

Unannounced Care Inspection Report 21 July 2016



Daleview House

Type of service: Domiciliary Care Agency
Address: Shepherd's Way, Dungiven Road, Londonderry BT47 2AL
Tel No: 02871348015
Inspector: Michele Kelly

1.0 Summary

An unannounced inspection of Daleview House took place on 21 July 2016 from 10.30 to 15.30 hours. The inspection sought to assess progress with any issues raised during and since the last inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the agency was found to be competently delivering safe care. The agency has in place robust recruitment 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 and on occasions other stakeholders. The agency has systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users.

No areas for quality improvement were identified..

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users are involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The quality monitoring arrangements include consultations with service users/their representatives, and provide a system of audit and service improvement. The agency maintains effective communication with service users, relatives and key stakeholders including the HSC Trust. The inspector received feedback from service users, relatives and an HSC Trust community carer which indicated that service provision had resulted in positive outcomes for service users.

No areas for quality improvement were identified.

Is care compassionate?

During the inspection the agency was found to be competently delivering compassionate care. The inspector observed interactions between staff and service users and received feedback from service users, relatives and a HSC Trust carer which indicated that the dignity and promotion of independence of service users are upheld through service delivery. The inspector reviewed evidence that the agency's provision of a compassionate service has led to positive outcomes in the lives of service users. There was evidence of the agency's maintenance of systems to ascertain service users' wishes and feelings, and involve them in decision making.

No areas for quality improvement were identified.

Is the service well led?

During the inspection the agency was found to be competently delivering a well led service. There are robust management and governance systems in place to meet the needs of service users. Agency staff 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 provided.

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.

1.1 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 were discussed with Nicola Reid, senior support worker 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Apex Housing Association/Gerald Kelly	Registered manager: Marcella Harriet McCorkell
Person in charge of the home at the time of inspection: Nicola Reid	Date manager registered: 30 March 2009

3.0 Methods/processes

Prior to inspection the following records were analysed:

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

During the inspection the inspector met with five service users, the senior support worker in charge and two support workers; following the inspection the inspector spoke to the relatives of two service users.

Questionnaires were distributed for completion by staff and service users during the inspection; one staff and six 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.

The following records were viewed during the inspection:

- Four service users care records
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Audit reports including those pertaining to complaints, notifiable incidents, restrictive practices, safeguarding incidents, supervision and appraisal
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff Induction records
- Staff rota information
- Training and development policy, January 2015
- Selection and recruitment Policy; January 2014
- Supervision policy, July 2015
- Safeguarding Vulnerable Adults Policy, October 2014
- Referral and assessment policy, May 2014
- Risk assessment policy, January 2015
- Restrictive practice policy, July 2013
- Whistleblowing Policy, 2013

- Data Protection Policy, February 2013
- Complaints Procedure, May 2013
- Statement of Purpose, December 2015
- Service User Guide
- Accident and Incident policy, 2014
- Standards for supported living, May 2014

4.0 The inspection

Daleview House is a supported living type domiciliary care agency, located in Londonderry. The agency offers domiciliary care and housing support to older people.

The agency's registered premises are located in the same building as the service users' accommodation. The service users have individual rooms and a range of shared facilities which includes a lounge, bathrooms and 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 and service users have an identified 'key worker.'

Discussion with the staff, relatives 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 staff, service users, a relative 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 14 March 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The staffing arrangements usually enable the agency to provide familiar staff to facilitate services to service users.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with Regulations. Staff are also provided with weekly induction training in the initial ten weeks of employment. The induction arrangements include the suitable induction of temporary staff.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users has been attended by staff. Examination of records indicated that a system has been maintained to ensure that staff supervision and appraisals are planned and completed in accordance with policy.

The inspector examined the agency's provision for the welfare, care and protection of service users. It was identified from documentation viewed that the agency has in place a policy relating to the safeguarding of vulnerable adults. It was noted that the organisation is currently reviewing their policy and procedures to reflect information contained within the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The senior staff member who facilitated the inspection told the inspector that the agency will provide a safeguarding awareness event for service users in September.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. It was identified that the agency has in place a risk management policy which outlines the process for assessing and reviewing risk; it details the requirement that risk assessments and management plans are completed in conjunction with individual service users and where appropriate their representatives. In addition the agency receives risk assessments from referring HSCT representatives. It was noted from records viewed and discussions with staff, service users and relatives that risk assessments are reviewed and updated six monthly. The agency's governance arrangements include audit of risk assessment and any restrictive practices in place.

The agency's registered premises are located within the same building as the service users' homes; the premises include a number of offices and facilities which are suitable for the operation of the agency as described in the Statement of Purpose.

Questionnaire responses from both service users and staff to "Is care safe" indicated a high level of satisfaction with this service. One service user reported some dissatisfaction with this aspect of care.

Service user comments

'I feel safe getting help with my showers'
'I feel secure everything is quite peaceful'

Service user representative's comments

'No complaints whatsoever'
'We are happy, can't complain'
'No concerns about care'

Staff comments

'Training is adequate and we can request more'
'Supervision and appraisal is helpful'
'Service users are content and happy'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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 Statement of Purpose and Service User Guide.

