

# Unannounced Care Inspection Report

## 27 September 2016



## Railway Court

**Type of service: Domiciliary Care Agency**  
**Address: Bungalows 1-6 O'Kane Park, Dromore Road,**  
**Omagh BT78 3AA**  
**Tel no: 02882252629**  
**Inspector: Joanne Faulkner**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Railway Court took place on 27 September 2016 from 11.00 to 16.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care, and if the service was well led.

### Is care safe?

Delivery of safe care was evident on inspection. The agency has in place robust recruitment and induction systems and ensures there is at all times an appropriate number of suitably skilled and experienced staff to meet the needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust. The agency has in place systems to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for quality improvement were identified.

### Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the comprehensive assessment of need and the development and review of individualised care plans. The agency has implemented systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified.

### Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect, independence, and choice was embedded throughout staff attitudes and in the provision of individualised care and support. It was identified from observations made and discussion with staff and service users that agency staff value the views and opinions of service users and where appropriate their representative. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more meaningful life. No areas for quality improvement were identified.

### Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are management and governance systems in place to meet the needs of service users. Agency staff indicated that they have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective working partnerships with the HSC Trust and other external stakeholders was evident during the inspection. No areas for quality improvement were identified.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mairead Brogan, Registered Manager, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 November 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Apex Housing Association/Gerald Kelly	<b>Registered manager:</b> Mairead Brogan Diane Alison Rafferty
<b>Person in charge of the service at the time of inspection:</b> Mairead Brogan	<b>Date manager registered:</b> 30 March 2009

### 3.0 Methods/processes

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

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

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Service users care records
- HSC Trust assessments of needs and risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Records relating to recruitment process
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Staff Handbook
- Training and Development Policy
- Selection and Recruitment Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Risk Assessment Policy
- Confidential Reporting Policy
- Data Protection Policy
- Complaints Procedure
- Whistleblowing Policy
- Statement of Purpose
- Service User Guide
- Accident, Incident Policy

Policies and procedures viewed were noted to have been reviewed and updated in accordance with the timescales detailed within the Minimum Standards.

During the inspection the inspector met with three service users, the registered manager and four staff members. Questionnaires were distributed for completion by staff and service users during the inspection; six staff and 10 service user questionnaires were returned.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

#### **4.0 The inspection**

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

Discussion with the registered manager, staff and service users provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the registered manager, service users and agency staff for their support and co-operation throughout the inspection process.

#### 4.1 Review of requirements and recommendations from the last care inspection dated 16 November 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 21(1)(a)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the agency's rota information and noted that it detailed the full names of staff provided; dates and timings of shifts and included an abbreviation list.	

#### 4.2 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

The agency's selection and recruitment policy outlines the mechanisms in place for ensuring that required staff pre-employment checks are completed; it was identified that a list detailing checks completed is retained by the agency's human resources department and can be accessed electronically by the manager.

The agency's training and development policy outlines the induction programme provided; the inspector noted from records viewed and discussions with staff that staff are required to attend induction training one day per week during the initial ten weeks of employment. It was identified that the agency's induction programme is in excess of the number of days detailed within the regulations.

A record of the induction programme provided to staff is maintained by the agency; documentation viewed details the information provided during the induction period and the additional support and supervision provided to staff during the six month probationary period.

Induction records viewed by the inspector provided evidence of a comprehensive induction programme.

It was noted that staff are provided with the agency's staff handbook and can access the agency's policies and procedures both electronically or in paper format.

Discussions with staff provided assurances that they had the required knowledge, skills and experience to carry out their roles. Staff described the content of the induction programme provided which was noted to include shadowing other staff members; meeting service users and becoming familiar with their care needs. Staff could describe the importance of respecting the privacy, dignity and choices of service users.

The agency has a procedure for the induction of short notice/emergency staff and for verifying their identity prior to supply. It was identified from discussions with the registered manager that additional staff are accessed from another domiciliary care agency; the inspector viewed staff profiles provided to the agency in advance of the persons being supplied. There is a process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the role. Staff could describe the rationale for endeavouring to provide continuity of staff.

The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the manager. Discussions with the registered manager, staff and service users indicated that there are at all times an appropriate number of skilled and experienced persons available to meet the needs of the service users.

The agency has in place supervision and appraisal policies that detail the frequency and processes to be followed. The inspector viewed records maintained by the agency that indicated that staff are provided with supervision and appraisal in accordance with the agency's policies. Staff who spoke to the inspector felt that supervision and appraisal were beneficial to their job roles.

