

Announced Care Inspection Report 7 July 2016



St Julian's House

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

Inspectors: Joanne Faulkner
Angela Boyle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of St Julian's House took place on 7 July 2016 from 10.30 to 16.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

Delivery of safe care was evident on inspection. 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. The agency has systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for quality improvement were identified during this inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency consistently responds appropriately to meet the individual needs of service users through the development and review of individualised care plans. The agency has implemented robust systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are robust systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspectors found that an ethos of dignity and respect, independence, and rights was embedded throughout staff attitudes and the provision of individualised care and support. It was noted from observations made and discussion with staff and service users that agency staff value the views of service users and where appropriate their representatives. The inspectors identified evidence of positive outcomes for service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a fulfilling life. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. 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 evident during the inspection. No areas for quality improvement were identified during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

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 Eilish Morris, Registered Manager, 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 organization/registered provider: Apex Housing Association/Gerald Kelly	Registered manager: Eilish Morris
Person in charge of the agency at the time of inspection: Eilish Morris	Date manager registered: 30 March 2009

3.0 Methods/processes

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff ,service users, relatives and HSC Trust representatives
- Evaluation and feedback.

Prior to inspection the following records were analysed:

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

The following records were viewed during the inspection:

- Four service users care records
- HSC Trust assessments of needs and risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Records relating to recruitment process
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Staff Handbook
- Standards for Supported Living Policy, February 2016
- Training and Development Policy, January 2015
- Selection and Recruitment Policy; January 2014
- Supervision Policy, July 2015
- Safeguarding Vulnerable Adults Policy, October 2014
- Risk Assessment Policy, January 2015
- Disciplinary Policy, June 2014
- Confidential Reporting Policy, January 2015
- Data Protection Policy, May 2016
- Complaints Procedure, May 2016
- Statement of Purpose
- Service User Guide
- Accident and Incident Policy

During the inspection the inspectors met with three service users, the registered manager, four staff members, the relative of one service user and three HSC Trust representatives.

Questionnaires were distributed for completion by staff and service users during the inspection; eight staff and 10 service user questionnaires were returned.

Feedback received by the inspectors during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

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.

Tenants are encouraged to actively participate in the running of the project and use the forum of bi-monthly tenants' meetings to put forward their views and ideas. Agency staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

Discussion with the registered manager, staff, service users, relatives and HSC Trust professionals provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the registered manager, service users, agency staff, relatives and HSC Trust professionals for their support and co-operation throughout the inspection process.

4.2 Review of requirements and recommendations from the last care inspection dated 14 September 2015

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

4.3 Is care safe?

During the inspection the inspectors reviewed current staffing arrangements in place within the agency.

The agency's selection and recruitment policy outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; it was identified that a checklist detailing checks completed is retained by the agency's human resources department and can be accessed electronically by the manager. The manager could describe the process for ensuring that staff are not eligible for work until all necessary checks have been completed.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; from records viewed and discussions with staff it was noted that staff are required to attend induction training one day per week in the initial ten weeks of employment.

The agency maintains a record of the induction programme provided to staff; records viewed detailed the information provided during the induction period and any additional supervision and support provided to staff during the six month probationary period. Induction records viewed by the inspectors provided evidence of a comprehensive induction programme.

The manager stated that all staff have recently completed competency assessments; staff provided positive feedback about this process. It was noted that staff are provided with the agency's staff handbook and can access the agency's policies and procedures at any time electronically or in paper format.

The agency has a procedure for the induction of short notice/emergency staff and for verifying their identity prior to supply; it was identified from discussions with the registered manager that relief staff are rarely accessed from another domiciliary care agency. There is a process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the role; one of the inspectors viewed staff profiles for relief staff provided and noted that they contained information relating to staff training and relevant experience. Agency staff could describe the impact to service users of staff change and needs to provide continuity.

Discussions with the registered manager, staff, service users and relatives indicated that there was 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 which was viewed by the inspectors reflected staffing levels as described by the manager and staff.

The agency's supervision and appraisal policies clearly outline the frequency and processes to be followed. The agency maintains a record of staff supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspectors felt that supervision and appraisal were worthwhile.

The agency has an electronic system in place for recording staff training; the manager could describe their role in identifying gaps and planning training in conjunction with the organisation's training officer. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users. They stated that individual training needs are discussed during supervision and appraisal meetings.

