

Inspection Report

23 February 2023



St Julian's House

Type of service: Domiciliary Care Agency
Address: St Julian's Road, Omagh, BT79 7HQ
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Apex Housing Association	Registered Manager: Mrs Geraldine Anne McCrory
Responsible Individual: Ms Sheena McCallion	Date registered: 28 June 2022
Person in charge at the time of inspection: Senior Support Worker	
Brief description of the accommodation/how the service operates: St Julian's House is a supported living type domiciliary care agency situated close to Omagh town centre. The agency's aim is to provide care and support to up to 42 older people; this includes helping 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. Agency staff are available to support service users 24 hours per day. St Julian's House also provides sheltered accommodation to a number of individuals who occupy the same building. RQIA does not regulate sheltered accommodation.	

2.0 Inspection summary

An unannounced inspection took place on 23 February 2023 between 9.50 a.m. and 2.30 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), service user involvement, restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement identified related to promoting service user involvement, the availability of records for inspection purposes; and the need for meaningful staff supervisions.

Whilst it was found that there was safe, effective and compassionate care delivered in St Julian's House, concerns were identified in regards to governance and managerial matters. The management team were invited to a meeting with RQIA on 3 April 2023 via teleconference, to discuss how identified deficits were to be addressed. RQIA was provided with adequate assurances that the identified issues were being addressed.

St Julian's 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 any 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 for staff.

4.0 What did people tell us about the service?

As part of the inspection process we spoke with a number of staff and service users.

Comments received included:

Service users' comments:

- "I have lived here for ten years and they have been the best ten years of my life."
- "100 percent good staff, they are brilliant. The manager would deal with complaints, absolutely."

Staff comments:

- "Nice wee place to work."
- "No problems with the way the service users are being treated."
- "There are no concerns relating to the service users, they get everything they need."

However, a number of service users and staff consulted with provided specific comment in relation to management issues within St Julian's House.

In addition, whilst the returned questionnaires and electronic survey feedback indicated that the respondents were generally satisfied with the care and support provided, written comments noted dissatisfaction with how they felt the service was being led. This was discussed with management during feedback and at the meeting with RQIA on the 3 April 2023. Refer to section 5.2.2 and 5.2.6 for further detail.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 29 June 2021 by a care inspector. No areas for improvement were identified.

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 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.

There had been no concerns raised under the Whistleblowing procedures.

There was a system in place to retain records of any referrals made to the HSC Trust in relation to adult safeguarding. The person in charge advised that no such referrals had been made since the date of the last inspection.

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).

Staff were provided with training appropriate to the requirements of their role. The person in charge reported that none of the service users currently required the use of specialised equipment. 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 person in charge 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.

The Mental Capacity Act (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. 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 MCA.

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.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Service users' meetings were held on a regular basis. Whilst there was evidence of information sharing with service users, the minutes of the meetings did not evidence that that service users were encouraged to participate in discussions, regarding the running of the service. It was disappointing to note that Focus Groups and Have Your Say Groups had not been reinstated, in keeping with the agency's policies and procedures, following easing of the Covid-19 restrictions. This was discussed with management at the meeting with RQIA on the 3 April 2023. At this meeting, RQIA was provided with adequate assurances as to how the matters were being addressed. An area for improvement was identified to ensure service user involvement is promoted and sustained.

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

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 any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the agency. The person in charge was aware of the need to follow Apex's policy in relation to the use of volunteers and that volunteers should not undertake personal care.

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

Apex had a structured orientation and induction programme in place for all newly appointed staff. This reflected the 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. However, induction records pertaining to a number of newly appointed staff were not present in the records reviewed. An area for improvement has been identified in relation to the availability of records for inspection purposes.

In addition, concerns were identified in regards to the manner in which staff supervisions were undertaken. Supervisions should provide an opportunity to identify what the staff need to be doing going forward and should be used as an opportunity for the staff to spend some time with their line manager to discuss how things are going with their work and also their wellbeing.

It was identified that the format for undertaking supervisions with staff was not a two-way process and therefore would not be conducive to raising concerns, should the staff wish to do so. Review of supervision records identified that there was little difference between what was recorded on each supervision record. An area for improvement has been identified.

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

St Julian's House staff provide care and support to 42 service users. The agency also provides sheltered accommodation to a number of individuals who occupy the same building. RQIA does not regulate sheltered accommodation. During the inspection, it was evident that there was a need for a clear delineation between the service users whose care falls under RQIA's regulation and those who do not. This was discussed with management at the meeting with RQIA on the 3 April 2023. At this meeting, RQIA was provided with adequate assurances as to how the matters were being addressed.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' 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 (SAIs) or Significant Event Audits (SEAs) 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 appropriately managed and were reviewed as part of the agency's quality monitoring process.

The manager was registered with RQIA pending completion of a number of additional training modules to achieve Level 5 Diploma in Leadership for Health and Social Care Services (Adults' Management) (Wales and Northern Ireland) by April 2023. We were informed that the additional courses will soon be completed. It was agreed that when completed the manager will submit the certificate of qualification to RQIA.

Staff were able to access service users' individual flats in case of emergencies.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have 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	3	0

The areas 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the agency is conducted in a manner which respects the wishes of service users; this relates particularly to promoting service user involvement.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Going forward Service Users meeting minutes will evidence that consultation has taken place .Discussion will take place regarding the running of the service and recommendations for improvement will be documented and actioned as far as reasonably and practically possible</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that records are available for inspection at all times; this refers particularly to but not exclusively to staff induction records.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: All Induction booklets are available for all staff including Induction checklist and profiles for all Agency staff. The Agency profile includes Access NI Check,references and a record of all training completed</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the current system for undertaking supervisions is reviewed to ensure that these are consistently undertaken in keeping with the good practice.</p> <p>Ref: 5.2.5</p>
<p>To be completed by: Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>The current system of undertaking supervisions has been reviewed by the Manager. Supervisions will be conducted face to face and facilitate discussion around further development/gaps in training and general update on staff member's well-being</p>

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