



The Regulation and
Quality Improvement
Authority

Inspector: Joanne Faulkner
Inspection ID: IN023158

Daleview House
RQIA ID: 10865
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**Announced Care Inspection
of
Daleview House**

14 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 14 March 2016 from 14.00 to 17.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas of concern. 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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Apex Housing Association/Gerald Kelly	Registered Manager: Marcella Harriet McCorkell
Person in Charge of the Agency at the Time of Inspection: Marcella Harriet McCorkell	Date Manager Registered: 3 March 2009
Number of Service Users in Receipt of a Service on the Day of Inspection: 15	

Daleview House is a supported living type domiciliary care agency, located on the outskirts of Londonderry. The agency aim is to provide accommodation, support and care to meet the needs of older people, in an environment that takes into account their physical, social, emotional, spiritual, as well as cultural needs.

The agency operates a key worker system for all service users; they are provided with support to maintain their tenancy, live as independently as possible and to be involved in the local community.

Specific care and support provided can include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and social activities, dependent upon service users' needs, interests and wishes.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

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

During the inspection the inspector met with two service users, three support staff and the registered manager; the inspector spoke to a service user representative.

Prior to inspection the following records were analysed:

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

The following records were viewed during the inspection:

- The care records of three service users
- Monthly quality monitoring reports
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Safeguarding vulnerable adult referral information
- Staff register/information
- Agency's rota information
- Whistleblowing policy

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

Service users' questionnaires were completed by three service users during or following the inspection; they indicated that:

- Service users are satisfied with the care and support they receive.
- Two service users are satisfied that they are consulted in relation to the quality of the service.
- Two service users indicated that they feel safe and that staff respond to their needs.
- Four service users are satisfied that staffing levels are appropriate.
- Service users are satisfied that staff have the skills to care for them.

The inspector would like to thank the service users, staff and the registered manager 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 28 May 2014. 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 14(a)(b)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted and the prescribed services arranged by the agency , are provided –</p> <p>(a)so as to ensure the safety and well-being of the service users;</p> <p>(b)so as to safeguard the service users against abuse or neglect;</p> <p>This requirement is in relation to the registered person ensuring that service users have an assessment of needs carried out by the relevant HSC trust.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>It was identified from documentation viewed that service users have been encouraged to avail of an assessment of needs carried out by the relevant HSC trust.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 14(c)(d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted and the prescribed services arranged by the agency , are provided –</p> <p>(c) so as to promote the independence of service users.</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users and the confidentiality of information relating to them:</p> <p>This requirement relates to the registered person ensuring that the practice of nightly checks of service users is reviewed regularly so as to promote the independence of service users.</p> <p>A record should be maintained of dates reviewed and the preferences of service users recorded.</p> <p>Action taken as confirmed during the inspection: It was noted from records viewed that service users have been supported to indicate their preferences in relation to night checks. The agency maintains a record of service users' preferences; the manager stated that this is reviewed annually.</p>	<p>Met</p>
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard Standards 6 1-4 8.6 8.7 8.8 8.9 9 1-5 Appendix 1</p>	<p>It is recommended that the agency clearly show that tenants are aware that they can remain in their accommodation even if the provision of care is no longer required or no longer meets their needs.</p> <p>This recommendation has been assessed as being partially met and will be restated.</p> <p>The support and care agreement needs to reflect that service users are aware that they can remain in their accommodation even if the provision of care is no longer required or no longer meets their needs. The registered person must forward to RQIA a copy of the amended documentation.</p> <p>Action taken as confirmed during the inspection: The support and care agreement has been amended to reflect that service users can remain in their accommodation even if the provision of care is no longer required or no longer meets their needs.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 3.7</p>	<p>Where the agency is acting in response to a self referred service user, the registered manager explores with the service user the value of availing of the HSC trust's systems.</p> <p>This recommendation relates to the manager ensuring that service users are referred to the HSC trust for assessment of need prior to admission to the service and the agency retain a copy of assessments.</p> <p>Action taken as confirmed during the inspection: The manager stated that the agency encourages service users to avail of an assessment of needs prior to admission to the service.</p>	<p>Met</p>
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5.3 Additional Areas Examined

5.3.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation; it was identified that unannounced monthly monitoring visits are completed by the organisation's senior housing officer. Records viewed include the views of staff, service users and where appropriate their relatives and professionals. The documentation contains information relating to incidents, safeguarding vulnerable adult referrals, staffing issues, staff supervision and training needs, and contained an action plan. It was noted that an audit of supervision records and service users' finances was also completed during these visits. The agency's reports are comprehensive and provide assurance of a robust system of quality monitoring.

5.3.2 Complaints

The agency's complaints policy was reviewed; it outlines the procedure for handling complaints. It was verified from records viewed and discussion with the manager that the agency has received no complaints for the period 1 January 2014 to 31 March 2015.

5.3.3 Safeguarding of Vulnerable Adults

It was identified from records viewed and discussions with the manager that the agency has made one referral to the HSCT safeguarding team in relation to potential safeguarding incidents. Records viewed indicated that the agency had adhered to the relevant policy and procedures. Staff training records viewed indicate that staff have received relevant training; staff who spoke to the inspector could describe the procedure for identifying and reporting any suspected incidents of abuse.

5.3.4 Staffing Arrangements

Discussions with the manager, staff and service users provided assurances that there is at all times an appropriate number of suitably skilled and experienced persons available to provide care and support to the service users.

Staff rota information viewed records the full name of staff provided, the timing of the shift and included an abbreviation list. Staff rotas viewed reflected staffing levels as described by the manager.

Staff who spoke to the inspector could describe the details of their induction and the support provided by the agency during their initial induction programme. Staff stated that they receive supervision and appraisal in line with the agency's policies; this was verified by records viewed.

The agency has a procedure for the induction of short notice/emergency staff; the manager stated that staff are accessed from another domiciliary care agency. The manager could describe the process in place to ensure that staff provided at short notice have the knowledge, skills and training to carry out the requirements of the job role, and the process for verifying the identity of the staff supplied. Staff could describe the benefits of providing continuity of staff.

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

Service User Comments:

- "Staff are good."
- "I love it here; the staff are lovely."
- "I miss my old house but enjoy the company I have living here."
- "Staff are very attentive."
- "I go shopping and meet my friend."
- "I can go out when I want."
- "I am very happy with things."
- "Staff help me with my shopping."
- "Nobody tells me what to do; staff ask me what I want to do."
- "I have no concerns."

Staff Comments:

- "I enjoy working here; the staff help each other."
- "We support the service users with a number of activities."
- "Service users are given choice."
- "Staff respect the wishes and choices of service users."
- "We get supervision and appraisal it is worthwhile."
- "We have enough staff."
- "We get enough training."
- "All staff have recently completed competency assessments."

Service User Representative Comments:

- "The staff are very nice and approachable."
- "Nothing is ever a bother to the staff."
- "If I have any concerns I speak to the manager."
- "I have no concerns."
- "The service users are given choice and treated with respect."

Areas for Improvement

There were no areas for improvement identified within the areas examined.

Number of Requirements:	0	Number of Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Marcella M Corkell	Date Completed	18/04/16
Registered Person	Muriel Sands	Date Approved	18/04/16
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	19/04/16

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to agencies.team@rqia.org.uk from the authorised email address

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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.