

# Inspection Report

29 June 2021



## St Julian's House

**Type of Service: Domiciliary Care Agency**  
**Address: St Julians Road, Omagh, BT79 7HQ**  
**Tel No: 028 8225 0447**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Apex Housing Association</p> <p><b>Responsible Individual:</b> Mrs Sheena McCallion</p>	<p><b>Registered Manager:</b> Not applicable</p> <p><b>Date registered:</b> Mrs Geraldine Anne McCrory - Application received 21 December 2020 (pending review)</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Geraldine Anne McCrory</p>	
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>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 15 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.</p>	

## 2.0 Inspection summary

An announced inspection took place on 29 June 2021 between 10.00 am and 1pm by the care inspector.

The inspection focused on staff recruitment and the agency's governance and management arrangements as well as recruitment, registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to systems in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

Service users said that they were very satisfied with the standard of care and support provided.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

### 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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable incidents and written and verbal communication received since the previous care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the NISCC were monitored by the agency.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

The information provided by service users and staff during the inspection indicated that there were no concerns in relation to the agency. All confirmed that they were very satisfied with the standard of care and support provided. The following comments were received during the inspection:

#### Service users' comments:

- "I am very content, I have no problems at all."
- "Very good, I enjoy it, I laugh a lot here."
- "I am as happy as the day is long. They are brilliant. I good to know that I can go to bed knowing that I am safe. We are all treated like a big family."

#### Staff' comments:

- "This is just like a big friendly home, tenants can approach anyone of us."
- "The best place I have ever worked in, it is very good, they are very kind and respectful."

## 5.0 The inspection

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

The last inspection of the agency was undertaken on 10 February 2020 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. There had been one incident reported since the last inspection. This was deemed to have been managed appropriately. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed and found to be satisfactory.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The manager was aware of which incidents required to be notified to RQIA. None were required to be submitted to RQIA.

Staff were provided with training appropriate to the requirements of their role; however, a number of staff had yet to complete training in relation to DoLS. This was discussed with the manager, who agreed to address the matter. Confirmation that all staff had completed the DoLS training was submitted to RQIA by email on 5 July 2021. RQIA was satisfied that this has been addressed. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. RQIA were informed there were no restrictive practices used within the agency.

The manager confirmed the agency does not manage individual monies belonging to the people they support.

### **5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?**

The manager advised us that visiting restrictions have been removed in keeping with the current guidance from the Department of Health. There was evidence that the agency had written to relatives to explain the role of Care Partners, should this be required in the future.

### **5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The discussions with the manager and review of service user care records identified that specific modified diets were included in the risk assessments and care plans. There was evidence that staff were respectful of the service users' preferences in relation to the level of supervision required. Staff had implemented the specific recommendations of SALT to ensure the care provided was safe and effective. It was good to note that lesser restrictive options were used in order to maintain service users' dignity when eating.

### **5.2.4 Are there robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the people they support. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

### **5.2.5 Are there robust governance processes in place?**

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately.

There was a system in place to ensure that support workers received supervision and training in accordance with the agency's policies and procedures.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

**6.0 Conclusion**

Based on the inspection findings and discussions held we are satisfied that this agency is providing safe and effective care in a caring and compassionate manner; and that the agency is well led by the manager/management team.

**7.0 Quality Improvement Plan/Areas for Improvement**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Geraldine Anne McCrory, Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)