

# Unannounced Care Inspection Report 29 October 2018



## St Julian's House

**Type of Service: Domiciliary Care Agency**  
**Address: St Julian's Road, Omagh BT79 7HQ**  
**Tel No: 02882250447**  
**Inspector: Joanne Faulkner**

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

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**

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 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 tenants 24 hours per day.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Apex Housing  <b>Responsible Individual(s):</b> Gerald Kelly	<b>Registered Manager:</b> Eilish Morris
<b>Person in charge at the time of inspection:</b> Senior Support Worker	<b>Date manager registered:</b> 30 March 2009

### 4.0 Inspection summary

An unannounced inspection took place on 29 October 2018 from 10.00 to 14.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication with service users, relatives and other relevant stakeholders
- Staff induction, training supervision and appraisal
- Quality monitoring systems
- Provision of care in an individualised, compassionate manner
- Service user engagement and involvement

This was supported through review of records at inspection and from feedback received from service users and staff on inspection.

The comments of service users have been included in the relevant report sections.

One area for improvement was identified in relation to staff training.

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 welcome, support and full co-operation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 30 May 2017**

No further actions were required to be taken following the most recent inspection on 30 May 2017.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the person in charge
- examination of records
- consultation with service users and staff
- evaluation and feedback

During the inspection the inspector met with the person in charge, two service users and three staff.

The following records were viewed 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
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

A number of policies and procedures viewed prior to and following the inspection were noted to have been reviewed and updated in line with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; four questionnaires were returned to RQIA. Responses received indicated that service users and /or relatives were very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

Comment received on a returned questionnaire:

- ‘Staff are caring.’

At the request of the inspector, the person in charge was asked to display a poster within the agency’s office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that the person in charge display a ‘Have we missed you card’ to provide relatives and visitors the opportunity to contact RQIA with their views; no responses were received.

In addition feedback received by the inspector during the course of the inspection 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 30 May 2017**

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 30 May 2017**

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 the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment process is co-ordinated in conjunction with the organisation's Human Resources (HR) department. The person in charge stated that confirmation is received that all checks have been satisfactorily completed in the form of a checklist. Assurances were provided that staff are not provided for work until all required checks have been satisfactorily completed.

It was identified that the agency has recently developed a process for ensuring that a statement by the registered provider or the registered manager is in place for all domiciliary care workers supplied, stating that the individual staff member is physically and mentally fit for the purposes of the work which they are to perform as outlines in Regulation 13.(d) Schedule 3.

The agency's training and development policy outlines the induction programme provided to staff; it was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. Staff are required to attend induction training one day per week for a number of weeks and in addition are required to complete an induction competency workbook, medication competency assessments and a number of shifts shadowing other staff employed by the agency. Staff are required to complete the induction workbook which is based on the Northern Ireland Social Care Council's (NISCC) standards within the initial six months of employment. Staff could describe the details of the induction provided which was noted to include a review of their induction three monthly during their probationary period.

It was identified that two new staff have been employed by the agency since the previous inspection. Records of individual staff induction retained by the agency were viewed; they contained details of the information and training provided to staff during their induction period.

Observations of and discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles. Staff are provided with a job description at the commencement of employment. The agency maintains a record for all staff detailing dates of induction, training and registration status with relevant regulatory bodies.

Discussions with the person in charge and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. It was noted that staff provided at short notice are currently employed by the agency. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. The rota information details the person in charge of each shift.

The agency has a process for retaining details of the registration status and expiry dates of staff required to be registered with the NISCC or other regulatory body. The person in charge stated that staff are alerted when their registration is required to be renewed and provided assurances that staff would not be supplied for work if they are not appropriately registered. It was noted that the organisation has recently updated the process for monitoring registration status of staff to include the review of the registered managers' registration.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. It was identified that staff are provided with a supervision contract and a record of staff supervision and appraisal is maintained.

The records of four staff reviewed by the inspector indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff stated that they are involved in developing individual development plans on an annual basis. Staff supervision and appraisal information viewed were noted to be retained in a well organised and secure manner.

