

# Unannounced Care Inspection Report 30 May 2017



## St Julian's House

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

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of St Julian's House took place on 30 May 2017 from 10.00 to 14.00.

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

### **Is care safe?**

Indicators of the delivery of safe care were evident on the day of inspection. The agency has in place robust recruitment systems; there are training and induction processes in place to ensure that there is at all times an appropriate number of suitably knowledgeable, skilled and experienced staff to meet the assessed needs of individual 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 Health and Social Care Trust (HSCT) representatives and relevant stakeholders. There are systems in place to ensure the identification, prevention and management of risk to promote positive outcomes for service users. Service users, relatives and staff indicated that they felt care provided was safe. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

### **Is care effective?**

Indicators of the delivery of effective care were evident on the day of inspection. It was identified that the agency responds appropriately to meet the needs of service users through the development and ongoing review of individualised care plans and effective engagement with service users. 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 systems in place to promote effective communication with service users and relevant stakeholders. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

### **Is care compassionate?**

Delivery of compassionate care was evident on the day of inspection. The inspector found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and in the provision of individualised care and support. Observations made during the inspection and discussion with staff, service users and a relative indicated that staff value and respect the views and opinions of service users and where appropriate their representatives. Service users stated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

## Is the service well led?

Indicators of the delivery of a well led service were evident on the day of inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff demonstrated that they have a clear understanding of their roles and responsibilities within the management structure and confidence in the lines of accountability. There is evidence that the registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. There are supports systems in place that enable service users to effectively engage with staff e.g. advocacy services, user-led groups. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. 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.

### 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

<b>Registered organisation/registered person:</b> Apex Housing Association/Gerald Kelly	<b>Registered manager:</b> Eilish Morris
<b>Person in charge of the service at the time of inspection:</b> Senior support worker	<b>Date manager registered:</b> 30 March 2009

### 3.0 Methods/processes

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

Prior to inspection the following records were analysed:

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

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 safeguarding of vulnerable adults
- Staff rota information
- Incident Policy
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Supervision Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Complaints Procedure
- Standards of Supported Living Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that agency's Human Resources (HR) department to review the agency's individual staff recruitment records.

During the inspection the inspector met with two service users, the person in charge and four staff members; the inspector spoke to a relative of one service user.

Questionnaires were provided by the inspector on the day of inspection for completion by staff and service users during the inspection; nine staff questionnaires were returned to RQIA; there were no service user questionnaires returned.

Feedback received by the inspector 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. Agency staff are available to support tenants 24 hours per day.

The inspector would like to thank the service users, staff and relatives for their feedback, support and co-operation throughout the inspection process.

### **4.1 Review of requirements and recommendations from the last care inspection dated 7 July 2016**

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

## **4.2 Is care safe?**

During the inspection 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 identified that the agency's staff recruitment is processed by the organisation's HR department. Prior to the inspection the inspector visited the HR department and examined a number of individual staff personnel records; documentation viewed included details of the recruitment processes and pre-employment checks completed.

Records viewed by the inspector indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until all required checks have been satisfactorily completed. The agency's recruitment policy outlines the mechanism for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The person in charge could describe the process for obtaining confirmation that staff are available to commence employment.

The agency's training and development policy outlines the induction programme lasting in excess of the three days as required within the regulations; from records viewed and discussions with the person in charge it was identified that staff are required to attend induction training one day per week for the initial ten weeks of employment to complete the organisation's induction programme. In addition it was noted that all staff are required to complete an induction competency workbook and shadow other staff employed by the agency. Staff stated that they are required to complete the full induction programme within their six month probationary period.

A record of the induction programme provided to staff is retained by the agency; three records viewed by the inspector outlined the information provided during the induction period. Staff who spoke to the inspector stated that they felt they had the knowledge and skills to fulfil the requirements of their individual job roles. It was noted that the manager is required to sign the induction record to confirm that the staff member has been assessed as competent.

The inspector noted that relief staff are not accessed from another agency; the person in charge could describe the process for ensuring that any staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role.

Discussions with the person in charge and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. The person in charge stated that they have currently one staff vacancy; it was noted that staff have been working additional shifts.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector examined a number of individual staff records and noted that the agency maintains a record of staff supervision and appraisal; records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of supervision and appraisal. It was noted that newly appointed staff receive additional supervision during their induction and probationary period.

The agency has an electronic system in place for recording staff training; staff could describe the process for identifying and highlighting training needs in conjunction with the registered manager and the organisation's training officer. Staff were aware of their responsibility for ensuring that they had the skills and knowledge to fulfil their job roles and for ensuring that required training updates are completed. It was 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 from records viewed that the agency has recently introduced an E- Learning programme for staff; the person in charge stated that all staff will be required to complete an identified training module on a monthly basis.

The inspector viewed that agency's staff training matrix and noted that the record indicated that staff had completed relevant training. It was noted that a date for Infection Control training was planned for staff that require an update. Staff who spoke to the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector noted that all staff had completed competency assessments in the previous year following restructuring within the agency; staff who spoke to the inspector felt that this was a beneficial exercise and could describe how it had enhanced their confidence, skills and knowledge.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has updated their policy and procedures to reflect information contained within the policy and that managers have recently attended training in relation to the updated policy and procedures.