The agency has in place an electronic system for recording staff training; the manager could describe their role in identifying gaps. Agency staff are required to complete relevant mandatory training and in addition training specific to the needs of individual service users. It was noted from discussions with staff that their individual training and development needs are discussed during supervision and appraisal meetings.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. It was noted that the agency has in place a policy relating to the safeguarding of vulnerable adults. It was noted that in response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 the organisation is currently reviewing their policy and procedures to reflect information contained within the guidance and in conjunction with the HSC Trust

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From records viewed and discussions with the registered manager the inspector was provided with evidence that the agency had acted in accordance with their policy and procedures in relation to alleged or actual incidences of abuse.

It was noted that staff are provided with training in relation to safeguarding vulnerable adults during their initial induction programme and in addition are required to complete required

updates. Staff who spoke to the inspector demonstrated that they had a clear understanding of safeguarding and could describe the procedure for identifying and reporting concerns.

Staff had knowledge of the agency's whistleblowing policy and could describe their responsibility in highlighting and raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

The agency's risk management and assessment policies outline the processes for assessing and reviewing risk; it was noted from discussion with staff that risk assessments and care plans are completed in conjunction with service users and where appropriate relevant representatives. In addition it was noted that the agency receives a range of assessments from HSCT representatives at the time of referral to the service. It was noted from records viewed and discussions with staff that risk assessments and care plans are reviewed six monthly or as required. Records viewed indicated that service users had an annual review involving their HSCT representatives.

The agency's registered premises are located in a separate building adjacent to the homes of the service users; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

The inspector discussed with the manager a recent incident involving one the service users in relation to a fire risk and the measures that had been implemented to reduce the risk of reoccurrence; it was noted that a multi-disciplinary meeting was planned within one week of the inspection to review the protection plan in place. The inspector requested that the manager would inform RQIA of the outcome of the meeting.

Ten service user and six staff questionnaires were returned to the inspector; responses indicated that both staff and service users were satisfied that care provided was safe.

### **Service user comments**

- 'Staff are good.'
- 'I am happy with everything.'
- 'This is better than residential.'
- 'I am happy in here.'
- 'This place is lovely; I feel safe.'
- 'Everyone is happy; there is nothing wrong with this place.'
- 'Staff care about us and look after us; I feel safe here.'

### **Staff comments**

- 'Tenants safety is important.'
- 'Tenants safety is the main priority.'
- 'Training is very good.'
- 'I get supervision.'
- 'I feel service users are safe.'
- 'We have enough staff.'



## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

### 4.3 Is care effective?

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided is detailed within the agency's organisational Statement of Purpose and Service User Guide.

The agency's data protection policy details the required procedures for the creation, storage, retention and disposal of records. A range of records viewed by the inspector during the inspection indicated that they were maintained in accordance with legislation, standards and the organisational policy.

Discussions with service users indicated that they are encouraged to be involved in the development of their care and support plans and that staff discuss their care needs with them. The inspector viewed a number of individual service user care plans; records viewed indicated that risk assessments and care plans are reviewed and updated six monthly. Staff stated that they record daily the care and support provided to service users.

The inspector noted from discussions with staff and documentation viewed that the agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

The agency's Quality Monitoring Policy outlines the procedures to be followed for the review of the quality of the service being provided. The inspector identified that monthly quality monitoring visits are completed by a senior manager within the organisation and an action plan developed. Records of monitoring visits viewed were noted to include in the majority of occasions the views of service users, their relatives and where appropriate relevant professionals. The records indicate that a review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed.

The agency facilitates bi-monthly service user meetings; service users stated that they are supported to attend and to express their views and opinions. Service users could describe the process for making a complaint; it was noted that the agency maintains a record of all compliments and complaints.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users, and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. The inspector viewed minutes of recent service user, staff and annual family forum meetings and noted that the views of service users and their relatives had been included. It was noted that the agency currently issues annual surveys to service users and relevant stakeholders in order to receive their views on the quality of the service provided.



The manager stated that the agency seeks to maintain effective working relationships with the HSC Trust and other stakeholders and could describe examples of ongoing liaison with HSC Trust professionals in order to achieve better outcomes for service users.

Ten service user and six staff questionnaires were returned to the inspector; responses indicated that both staff and service users were satisfied that care provided was effective.

### Service users' comments

- 'I talk to the staff if I am worried.'
- 'Staff help me with my shopping and cleaning.'
- 'I love the staff to bits.'
- 'If I have any problems I go to the staff.'
- 'I am happy with my care; staff take me where I want to go.'
- 'Staff are good natured and friendly.'

