

# Unannounced Care Inspection Report 31 July 2017



## 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**

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Assurance, Challenge and Improvement in Health and Social Care

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 tenants 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.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 31 July 2017 from 10.00 to 14.30.

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

The inspection assessed progress since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

#### Evidence of good practice was found in relation to:

- Staff recruitment;
- Staff induction and training;
- Quality monitoring systems;
- Service user engagement.

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

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 support and co-operation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in 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 27 September 2016

No further actions were required to be taken following the most recent inspection on 27 September 2016.

## 5.0 How we inspect

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

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

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

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

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

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Supervision Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy

- Data Protection Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that agency's Human Resources (HR) department to review the agency's individual staff recruitment records; details of the findings are included within the report.

Questionnaires were provided by the inspector for completion during the inspection by staff and service users; four staff and two service user questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires 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 27 September 2016**

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 27 September 2016**

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 in place to avoid and prevent harm to service users this included a review of staffing arrangements in place within the agency.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was identified that the agency's staff recruitment process is managed by the organisation's HR department.

Prior to the inspection the inspector visited the HR department on 27 April 2017 and examined a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

Records viewed by the inspector indicated that there are effective recruitment systems in place to ensure that staff are not provided for work until required checks have been satisfactorily completed.

The agency's training and development policy outlines the induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations; it was identified from records viewed and discussions with the staff that agency staff are required to attend induction training one day per week for the initial ten weeks of employment to complete the organisation's induction programme. In addition it was noted that staff are required to complete an induction competency workbook and shadow other staff employed by the agency during their induction programme. Staff who spoke to the inspector stated that the expectation is that they complete the full induction programme within their six month probationary period.

A record of the induction programme provided to staff is retained by the agency; those viewed by the inspector outlined the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles. It was noted from records viewed that the manager is required to sign the induction record to confirm that staff have been assessed as competent.

It was noted that relief staff are accessed from another domiciliary care agency; the person in charge could describe the process for ensuring that any staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role. The inspector viewed a number of staff profiles for staff provided from another registered agency and noted that they contained information in relation to training, experience, induction and registration with the Northern Ireland Social Care Council (NISCC). During the inspection the inspector spoke to a staff member who is accessed from another agency; they stated that they had completed induction prior to their initial shift.

Discussions with the person in charge and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. Service users and staff who spoke to the inspector felt that there are enough staff to meet the needs of the service users.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector viewed staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of supervision and appraisal.

The agency has an electronic system for recording staff training; the person in charge could describe the process for identifying training needs in conjunction with the organisation's training officer. Staff were aware of their responsibility for ensuring that required training updates are completed. The inspector noted that staff were required to complete required mandatory training and in addition a range of training specific to the needs of individual service

users. It was noted that the agency has introduced an E- Learning programme for staff; it was noted that staff are required to complete an identified training module on a monthly basis in areas such as Fire Safety and Adult Safeguarding.

The inspector viewed that agency's staff training matrix and individual staff training records; they indicated that staff had completed relevant mandatory training. Staff who spoke to the inspector stated that they felt that their induction and training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required and the agency's buddy system for newly appointed staff. It was identified that all staff had completed competency assessments in the previous year following restructuring within the agency.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The organisation has recently updated their policy and procedures to reflect information contained within the policy. It was noted that the organisation's registered managers have recently received updated training in relation to the revised policy and procedures. It was noted that all staff have recently completed an E learning module in relation to adult safeguarding.

The agency has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility which includes the completion of an annual report relating to adult safeguarding. The agency's policy and procedures clearly outline the process for staff in reporting concerns.

Discussions with staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition an annual update.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and records viewed it was identified that the agency maintains a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are recorded.

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 policy outlines the process for assessing and reviewing risk; it outlines that risk assessments and management plans are required to be completed in conjunction with service users and where appropriate their representatives.

It was noted that service users are supported to participate in an annual review involving their HSCT keyworker and that care and support plans are reviewed six monthly or as required. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive.

The inspector noted that records and risk assessments relating to a practice deemed as restrictive provided evidence that the practice had been discussed and agreed with HSCT representatives and relevant stakeholders.

The agency's registered premises are located in a separate building from the service users' accommodation; the premises include a number of offices that are suitable for the operation of the agency as described in the Statement of Purpose.

Four staff and two service user questionnaires were returned to RQIA; responses received indicated that staff and service users were satisfied that care provided is safe.

### Service users' comments

- 'Staff are lovely.'
- 'Staff take me up the town.'
- 'Staff help me with food and cleaning.'
- 'I am safe here.'
- 'I am doing first aid with the staff.'

### Staff comments

- 'I am doing my induction at the minute; we have a buddy system to support us.'
- 'Service users are safe and are given choice.'
- 'Training is good.'
- 'Excellent care provided from all staff.'

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

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 are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was identified from records viewed both prior to and during



inspection that they were maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed at the organisation's head office prior to the inspection were noted to be retained securely and in an organised manner; records held in the agency's office were noted to be retained securely. Staff indicated that they had received training relating to record keeping and confidentiality during their induction programme.

Service users stated that staff support them to be involved in the development of their care and support plans and that their choices are reflected. Staff could describe the procedure for ensuring that service users are encouraged and supported to be effectively engaged in the care planning process. From care plans viewed it was noted that service users are encouraged to sign their care plan to indicate that they have agreed the care to be provided.