The agency's data protection policy relating to management of records which was viewed by the inspector details the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The inspector viewed a number of individual service user care plans; service users and relatives stated that they are involved in the development of their individual care and support plans. It was noted that staff record daily the care and support provided to service users and support the service user to complete a monthly journal report. Documentation viewed indicated that risk assessments and care plans are reviewed and updated six monthly. It was evident that where there is involvement of HSC Trust representatives they participate in the review process.

Service users stated that staff support them to live as independently as possible; they stated that they are encouraged to make choices in relation to their daily routines; they stated that they can refuse any aspect of their care and support.

It was identified from discussion 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.

Monthly quality monitoring visits are completed by a senior manager within the organisation and an action plan developed. Records viewed included the views of service users, their relatives and where appropriate relevant professionals had been recorded.

The agency facilitates quarterly tenants' meetings; records viewed and discussions with service users indicate that they are provided with opportunity to express their views and opinions. Service users and their relatives who spoke to the inspector were aware of the agency's complaints procedure and the agency maintains a record of all compliments and complaints. One anonymous returned questionnaire indicated dissatisfaction that concerns or complaints would be listened to.

The inspector viewed records relating to two complaints and was satisfied that they had been properly investigated.

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 observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting issues

or complaints and stated that they can speak to staff at any time. Service users, relatives and stakeholders made positive comments about their working relationships with staff.

It was evident during the inspection that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The senior support worker outlined the involvement of community groups within the city in facilitating activities within the agency.

Questionnaire responses from both service users and staff to “Is care effective” indicated a high level of satisfaction with this service. One service user reported some dissatisfaction with this aspect of care.

Service users’ comments’

‘Staff are very good at helping me with my ailments’

‘Exceptionally well looked after night and day’

‘Nothing is a problem’

Service user representative’s comments

‘All **** has to do is buzz’

‘You know **** gets whatever **** wants’

‘Anything I have requested has been actioned on’

‘Staff very helpful if you need anything’

Staff comments

‘It is a good staff team, we gel’

‘I feel service users are treated as individuals and we meet their needs’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care compassionate?

The staff spoken to on the day of inspection described to the inspector that values including privacy, dignity, independence and choice, form an important part of care provision.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. The inspector noted that service users were able to exercise choice regarding a range of daily decisions. The service users who spoke with the inspector valued their independence and the ability to take part in activities of their choosing in their home and the local community. The tenant meeting minutes viewed by the inspector reflected opinions being sought in respect of choices regarding outings. One service user commented that they would like more activities to be organised. This matter was discussed with the senior support worker who showed the inspector the timetable of events within the agency and explained that some tenants do not always want to participate. Assurances were given that extra activities would be offered in an effort to engage more service users. Following the

inspection the inspector spoke on the telephone to the area manager who confirmed that the programme of activities had been enhanced. The inspector spoke to a volunteer advocate on the day of inspection who outlined their involvement in helping service users access the community.

The service user informed the inspector that they felt that the staff are appropriately trained and knowledgeable regarding their care and support needs.

The inspector noted that the views of service users and/or their representatives were recorded throughout a range of relevant agency documentation. Formal processes to record and respond to service users and relatives are maintained through the complaints and compliments process, quality monitoring, HSC Trust review meetings, annual stakeholder surveys, keyworker meetings, and tenants meetings. The manager described the process for receiving feedback from service users annually in the form of an electronic satisfaction survey.

Questionnaire responses from both service users and staff to “Is care compassionate” indicated a high level of satisfaction with this service. One service user reported some dissatisfaction with this aspect of care.

Service users’ comments

‘The staff are always cheerful and can see the funny side of life’
‘Food is excellent, hotel standard’

Service user representative’s comments

‘It is a nice environment’
‘It is a very friendly place’
‘The food is excellent’

Staff comments

‘The tenants make your day’
‘I feel service users are treated as individuals and get choice’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose reflects the range and nature of services provided. Staff confirmed that they had access to the agency’s policies and procedures. On the day of inspection the communal areas were fresh, spacious and welcoming.

Discussion with the staff evidenced that there was a clear organisational structure within the agency. Staff members were able to describe their roles and responsibilities.

The service users confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Discussion with the senior support worker and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. The inspector noted that the governance systems within the agency identify and drive quality improvement. The management structure of the agency is clearly defined and was well understood by staff and service users. Staff who provided feedback to the inspector were aware of their responsibilities and understood their roles. There was evidence of regular and effective staff supervision and appraisal.

The inspector received positive feedback from an HSC Trust carer and a community advocate which indicated that partnership working had resulted in significant positive outcomes in the lives of service users

Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that senior staff would listen to and address their concerns. Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

Questionnaire responses from both service users and staff to “Is the service well led” indicated a high level of satisfaction with this service. One service user reported some dissatisfaction with this aspect of care.

Staff comments

‘Definitely get good support’
‘Happy with the staffing level’

Service user’s comments

‘Staff are well trained for the job they do’
‘Exceptionally well looked after night and day’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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.



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