Staff indicated that they had the required knowledge, skills and experience to carry out their roles. They could describe how the detail of their induction which involved shadowing other staff members; meeting service users and becoming familiar with their care needs had equipped them for their role. Staff described the importance of respecting the privacy, dignity and views of service users.

The inspectors examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is currently reviewing their policy and procedures to reflect information contained within the guidance and in conjunction with the HSC Trust. The manager stated that managers within the organisation have received updated training in relation to the information detailed within the guidance.

The inspectors reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager it was identified that the agency has made one referral to the HSC Trust safeguarding team in relation to alleged or actual incident of abuse; records viewed indicated that the agency had acted in accordance with their procedures.

It was noted that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete an annual update. Staff who spoke to the inspectors demonstrated that they had a good understanding of safeguarding issues and could clearly describe the procedure for identifying and reporting concerns.

The manager described an awareness raising event recently organised by the agency to raise the awareness of adult safeguarding; they stated that a number of service users and their relatives attended. It was noted that safeguarding awareness is discussed at the service users meetings.

Staff had knowledge of the agency's whistleblowing policy and could describe their responsibility in highlighting and raising concerns.

The inspectors 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 details the requirement that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. It was noted from records viewed and discussions with staff that risk assessments and care plans are reviewed six monthly and that service users have an annual review involving their HSC Trust representatives. It was identified that governance arrangements in place include an audit of risk assessments and any practices deemed to be restrictive.

The agency's registered premises are located within the same building as the service users' homes; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Eight staff and 10 service user questionnaires were returned to RQIA; responses received from both staff and service users indicated that they were satisfied that care provided is safe.

Service user comments

- 'This was a good move for me.'
- 'I feel safe and protected.'
- 'Staff are very good.'
- 'This place is more than good.'

Staff comments

- 'Training is good.'
- 'Supervision is ongoing.'
- 'Care is excellent.'
- 'Tenants are supported to take risks.'
- 'We have enough staff.'

HSC Trust representative's comments

- 'Care and support is very good.'
- 'Staff encourage and support ***** to be safe.'
- 'Staff have worked effectively in conjunction with the HSC Trust in relation to a safeguarding matter.'

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 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 outlines the procedures for the creation, storage, retention and disposal of records. A range of records viewed during the inspection indicated that they were maintained in accordance with legislation, standards and the organisational policy.

One of the inspectors viewed a number of individual service user care plans; service users and their relatives stated that they are involved in the development of their care and support plans. Documentation viewed indicated that risk assessments and care plans are reviewed and updated six monthly and that staff record daily the care and support provided. It was noted that HSC Trust representatives participate in the annual review process.

It was identified from documentation viewed and discussions with staff that the agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

The agency's Quality Monitoring Policy outlines the processes to be adhered to in relation to the review of the quality of the service being provided. It was noted that 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. The information indicates that a review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed. The manager stated that they are required to complete and submit monthly and quarterly returns to senior management.

The agency facilitates bi-monthly tenants' meetings; service users stated that they are encouraged to express their views and opinions. Service users and their relatives were aware of the agency's complaints procedure; it was noted that the agency maintains a record of all compliments and complaints.

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, relatives, HSC Trust Professionals and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users and relatives could describe the process for reporting issues or complaints and stated that they can speak to staff at any time.

The manager stated that the agency seeks to maintain effective working relationships with the HSC Trust and other stakeholders and could describe examples of ongoing liaison with HSC Trust professionals in relation to a number of service users. HSC Trust representatives who spoke to the inspectors stated that they have regular contact with the agency staff and that they have developed good working relationships.

Eight staff and 10 service user questionnaires were returned to RQIA; responses received from both staff and service users indicated that they were satisfied that care provided is effective.

Service users' comments

- 'Everything is 100%.'
- 'Staff are excellent.'
- 'I can do what I want.'

Staff comments

- 'Training is good; we get a good induction.'
- 'Care is excellent.'
- 'We promote the independence of service users.'
- 'Service users are encouraged to be involved in their care planning.'

Relative's comments

- 'I have no concerns.'
- '**** is very happy here.'

HSC Trust representative's comments

- 'Communication is excellent.'
- 'Staff are very attentive to the needs of service users.'
- 'I love coming in here.'
- 'The care and support is very good.'

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 care compassionate?

During the inspection the inspectors sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care, support and life choices.

Discussions with service users, relatives, HSC Trust representatives and staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation. Staff indicated that they had received Human Rights training during their initial induction.

Staff could describe how the views of service users are central to service provided; they provided examples of supporting service users to take positive risks to enable service users to live a fulfilling life.

