



The Regulation and
Quality Improvement
Authority

Railway Court
RQIA ID: 10860
5-6 O'Kane Park
Omagh
BT78 3AA

Inspector: Joanne Faulkner
Inspection ID: IN020485

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**Unannounced Care Inspection
of
Railway Court**

16 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 16 November 2015 from 10.30 to 15.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to 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	1	0

The details of the QIP within this report were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Apex Housing Association/Gerald Kelly	Registered Manager: Diane Alison Rafferty
Person in Charge of the Agency at the Time of Inspection: Senior Support Worker (Acting)	Date Manager Registered: 30 March 2009
Number of Service Users in Receipt of a Service on the Day of Inspection: 17	

Railway Court is a supported living type domiciliary care agency, situated in Omagh. Service users live in a number of bungalows; they have individual bedrooms and shared lounge, dining and bathroom facilities. The scheme is in a community housing estate, the aim of which is to provide housing with care to individuals with a learning disability.

Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

The agency's aim is to provide support and care to meet the needs of service users in an environment that takes into account the physical, social, emotional, spiritual, as well as cultural needs of the tenants. This includes helping 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 tenants are encouraged to actively participate in the running of the service and use the forum of monthly 'tenants' meetings' to put forward their views and ideas.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - Service users are involved in the care they receive

4. Methods/Process

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

- Discussion with the person in charge
- Examination of records
- Consultation with service users/staff
- File audit
- Evaluation and feedback

During the inspection the inspector met with six service users, three support staff and the person in charge.

Prior to inspection the following records were analysed:

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

The following records were viewed during the inspection:

- Care and support plans of three service users
- Daily and monthly recording/evaluation of care records
- Monthly quality monitoring reports
- Minutes of tenants' meetings
- Minutes of staff meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Staff induction records
- Complaints register
- Recruitment policy (January 2014)
- Training and development policy (January 2015)

- Supervision policy (July 2014)
- Disciplinary procedure (June 2014)
- Risk assessment policy (January 2015)
- Staff handbook (June 2015)
- Staff register/information
- Agency's staff rota information
- Whistleblowing policy

Staff questionnaires were completed by eight 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 satisfied that care is delivered in a person centred manner.
- Seven staff are satisfied that concerns raised are taken seriously.
- Staff are aware of the agency's whistleblowing policy.
- Staff are satisfied that at all times there is an appropriate number of suitably skilled and experienced persons to meet the service users' needs.

One individual indicated that they were unsatisfied that concerns raised would be taken seriously; this was discussed with the registered manager prior to the issuing of the report and assurances provided that this matter would be discussed at the staff meeting and individual staff supervision.

Service user questionnaires were completed by seven service users following the inspection; they indicated that:

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

The inspector would like to thank the service users, staff and the person in charge 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 announced care inspection dated 26 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 Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 6.-(1)(b)</p>	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b)the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that the service user's guide is updated to include information relating to restrictive practice.</p> <p>Action taken as confirmed during the inspection: It was noted that the agency's organisation statement of purpose which forms part of the service user guide has been updated to include reference to restrictive practice.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 23.(1)(4)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>This requirement relates to the registered person ensuring that the action plan contained within the monthly quality monitoring record details action taken to address issues identified.</p> <p>Action taken as confirmed during the inspection: From documentation viewed it was noted that the action plan contained within the agency's monthly quality monitoring report records details the actions taken to address issues identified.</p>	Met

<p>Requirement 3</p> <p>Ref: Regulation 23.(1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record includes the views of service users' relatives and where appropriate, relevant professionals.</p> <p>Action taken as confirmed during the inspection: From quality monitoring records viewed it was identified that the views of service users' relatives and, where appropriate, relevant professionals were recorded.</p>	<p>Met</p>
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 5.4</p>	<p>It is recommended that the agency reports any changes in the service user's situation and issues relevant to the health and well-being of the service user to the referring HSC trust, and keeps a record of such reports.</p> <p>This recommendation relates to agency staff engaging with the relevant HSC trust representative in relation to the request of a service user to consider alternative housing arrangements.</p> <p>Action taken as confirmed during the inspection: From records viewed and discussion with staff it was noted that the agency, in conjunction with the relevant HSCT representatives had supported one individual service user to secure alternative housing arrangements. The service user was moving to their new home on the date of inspection.</p>	<p>Met</p>

5.3 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's recruitment policy, January 2014, outlines the mechanism used to ensure that appropriate pre-employment checks are completed prior to employment; a record is retained by the organisations Human Resources department. The agency maintains an alphabetical index of domiciliary care workers supplied. The person in charge could describe the process for ensuring that staff supplied are physically and mentally fit for the purposes of their job role; staff are required to complete a health declaration prior to commencement of employment and in addition may be required to undergo a medical assessment. The agency's absence management policy outlines the process for supporting staff to return to work.