### Staff comments

- 'Training and induction is good; it prepares you for your job.'
- 'Service users are involved in care planning.'
- 'We support service users with their daily routines both individually and as a group.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

## 4.4 Is care compassionate?

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care, support and life choices.

Discussions with service users, and staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation. It was noted that staff had received Human Rights training during their initial induction and that service users are provided with human rights information in an easy read format.

Staff stated the views, opinions and choices of service users are central to service provided; they provided examples of supporting service users to take positive risks to enable service users to live a more meaningful and fulfilling life.

Discussions with service users, and staff, and observations of staff interaction with service users indicated that care and support is provided in a person centred and individualised manner. Care plans were noted to be completed in a person centred manner; service users indicated that they are supported to be involved in making decisions regarding their care and support. Records of service user meetings reflected the involvement of service users and

included decisions made by service users in relation to a range of areas within shared living such as outings, organised activities and menus.

The inspector noted from a range of records viewed that the views of service users and/or their representatives were recorded. Processes to record and respond to service users and relatives are maintained through the complaints and compliments processes, monthly quality monitoring visits, annual review meetings, annual stakeholder surveys, annual family advocacy meetings, and service user meetings.

The inspector observed service users being supported by staff to make choices regarding their daily routine and activities; service users stated that staff assist them to make choices about all aspects of their care and that they are treated with respect. Records viewed and discussions with staff, service users and relatives indicated that service users and where appropriate their relatives are involved in decision making on a wide range of matters such as care needs, meals, activities and shared facilities.

Ten service user and six staff questionnaires were returned to the inspector; responses indicated that both staff and service users were satisfied that care provided was compassionate.

### **Service users' comments**

- 'I can do what I want; I go to visit my boyfriend.'
- 'I choose what I want.'
- 'Staff are kind to us.'
- 'I can make a wee cup of tea anytime.'
- 'I went on holiday to Blackpool to see the lights.'
- 'Staff are lovely.'

### **Staff comments**

- 'Service users' are treated with real compassion.'
- 'Tenants welfare is always at the forefront.'
- 'Tenants make their own choices and decisions.'
- 'Service users are given choice but some of them cannot fully understand all the choices available to them.'
- 'We support service users individually but sometimes they like to do things together.'

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

## **4.5 Is the service well led?**

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. The agency has in place a comprehensive range of policies and procedures in accordance with those denoted within the minimum standards. It was noted that the agency's policies and procedures are retained electronically and additionally in paper

format stored within the agency's office. Staff could describe the process for viewing the agency's policies and procedures.

Records viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk; these include the provision and regular review of relevant policies and procedures and a monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received a number of complaints for the period 1 April 2015 to 31 March 2016. Records viewed and discussions with the registered manager and staff indicated that staff are familiar with the process for handling complaints and had managed complaints received in accordance with the agency's policies and procedures.

The inspector viewed evidence that indicated that the agency has in place management and governance systems to drive quality improvement. It was noted that there are arrangements in place for monitoring incidents and complaints which includes a mechanism for identifying trends and reducing the risk of recurrences. During the inspection the inspector viewed records of staff induction, training, supervision and appraisal. The manager and staff could describe the importance of identifying areas for learning and development and for improving the quality of the service provided to promote better outcomes for service users.

The organisational and management structure of the agency is clearly outlined; it details lines of accountability and roles and responsibilities of staff. It was noted that staff are provided with a job description at the commencement of employment which outlines the role and responsibilities of their job role. Staff could describe the responsibilities of their job roles; service users were aware of staff roles and knew who to talk to if they had a concern.

The registered person has worked effectively with RQIA to operate the service in accordance with the regulatory legislation. They have led the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

The registered manager could describe the importance of ensuring that there are effective collaborative working relationships with HSCT representatives and other stakeholders.

Discussions with the registered manager provided assurances that there were effective working relationships maintained by the registered person and senior managers with agency staff. Staff stated that the registered managers are very supportive and that they can access support and guidance at any time. Staff demonstrated a clear understanding of the procedure for accessing support and guidance out of hours.

From discussions with the registered manager it was noted that there are systems in place to support the manager in their role and that they have regular contact and support from their line manager.

Ten service user and six staff questionnaires were returned to the inspector; responses indicated that both staff and service users were satisfied that the service was well led.

**Service user comments**

- 'The managers are good; I can talk to them if I am worried.'
- 'This place is the best.'

**Staff comments**

- 'Railway Court is well led.'
- 'Team work is very important.'
- 'I can speak to the manager at any time; there is an open door policy.'

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

**5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 @RQIANews