

Unannounced Care Inspection Report 29 August 2017



Daleview House

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

www.rgia.org.uk

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

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 office is located in the same building as the service users' accommodation. 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 and service users have an identified 'key worker.'

3.0 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: Acting Senior Support Worker	Date manager registered: 30 March 2009

4.0 Inspection summary

An unannounced inspection took place on 29 August 2017 from 10.30 to 15.30.

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 with any areas for improvement identified since the last care inspection and determined 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 involvement.

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
Total number of areas for improvement	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 21 July 2016

No further actions were required to be taken following the most recent inspection on 21 July 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

The inspector visited that organisations' Human Resources (HR) department on 27 April 2017 to review the agency's individual staff recruitment records; details of the findings are included within the report.

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 one staff member.

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 and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Supervision Policy
- Disciplinary Policy

- Risk Management Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

During the inspection the inspector provided questionnaires for completion by staff and service users; three service user and three staff 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 21 July 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 21 July 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.

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.

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

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

Records viewed by the inspector indicated that the organisation's recruitment systems are effective and provided assurances that staff are not provided for work until all required checks have been satisfactorily completed.

The inspector noted that 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 that staff are required to attend induction training one day per week for the initial ten weeks of employment and that they are required to complete an induction competency workbook. In addition staff are required to shadow other staff employed by the agency during their induction programme. Staff stated that they are required to complete the full induction programme within their six month probationary period.

A record of individual staff induction is retained by the agency; records viewed detailed the information provided to staff during their induction period. Discussions with staff demonstrated that they had the knowledge and skills to fulfil the requirements of their job roles.

It was noted that relief staff are accessed from another domiciliary care agency; the person in charge could describe the process for ensuring that staff provided at short notice have the knowledge and skills for the job, and the process for endeavouring to provide continuity of staff. The inspector viewed profiles in place for relief staff and noted that they contained information in relation to the individuals training, experience, induction and registration with the Northern Ireland Social Care Council (NISCC).

The person in charge stated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the needs of the service users. The agency's staff rota information 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. It was identified that the agency maintains a record of staff supervision and appraisal; records reviewed indicated that staff have received supervision and appraisal in accordance with the agency's policies.

The agency has an electronic system for recording staff training; staff could describe the process for identifying training needs and their individual responsibility for ensuring that 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 recently introduced an E- Learning programme for staff and that all 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 the agency's staff training matrix; it indicated that staff had completed relevant mandatory training. Staff stated that they felt that their induction and training had equipped them with the knowledge and skills for their role.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. 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's recently updated policy and procedures reflect information contained within the DOH policy. The agency's policy and procedures clearly outline the process for staff in reporting concerns. It was noted that the organisation's registered managers had recently received updated training in relation to the revised policy and procedures and had provided an update for staff. Staff had recently been required to complete an E learning module in relation to adult safeguarding.

It was noted that the organisation has identified an Adult Safeguarding Champion (ASC); the policy outlines their role and key areas of responsibility which was noted to include the completion of an annual report relating to adult safeguarding.

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

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 Health and Social Care Trust (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 had made on referrals in relation to allegations of abuse since the previous inspection.

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 was noted that service users are supported to participate in an annual review involving their HSCT keyworker if appropriate and that care plans are reviewed annually or as required. The inspector viewed a range of risk assessments in place relating to individual service users.

The agency's office is located in the same building as the service users' accommodation; the office is suitable for the operation of the agency as described in the Statement of Purpose.

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

Comments received during inspection process.

Service users' comments

- 'I think everyone is nice.'
- 'Good so far.'
- 'I am very happy; staff are good.'
- 'I have no worries.'
- 'I feel safe.'
- 'This place is 100%.'

Staff comments

- ‘This place is brilliant; I think service users are safe and are given choice.
- ‘I think we do everything well.’
- ‘Training is good.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The inspector reviewed the agency’s arrangements for appropriately responding to and meeting the assessed needs of service users 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 procedure for the creation, storage, retention and disposal of records. It was noted from records viewed prior to and during the inspection that they were maintained in accordance with legislation, standards and the organisational policy. Individual staff personnel records viewed by the inspector at the organisation’s head office prior to the inspection were noted to be retained securely and in an organised manner; in addition records held in the agency’s office were noted to be retained securely. It was identified that staff receive training relating to record keeping and confidentiality during their induction programme.