The agency's 'Training and Development' policy outlines the induction programme provided; it was noted that it is completed over a period of at least three days; the person in charge stated that staff are required to shadow permanent staff for a period of time. The agency had a buddy system where staff are allocated a staff member to support them during their induction period. Staff stated that they had received a structured induction programme and mandatory training; it was noted that the format of the induction has recently been reviewed and staff will now be required to attend training weekly for the initial 10 weeks of their employment.

A record of the induction programme provided to staff is maintained by the agency; records viewed indicated evidence of a comprehensive induction programme focusing on six key areas. It was noted that staff are required to complete an induction workbook to indicate that they have received and understood the information provided. All staff are provided with a staff handbook and have access to the agency's policies and procedures.

The agency has a procedure for verifying the identity of all staff prior to their supply; documentation viewed contained a photographic profile and details of training and previous experience.

The agency has a process for ensuring that staff supplied from another domiciliary care agency have the appropriated knowledge, skills and training to fulfil the requirements of the role.

The agency's policy and procedures for staff supervision and appraisal outline the frequency and processes to be followed. It was identified that staff are provided with a supervision contract. The agency maintains a record of staff supervision and appraisal; those viewed indicate that staff have received supervision and appraisal in accordance with the agency's policy and procedures. It was noted that the person completing the monthly quality monitoring visit monitors the agency's supervision and appraisal compliance with the policy.

Is Care Effective?

Discussions with the person in charge, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times to meet the needs of the service users. The agency's staff rota information reflected staffing levels as described by the person in charge. From records viewed it was identified that staff rota information did not clearly detail the full name of staff, the date or shift times; it is required that the rota be updated

to include the full names of staff provided and dates and timings of shifts, and that an abbreviation list is provided.

The agency's staff handbook outlines the roles and responsibilities of staff; staff confirmed that the agency provides staff with a job description during their induction.

Staff could describe the content of the induction programme provided; it was identified that the agency's induction process is completed over a six month period.

The agency's training and development policy outlines the responsibilities of the registered manager and staff in highlighting and addressing training needs. The agency maintains an electronic record of staff training which highlights when training is required; staff stated that they can discuss individual training needs or during supervision or appraisal.

Staff are required to complete mandatory training and in addition training specific to the needs of individual service users. The person in charge stated that staff are currently completing competency assessments due to restructuring within the organisation.

It was identified that person providing supervision has received appropriate training. Staff stated that they receive quarterly supervision and annual appraisal; this was reflected in records viewed.

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

Is Care Compassionate?

Service users stated that they are familiar with staff supplied to support them; staff could describe the impact of staff changes on service users and the benefits in providing continuity of care.

Induction records viewed indicated that staff receive training specific to the needs of service users. Staff stated that during induction they are supported to familiarise themselves with the needs of service users.

Staff could describe the importance of respecting the privacy, dignity and choices of service users; service users who met with the inspector stated that their privacy and dignity is respected.

The agency has a procedure for addressing unsatisfactory performance of staff; the agency's staff handbook outlines the agency's disciplinary policy and procedures.

Service User Comments:

- "I love it here; the staff are great."
- "Staff help me tidy my house and make my lunch."
- "Staff are the very best; they work hard."
- "I am happy living here."
- "There is enough staff."
- "I am happy with everything; I have no worries."

- “Staff are kind and good to us.”
- “If I am worried I talk to my key worker.”
- “Staff talk to me about my care.”

Staff Comments:

- “I get supervision; it is beneficial; I feel listened to.”
- “The training is good.”
- “I feel supported in my role.”
- “We encourage service users to be independent.”
- “The change from residential has been better for the service users.”
- “There are enough staff; maybe overstaffed.”
- “This is a great place to work; it does not feel like work.”
- “I am currently completing my induction; I have a buddy; I feel very supported.”
- “Staff got the extra mile and encourage the service user to be more independent.”
- “We use regular bank staff.”