The inspector noted that there are arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has recently reduced the quality monitoring visits to quarterly; it was noted that additional processes have been developed to ensure that relevant information continues to be collated, audited and a report produced on a monthly basis.

The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plans developed; and noted that they indicated that the process is effective. Records viewed were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements and financial management arrangements.

## **Comments recorded on quality monitoring reports**

### **Service users' comments**

- 'I am well settled; I go to the tech one day and do arts and crafts. XXXXX are looking to get me a job.'
- 'I am happy here; everything is okay.'

### **HSCT representatives' comments**

- 'Staff keep me informed on the tenants I am involved with.'

### **Staff Comments**

- 'Everything is good,'
- 'The tenants are all settled really well; they get on well and enjoy visiting each other.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. 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. Service users could clearly describe the process for raising concerns or complaints.

The agency facilitates bi-monthly service user and monthly staff meetings. Service users who met with the inspector indicated that they are supported to attend and provided with the opportunity to express their views and opinions. It was identified that a range of standard items are discussed at all meetings, they include adult protection and health and safety.

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

Four staff and two service user questionnaires were returned to RQIA; responses received indicated that staff and service users were satisfied that care provided is effective.

### Service users' comments

- 'It is very nice here; the staff are good.'
- 'I like it here.'

### Staff comments

- 'Tenants are involved in their care and encouraged to be independent.'
- 'We go out with the service users.'
- 'This is much better than my previous job; we have more time to go out with the service users.'

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's record keeping, auditing and review processes and communication with service users and other relevant key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 and equality and to fully involve service users in decisions affecting their care and support.

Staff stated that they received information relating to human rights and confidentiality during their induction programme. Discussions with service users and staff, and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

Staff and service users indicated that care and support is provided in an individualised manner. Staff could describe processes for supporting service users to make informed choices. Service users stated that staff involve them in discussions relating to their care and support and encourage them to participate in tenant's meetings.

The inspector noted that the agency has provided a range of information in an alternative format to support service users to meaningfully engage in decisions about their individual care and support.

Records of service user and care review meetings, and reports relating to the agency's quality monitoring visits reflected the involvement of service users and where appropriate their relatives and were noted to contain comments made by service users and other relevant stakeholders.

The inspector viewed a range of documentation that indicated that the agency has systems to record comments made by service users and/or their representatives. Systems for effectively engaging and responding to the comments and views of service users and where appropriate representatives are maintained through the agency's complaints process; quality monitoring visits; care review meetings; service user meetings and annual family meetings. It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying learning outcomes and areas for improvement.

Service users who spoke to the inspector stated that they could speak to the managers and staff at any time.

Four staff and two service user questionnaires were returned to RQIA; responses received indicated that staff and service users were satisfied that care provided is compassionate.

### **Service users' comments**

- 'I speak to the managers if I am worried.'
- 'I go to the tenants meetings.'
- 'Staff listen to us.'
- 'We can say what we want.'
- 'I have no worries.'
- 'We get choice.'

### **Staff comments**

- 'The care and support is individualized.'
- 'We encourage independence.'
- 'Service is run very well and all staff work well as a team to ensure the care and support the tenants receive is appropriate to their needs.'

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the agency's systems for effectively engaging with service users.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented systems of management and governance. The agency is managed on a day to day basis by two registered managers; the person in charge could describe the procedure for obtaining support and guidance from a senior manager within the organisation.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; the person in charge stated that they are retained in a paper and electronic format. A range of the organisation's policies previously viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The agency has a systematic approach in reviewing information with the aim of improving safety and quality of life for service users. The inspector noted from documentation viewed and discussions with the person in charge that the agency's governance arrangements promote the identification and management of risk; these include provision of relevant policies and procedures, regular audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Service users who spoke to the inspector could describe the process for making a complaint. It was identified from discussions with the person in charge and records viewed that complaints received by the agency since the previous inspection had been managed in accordance with the organisation's policy.

Staff stated that service users are encouraged to raise any issues or concerns they have in relation to the care and support they receive; service users could describe the process for raising issues or concerns.

The inspector viewed information that indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for monitoring staffing arrangements, incidents, accidents and complaints. During the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. Staff who spoke to the inspector could describe the benefits of reviewing the quality of the services provided and of identifying areas for improvement.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives and relative.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had a clear understanding of the responsibilities of their individual job roles; service users were aware of staff roles and knew who to talk to if they had a concern. Staff could clearly describe the procedure for obtaining support and guidance including the arrangements for out of hours. Staff demonstrated that they had a clear understanding of the agency’s whistleblowing policy. Staff who met with the inspector stated that the managers are supportive and approachable.

The person in charge stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate; it was noted that a record is maintained by the agency’s HR department which records registration details and expiry dates; it was noted that the agency retains a copy of the registration certificates for individual staff. Discussions with the HR manager and the person in charge provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

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.

Four staff and two service user service user questionnaires were returned to RQIA; responses received indicated that staff and service users were satisfied that the service is well led.

**Service users’ comments**

- “The managers are good.’

**Staff comments**

- ‘We have a good team working here.’
- ‘The managers and seniors are approachable.’

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



The Regulation and  
Quality Improvement  
Authority

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