The agency has a system for recording staff training both within the agency and also an electronic system; it was identified that the electronic system did not accurately reflect details of all training completed by staff. It was noted that the organisation are currently reviewing the system for recording to ensure accurate information is available at all times.

Staff stated that their training was informative and had equipped them with the appropriate knowledge and skills for their role. The person in charge and staff could describe the process for identifying training needs in conjunction with the organisation's training officer and their responsibility for ensuring that training updates are completed. Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. It was noted that the agency has recently introduced an E-Learning programme for staff and that staff are required to complete training on an identified areas each month.

The inspector viewed that the agency's staff training matrix, it was identified that a number of staff are required to complete training updates in a range of areas such as moving and handling, handling service users' monies, food safety. An area for improvement was identified.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. 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. The organisation's policy and procedures reflect information contained within the DOH policy and outlines the procedure for staff in reporting concerns.

The agency has identified an Adult Safeguarding Champion (ASC) and a number of deputy ASC's; the policy outlines their roles and key areas of responsibility which was noted to include the completion of an annual report relating to adult safeguarding. It was positive to note that the ASC has developed a newsletter develop in relation to adult safeguarding matters; it is planned to be produced three times per year.

Discussions with staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns. Staff are required to complete safeguarding training during their induction programme and in addition an annual classroom based training update. Training records viewed by the inspector indicated that staff had recently received a training update in relation to adult safeguarding.

It was good to note that the agency has provided service users with information in relation to their personal safety and adult safeguarding. Service users who spoke to the inspector could describe what they would do if they had any concerns in relation to their safety or the care they received.

The inspector viewed the agency's records maintained in relation to safeguarding adults. Discussions with the person in charge and records viewed evidenced that the agency has a process for maintaining 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 the person in charge indicated that referrals made by the agency since the previous inspection have been managed in accordance with the agency's policies and procedures.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk. 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 accommodation is located within the same building as the homes of the service users and accessed from a shared entrance. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were locked, records were stored securely and that PC's were password protected.

**Comments received during inspection process.**

**Service users' comments**

- "I have no concerns; if I am worried I can speak to any of the staff."
- "Staff are very good and helpful."
- "I never was as happy in my whole life until I came to live here."
- "This is a very nice place."
- "Staff help me; I have a keyworker."

**Staff comments**

- "This is a grand place to work; I am very settled."
- "Supervision and appraisal are good."
- "We get good training."
- "Service users are safe we watch out for triggers in their behaviours that concern us."

**Areas of good practice**

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

**Areas for improvement**

One area for improvement was identified during the inspection in relation to training.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 6.5 Is care effective?

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

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed by the inspector. 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 procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised and secured manner. It was identified that staff had received training in relation to record keeping and confidentiality during their induction programme and had recently completed GDPR training.

Service users could describe how staff support and encourage them to be effectively involved in the completion of their individual risk assessments and the development of their care plans. Staff could describe the processes used for involving service users in the care planning and review processes. During the inspection the inspector viewed a number of service user care records; it was noted that care plans were comprehensive and that staff record daily the care and support provided.

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing bi-monthly quality monitoring visits; it was noted that additional processes are in place to ensure that relevant information is collated, audited on a monthly basis by the manager and a monthly report developed and provided to the senior management team.

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 the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment, complaints and financial management arrangements.

### Comments recorded on quality monitoring reports

#### Staff comments

- "I feel the tenants are all very well looked after."

#### HSCT professional's comments

- "Very helpful and pleasant on every visit."

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 person in charge could describe the methods used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates quarterly service user and bi-monthly staff meetings; service users indicated that they are provided with the opportunity to express their views and opinions on a range of matters during the meetings. It was identified that a range of standard items are discussed at all meetings, they include adult protection, complaints and health and safety. Minutes of service users meetings viewed indicated that service users had been provided with additional information in relation the complaints process and safeguarding. The minutes contain a number of comments made by service users in relations to their views and wishes.

