staff recruitment and the agency's governance and management arrangements as well as recruitment, registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

An area for improvement was made in relation to the risk assessments and care plans, relating to swallowing difficulties.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to systems in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

Service users said that they were satisfied with the standard of care and support provided.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

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.

Prior to the inspection we provided a number of easy read questionnaires for the service users to comment on the following areas of service quality:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- "My key worker is nice."
- "The staff are very helpful and friendly."
- "I am happy here."
- "It is good here."
- "I am very happy here."

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable incidents and written and verbal communication received since the previous care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the NISCC and the NMC were monitored by the agency.

We discussed any complaints and incidents during the inspection with the managers and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

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

4.0 What people told us about the service

The information provided by service users and staff during the inspection indicated that there were no concerns in relation to the agency. All confirmed that they were very satisfied with the standard of care and support provided. The following comments were received during the inspection:

Service users' comments:

- "They are great here."
- "It is big and spacious and lovely. It is good fun."

Staff' comments

- "Everything is good."
- "We are doing good. I like it that every day we have time to talk to the tenants."
- "Everything is fine."

Staff, service users and relatives also told us that they were generally happy with the support and care provided in Railway Court. The following comments were received via the electronic survey:

- "Everything is fine."
- "Railway court is a very well managed supported living establishment."
- "I would like more choice and to get out more."
- "I am pleased that my bedroom has new furniture."
- "I am happy here."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection of the agency was undertaken on 14 January 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there 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 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 clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed and found to be satisfactory.

Discussions with the managers demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice. Review of incidents identified that they had been referred appropriately.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The managers were aware of which incidents required to be notified to RQIA. The review of incidents identified that all had been submitted to RQIA appropriately.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. However, a review of the records identified a small number of staff who had yet to complete the training. This was discussed with the managers who agreed to address this. An updated training matrix was submitted to RQIA on the day of the inspection. RQIA was assured that dates had been planned for the training to be undertaken. The managers spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. RQIA were informed there were no service users who were subject to DoLS. A restrictive practice register was also in place.

The managers confirmed the agency does not manage individual monies belonging to the people they support.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The managers advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. The managers agreed to proactively engage with relatives to ensure that they were aware of the Care Partner approach, should they wish to avail of it.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The managers identified a number of service users who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids. However, review of the records identified that there were discrepancies between the consistency-type indicated on the risk assessments, to that indicated on the care plans. This was discussed with the managers who agreed to address the matter. An area for improvement has been made in this regard.

5.2.4 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the people they support. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC and the NMC. Information regarding registration details and renewal dates are monitored by the managers; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.5 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005. The managers were signposted to the new monitoring template which is available on the RQIA website.

It was established during discussions with the managers that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

6.0 Conclusion

Based on the inspection finding one area for improvement was identified. This related to safe and effective care. The care and support provided was found to be compassionate; and there was evidence that the service was well-led.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations, (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mairead Brogan and Allison Rafferty registered managers, 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 Regulations, (Northern Ireland) 2007.	
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered persons shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the Speech and Language Therapist (SALT) care plan.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All risk assessments and careplans updated as required</p>

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



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