The Regulation and Quality Improvement Authority

Inspection Report

10 May 2022

Daleview House

Type of Service: Domiciliary Care Agency
Address: Shepherd's Way, Dungiven Road, Londonderry, BT47 5GW
Tel No: 028 7114 0148

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

1.0 Service information

Organisation/Registered Provider: Apex Housing Association **Responsible Individual:** Mrs Sheena McCallion	**Registered Manager:** Mrs Marcella Harriet McCorkell **Date registered:** 30 March 2009
Person in charge at the time of inspection: Senior Nurse	
Brief description of the accommodation/how the service operates: Daleview House is a supported living type domiciliary care agency, located in Londonderry. The agency offers domiciliary care and housing support to 13 older people. The agency's office is located in the same building as the service users' accommodation and accessed from a shared entrance. Service users have individual rooms and a range of shared facilities which includes a lounge, bathrooms and a kitchen. The agency's aim is to provide care and housing support to service users; this includes helping service users with personal care and the tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life. Staff are available to support tenants 24 hours per day.	

2.0 Inspection summary

An unannounced inspection took place on 10 May 2022 between 09.45 a.m. and 12.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Areas for improvement identified related to the care planning process.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Daleview House uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included the previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What people told us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "There's not a bother with any of them here."

Staff comments:

- "I have no concerns, it a home away from home."
- "We get great support from our colleagues."

Returned questionnaires indicated that the respondents were satisfied/very satisfied with the care and support provided. Written comments included:

- "The staff are all very good and very understanding, like family."

No responses were received to the electronic survey.

5.0 The inspection

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

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

The last inspection to the agency was undertaken on 6 December 2020 by a care inspector; a Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 4 December 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 23 (1)(2)(3)(4)(5) **Stated**: First time **To be completed by**: Immediate from the date of the inspection	The registered person shall ensure that the current system of undertaking bi-monthly visits to the agency ceases and that monthly visits are reinstated, in keeping with regulation 23. **Action taken as confirmed during the inspection**: Inspector confirmed that this matter had been addressed.	**Met**

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns within normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency was not required to make any referrals in relation to adult safeguarding since the date of the last inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the police service of Northern Ireland (PSNI); no such incidents had occurred since the last inspection.

The person in charge reported that none of the service users currently required the use of specialised equipment but they were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

Staff had completed appropriate DoLS training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA). The MCA provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing care records, it was good to note that service users had an input into devising their own plan of care. Individual care plans were discussed with the service users, which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- Health and Safety
- Adult Safeguarding
- Fire safety
- How to make a complaint
- How the service users' comfort monies were spent
- Menu suggestions
- Advocacy
- Covid-19 easing of restrictions
- Activities planning

It was important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet to explain Covid-19 and how they could keep themselves safe and protected from the virus.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users had difficulty swallowing and required their meals to be of a specific consistency. A review of training records confirmed that the staff had yet to complete training in relation to Dysphagia. Following the inspection, RQIA received confirmation that this training had been undertaken by all staff. It was good to note that all staff had undertaken First Aid training which included how to respond to choking incidents.

Review of care records identified that the agency's care plan referred to the SALT assessment. However, additional information was attached to the SALT assessment and the person in charge was unable to explain where this additional information came from. An area for improvement has been identified in this regard.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) and there was a system in place for professional registrations to be monitored by the manager.

The manager advised that there were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing 90 hours of Post Registration Training & Learning.

Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's monthly quality monitoring process established that there was engagement with service users, their' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents or Significant Event Analyses procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

The Statement of Purpose required updating with RQIA's contact details; and those of the Patient Client Council and the Northern Ireland Public Ombudsman's Office. The person in charge was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The person in charge agreed to submit the revised Statement of Purpose to RQIA within two weeks of the inspection.

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified. Despite this, RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has 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

The area for improvement and details of the QIP were discussed with the person in charge, 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	
Area for improvement 1 **Ref:** Regulation 15 (2)(a) and (b) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that care plans relating to swallowing difficulties are consistent with the SALT care plan and clearly specify the service users' needs. Ref: 5.2.3
	Response by registered person detailing the actions taken: No care plan was in place as the service user had previouly been discharged from SALT as confirmed by discharge letter. Some information pertaining to previous engagement with SALT had not been archived.This has now been completed

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

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