Additional training updates have been provided at a number of staff meetings. It was noted that staff are required to sign the minutes of staff meetings to indicate that they have read and understood the information.

The agency facilitates an annual family advocacy meeting; a range of issues are discussed at the meeting including the role of RQIA and in addition opportunity provided for feedback from families. It was good to note that positive feedback had been received at the most recent meeting in March 2018.

### **Comments received during inspection process.**

#### **Service users' comments**

- "Staff talk to me."
- "I am not worried about anything here."
- "I attend some of the activities organised by the staff; I enjoy the quizzes."

#### **Staff comments**

- "We help the service users with anything they need help with."
- "We get a good handover twice a day."

#### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and communication and engagement with service users, relatives and other relevant key stakeholders.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector noted that staff had received training in relation to human rights, equality and confidentiality during their induction programme. Discussions with service users and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care and support is provided. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding. Service user care records viewed contained information in relation to the life histories of individual service users and details of their needs, choices and preferences.

Staff could describe the processes used for ensuring they provide the care and support in an individualised manner; and the processes used for effectively supporting service users in making informed choices. Service users who spoke to the inspector could describe how staff support them to be involved in decisions relating to their care, support and daily activities.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity. The agency can provide a range of documentation for service users in an alternative format if required.

The agency's Statement of Purpose and Service User Guide contain information relating to equality and diversity. The person in charge could describe how staff development and training enables staff to engage with a diverse range of service users.

Discussions with the service users, staff and the person in charge provided evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- stakeholder involvement
- use of advocacy services
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Records viewed and discussions with staff indicated that the agency has effective systems in place to record comments made by service users and/or their representatives. Records of service user and care review meetings, keyworker meetings, monthly service user survey's

and reports of quality monitoring visits indicated regular engagement with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency’s complaints/compliments process; quality monitoring visits; care review meetings, one to one key worker meetings, service user meetings monthly and annual satisfaction surveys and family advocacy 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. The inspector viewed evidence of ongoing collaborative working with HSCT keyworkers in relation to one service user.

**Comments received during inspection process.**

**Service users’ comments**

- “Staff listen to you.”
- “I go to the tenant’s meetings.”
- “I can do what I want; I go out every day.”

**Staff comments**

- “Service users definitely have choice.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the effective ongoing engagement with service users, their relatives and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 inspection reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is managed on a day to day basis by the manager supported by the senior support worker. Staff who spoke to the inspector could describe the process for obtaining support and guidance at any time including out of hour arrangements and indicated that they felt supported in their job roles.

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

electronically and in a paper format retained within the agency office. A number of the organisation's policies viewed both prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy and procedure outlines the process for managing complaints; discussions with the manager and staff indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received training in relation to management of complaints during their induction programme. Service users could describe the process for raising concerns and indicated that they could speak to staff at any time. The agency maintains a proforma to record complaints received. It was noted from records viewed and discussions with the person in charge that the agency has received no complaints since the previous inspection; complaints are audited on a monthly basis as part of the quality monitoring process.

The agency has systems 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 the provision of relevant policies and procedures, monthly monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection the inspector was presented with evidence of effective collaborative working relationships with relevant stakeholders.

Records viewed and discussions with the person in charge indicated that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, supervision and appraisal. Staff could describe the rationale for regularly reviewing the quality of the services provided.

The agency has a robust process for recording and monitoring incidents including those reportable to RQIA; records viewed were noted to be comprehensive and clearly record actions taken and outcomes.

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 roles; it was noted that staff had been provided with a job description at the commencement of employment. Service users knew who to talk to if they had a concern. Staff stated that the manager and senior staff are approachable and supportive; they could describe the procedure for obtaining support and guidance.

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.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

### **Comments received during inspection.**

#### **Staff comments**

- "The manager and senior are supportive."

## 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
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 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 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All staff training records have been reviewed and targets have been set for any staff out of date to either attend face to face sessions or complete appropriate e learning modules</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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