Discussions with service users, relatives, HSC Trust representatives and staff, and observations of staff interaction with service users indicated that care is provided in an individualised manner. Care plans viewed were written in a person centred manner; service users and relatives stated that they are consulted about the care they receive and involved in making decisions regarding their care and support. Records of tenant meetings reflected the involvement of service users and included decisions made by service users in relation to a range of areas within shared living such as outings, organised activities and menus.

The views of service users and/or their representatives were recorded throughout a range of agency documentation. Processes to record and respond to service users and relatives are maintained through the complaints and compliments processes, monthly quality monitoring visits, annual review meetings, annual stakeholder surveys, keyworker meetings, and tenants' meetings. The inspectors viewed an action plan developed from the feedback received from the annual survey.

During the inspection the inspectors observed that service users were able to make choices regarding their daily routine and activities; service users who spoke to the inspectors confirmed that they could make choices about all aspects of their care and that staff treat them with respect. Records viewed and discussions with staff, service users and relatives indicated that service users and where appropriate their relatives are involved in decision making on a wide range of matters such as care needs, meals, activities and shared facilities.

Eight staff and 10 service user questionnaires were returned to RQIA; responses received from both staff and service users indicated that they were satisfied that care provided was compassionate.

Service users' comments

- 'I am very happy here.'
- 'This place is brilliant.'
- 'Staff would do anything for you.'
- 'This is the best place I have ever lived.'
- 'Difference to my life is like having a black and white TV and getting a colour.'

Staff comments

- ‘We adjust the service to suit the service users.’
- ‘Service users are treated with dignity and respect.’
- ‘We are excellent at listening to service users.’
- ‘We work together to promote the human rights of the tenants.’
- ‘This is like a community; it is a lovely place.’

HSC Trust representative’s comments

- ‘Staff keep us informed of any changes.’
- ‘We have a good rapport with the staff.’

Areas for improvement

No areas for improvement were identified during the inspection.

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

The inspectors reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a range of policies and procedures. The manager stated that the agency’s policies and procedures are retained electronically which all staff have access to, and additionally in paper format stored within the agency’s office.

Records viewed and discussions with the registered manager indicated that the agency’s governance arrangements promote the identification and management of risk; these include relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency’s complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received two complaints for the period 1 April 2015 to 31 March 2016. Records viewed and discussions with the registered manager indicated that the agency has handled complaints in accordance with their policies and procedures. Discussion with the registered manager and staff provided assurances that staff are familiar with the process for dealing with complaints.

The inspectors viewed evidence that the agency has in place management and governance systems to drive quality improvement. There are arrangements for monitoring incidents and complaints which includes a mechanism for identifying trends and reducing the risk of recurrences. During the inspection the inspectors viewed evidence of staff induction, training, supervision and appraisal. Staff could describe the importance of identifying areas for learning and development and for improving the quality of the service provided to promote better outcomes for service users.

The organisational and management structure of the agency is clearly defined; it details lines of accountability and roles and responsibilities of staff. Staff stated that they are provided with a job description at the commencement of employment which outlines the role and responsibilities of their job role. Staff could describe the details of their individual roles and responsibilities; service users and their relatives were aware of staff roles and knew who to talk to if they had a concern.

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 are kept under review.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussion with the registered manager and HCS Trust professionals indicated that there are effective collaborative working relationships.

Discussions with the registered manager and staff provided assurances that there were effective working relationships maintained by the registered person with staff. Staff stated that the registered manager is very supportive and that they can access support and guidance at any time; in addition staff had knowledge of the process for obtaining guidance and support out of office hours.

Staff could describe lines of accountability and knew who to contact if they required support or guidance. Staff stated that their views and opinions are listened to and felt that the agency seeks to address issues raised.

It was noted that there are systems in place to support the manager in their role such as quarterly meetings with managers from the organisations other facilities and regular contact and support from their line manager.

Eight staff and 10 service user questionnaires were returned to RQIA; responses received from both staff and service users indicated that they were satisfied that the service is well led.

Service user comments

- 'The office door is always open we can speak to staff at any time.'
- 'Excellent management.'

Staff comments

- 'The manager is excellent at their job.'
- 'We work as a team.'
- 'We have completed the competency framework.'
- 'The manager is really supportive.'

Relative's comments

- 'The manager is really good.'

HSC Trust representative's comments

- 'The manager and staff are very approachable and attentive.'

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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