Areas for Improvement

There was one area for improvement identified within Theme 1:

Regulation 21(1)(a)

The registered person is required to ensure that the agency’s staff rota information is updated to include the full name of staff provided; date and timings of shifts and that an abbreviation list is provided.

Number of Requirements:	1	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments viewed indicated that the views and choices of service users and where appropriate their representatives had been included. Service users stated that they are involved in the assessment process and developing their individual care plans and that their views and choices are reflected. It was noted that pictorial formats of assessment documentation had been used to enable a number of service users to indicate their likes and dislikes. In addition the agency uses the ‘Star Outcomes’ assessment tool to facilitate service users in having a clearer understanding of their needs and the care and support required.

From discussions with staff and records viewed there was evidence of positive risk taking in collaboration with the service user and/or their representative. Staff stated that they complete a risk assessment in conjunction with the service user and their representatives; assessments and care plans viewed provided examples of positive risk taking. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible and stated that they had recently been involved in supporting one service user to move to a more independent living setting.

Is Care Effective?

Staff stated that they record daily the care and support provided to individual service users; it was noted that risk assessments and care and support plans are reviewed six monthly or as required; in addition staff complete a monthly report for individual service users. Care plans viewed were written in a detailed, individualised way and outline the individual routines of service users; it was noted that they are signed by service users. Service users stated that they are encouraged to participate in an annual review of their care and support involving the HSCT.

Staff could describe the methods used to capture the views and opinions of service users and their representatives. The agency facilitates bi-monthly tenants meetings; service users stated that they are encouraged to participate and express their views. The agency issues an annual survey to service users and their relatives to ensure that their views are obtained in relation to the quality of the care and support provided. Service users stated that they can make their own choices and can choose what care and support they receive.

Service users are provided with information relating to the agency's complaints procedure; a record of all compliments and complaints is maintained. Monthly quality monitoring visits are completed and documentation viewed indicates engagement with service users and where appropriate their representatives.

Service users have been provided with human rights information in a range of suitable formats; the tenants guide details the process of accessing an independent advocacy service.

Is Care Compassionate?

Discussions with staff and service users indicate that care is provided in an individualised manner. Service users stated that they are involved in developing their care plans; those viewed are written in a person centred manner.

Staff could describe the methods used for engaging with service users and where appropriate their representatives; they stated that service users are encouraged to attend tenant's meeting and are given the opportunity to express their views. Service users stated that they can speak to staff about their concerns at any time.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users.

Staff could describe the process of engaging with HSCT representatives regarding best interest practices for service users where there may be capacity issues.

Service User Comments:

- "I can do what I want."
- "I work in a local day nursery; I make the snacks."
- "I can now look after my own medication."
- "I go to the library."
- "Staff listen to me; I can speak to them at any time."
- "I go to the tenants meeting; I am listened to."

- “I can choose what I want to eat.”
- “I feel I am in control of my life.”
- “I am moving into my new house; I cannot wait, the staff helped me to decorate.”
- “I can make my own lunch.”
- “Staff go shopping with me; I spend my own money.”

Staff Comments:

- “Service users are encouraged to be independent.”
- “Service users are involved in developing their care plans.”
- “Supported living is much better for the service users.”
- “Service users are given choice about what they want to do each day.”
- “Service users are not prevented from doing anything.”
- “Service users meet with their keyworker weekly.”

Areas for Improvement

There were no areas for improvement identified within Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency’s quality monitoring records; it was identified that unannounced monthly quality monitoring visits are completed by the Housing and Care Services Manager. Records viewed record the views of service users, their relatives and where appropriate relevant professionals. It was identified that the documentation contained information relating to incidents, safeguarding concerns, staffing issues, staff supervision and training needs and contained an action plan.

5.5.2 Complaints

The agency has had two complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the person in charge. The agency’s complaints policy outlines the procedure in handling complaints.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1
Ref: Regulation 21(1)(a)

Stated: First time

To be Completed by:
16 January 2016

The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-

(a) kept up to date, in good order and in a secure manner.

This requirement relates to the registered person ensuring that the agency's staff rota information is updated to include the full names of staff provided; dates and timings of shifts, and that an abbreviation list is provided.

Response by Registered Person(s) Detailing the Actions Taken:
Completed

Registered Manager Completing QIP

Mairead Brogan

Date Completed

6.1.16

Registered Person Approving QIP

Yvonne Cassidy

Date Approved

6.1.16

RQIA Inspector Assessing Response

Joanne Faulkner

Date Approved

06/01/16

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