Service users could describe how staff support them to be involved in the development of their care plans. Staff could describe the processes used for encouraging service users to be engaged in the care planning process.

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 a process for completing quarterly quality monitoring visits; it was noted that additional processes are in place to ensure that relevant information is collated, audited on a monthly basis.

The inspector viewed the agency’s quality monitoring reports and records of the visits completed by a senior manager, Records viewed indicated that the process is effective and that an action plan is developed. The records 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

H SCT representatives’ comments

- ‘The care and support XXXX receives is excellent. Care is person centred and staff are considerate of service users’ interests, likes and dislikes. Tenants are always given choice and their decisions are respected.’
- ‘The staff know the tenant very well and I have been provided with help in understanding and working with the tenant; particularly in relation to communication.’

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.

The agency facilitates quarterly service user and staff meetings; service users stated that they are encouraged to attend and provided with the opportunity to express their opinions. It was identified that a range of standard items are discussed at all meetings, they include adult protection, complaints and health and safety.

Staff could describe the processes in place to develop and maintain effective working relationships with H SCT representatives and other relevant stakeholders.

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

Comments received during inspection process.

Service users’ comments

- ‘I found it hard to settle at first; but the staff are brilliant.’

Staff comments

- ‘Service users are supported to be as independent as possible.’

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 compassion and to effectively engage service users in decisions affecting the care and support they receive.

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

Staff described ways in which the care and support is provided in a person centred way; they could describe the methods used for meaningfully support service users in making informed choices. Service users stated that they are involved in discussions relating to their care. The inspector view a range of documentation provided in an alternative format; staff stated that this is used to support service users to effectively engage in decisions about their care.

Records viewed indicated that the agency has systems in place to record comments made by service users and/or their representatives. Records of service user and care review meetings, and reports of quality monitoring visits indicated engagement with service users and relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints process; quality monitoring visits; care review meetings and service user meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

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

Comments received during inspection.

Service users' comments

- 'I attend church on a Sunday and go to Tesco during the week.'
- 'I couldn't be happier; I am very happy here.'
- 'This is the best place; they would do anything for me.'
- 'Nothing is a bother.'
- 'Staff listen to you.'
- 'We get choice.'
- 'I can come and go as I please; I can do what I want.'
- 'If I had a complaint they would know about it.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 effectively meet the needs of service users. The agency is managed on a day to day basis by a senior support worker, supported by the registered manager. Staff 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; it was identified that the policies are retained both in a paper and electronic format. A number of the organisation’s policies viewed prior to the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The inspector identified that the agency has processes in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the person in charge indicated that the agency’s governance arrangements promote the identification and management of risk. Systems include provision of required policies and procedures, regular audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA. There was evidence of effective collaborative working relationships with relevant stakeholders, including HSCT representatives.

The agency’s complaints policy outlines the process for managing complaints; discussions with staff indicated that they have an understanding of the actions to be taken in the event of a complaint being received. Service users stated that they are encouraged to raise any issues or concerns they have in relation to the care and support they receive and could describe the process for making a complaint. It was noted from records viewed and discussions with the person in charge that the agency has managed complaints in accordance with their policy. The person in charge stated that the agency is required to provide details of all complaints received to the HSCT on a quarterly basis.

Documentation viewed by the inspector indicated that the agency has in place effective management and governance systems to monitor and improve the quality of the service; these

include processes for monitoring staffing arrangements, incidents, accidents and complaints. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. Staff could describe the rationale for reviewing the quality of the services provided and of identifying areas for improvement.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff who spoke to the inspector had an understanding of the responsibilities of their job roles; service users knew who to talk to if they had a concern. Staff who, met with the inspector stated that the manager and senior staff are approachable and could describe the procedure for obtaining support out of hours.

The inspector noted that staff are required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate; the inspector viewed a record maintained by the agency’s HR department which records registration details and expiry dates. Discussions with the HR manager 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. It was noted that registration status is monitored by the manager.

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.

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

Comments received during inspection.

Service users’ comments

- ‘I speak to staff if I am worried.’
- ‘The senior is lovely.’

Staff comments

- ‘We have a good support here.’
- ‘The training is good; I get supervision.’
- ‘I can access help at any time.’

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 or contact the web portal team in RQIA on 028 9051 7500.



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