The person in charge could describe the agency's plans to provide information sessions for all staff in relation to the updated procedures. It was noted that all staff have recently completed an E learning module in relation to adult safeguarding.

The agency has identified an Adult Safeguarding Champion (ASC); the policy details the role of the ASC and their key areas of responsibility which includes the completion of an annual report relating to adult safeguarding. The inspector viewed information booklets developed by the organisation for staff and service users in relation to adult safeguarding and noted that the agency's policy and procedures clearly outline the process for staff in reporting concerns.

Discussions with staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition complete 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 HSCT safeguarding team relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are retained.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The inspector noted that the agency's risk management policy outlines the process for assessing and reviewing risk; it outlines that risk assessments and management plans are required to be completed in conjunction with service users and where appropriate their representatives. It was noted that service users are supported to participate in an annual review involving their HSCT keyworker and that care and support plans are reviewed annually or as required. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive. Staff stated that there are currently no restrictive interventions in place.

The agency's registered premises are located within the same building as the service users' accommodation; the premises include a number of offices that are suitable for the operation of the agency as described in the Statement of Purpose.

Nine staff questionnaires were returned to RQIA; responses received indicated that staff and were satisfied that care provided is safe.

### **Service users' comments**

- 'Staff are brilliant; they listen to me.'
- 'If I am worried about anything I can talk to the staff.'
- 'Staff talk to me about the help I need.'
- 'I am happier here.'
- 'Staff are great; very helpful.'
- 'I am very happy.'



## Staff comments

- 'We have enough staff; we all work well together.'
- 'It is good working here.'
- 'I feel service users are safe, they have choice; there are no restrictive practices.'
- 'Training is good; we get supervision and appraisal.'
- 'I believe tenants in our care are protected from harm.'
- 'All staff receive training and are aware of whistleblowing'

## Relative's comments

- 'I could ask for my mother to be in a better place.'
- 'From day one the staff have been so welcoming; they made the move so easy and stress free for all the family.'
- 'Staff are approachable, they listen to me; I trust them.'
- 'Staff look out for mum.'
- 'My mother is safe'

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3 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 are outlined within the Statement of Purpose and Service User Guide.

The agency has in place a data protection policy it outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed both prior to and during inspection were maintained in accordance with legislation, standards and the organisational policy. The agency's staff personnel records viewed by the inspector prior to the inspection at the organisation's head office were retained securely and in an organised manner; records held in the agency's office were noted to be retained securely. The inspector noted that staff have received training relating to record keeping, confidentiality and data protection.

Staff could describe the methods used to ensure that service users are supported to be involved in the development of their care plans. Service users and a relative who spoke to the inspector stated that they are encouraged and supported to be involved in the development of individual care plans and that their choices are reflected. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that the organisation is currently in the process of reducing the quality monitoring visits to three monthly; additional processes have been developed and to ensure that relevant information continues to be collated and audited on a monthly basis.



The agency retains a record of quality monitoring visits completed by a senior manager and the action plan developed.

Records of quality monitoring visits viewed by the inspector provided evidence of a robust system; they were noted to include comments made by service users, and where appropriate their representatives. The records include details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, record keeping and financial management arrangements. The inspector noted that this process also includes a review of any practices which may be deemed as restrictive.

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, a relative and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users. Service users could clearly describe the process for reporting concerns or complaints.

The agency facilitates bi-monthly service user meetings and an annual family advocacy meeting; service users who met with the inspector indicated that they are encouraged to attend and supported to express their views and choices. The agency are required to discuss a range of standard items at all meetings, they include safeguarding and health and safety. Bi monthly staff meetings are facilitated; it was noted that staff are required to sign the minutes of the meetings to indicate that they have read and understood the areas discussed and the information provided.

The person in charge could describe a range of ways in which the agency seeks to maintain effective working relationships with the HSCT representatives and other stakeholders.

Nine staff questionnaires were returned to RQIA; responses received indicated that staff and were very satisfied that care provided is effective.

### **Service users' comments**

- 'Staff give me my tablets, I can do everything else.'
- 'I go out to the shop; I can choose what I want.'
- 'I attend the tenants meetings.'
- 'I am not worried about anything.'

### **Staff comments**

- 'All care is planned as per tenants risk assessment and is individual to meet their needs and wishes.'
- 'Tenants are involved in their care planning.'
- 'All staff have training in dealing with issues.'
- 'We do E learning; it refreshes you knowledge.'
- 'We support service users to be as independent as possible; some service users cook for themselves.'

### **Relative's comments**

- 'My mother is encouraged to be independent and given choice.'
- 'Communication is good; staff keep good contact with me it is reassuring.'
- 'Staff take on board what I say; they are in tune with any changes.'

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care compassionate?

The inspector 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 and support.

Discussions with service users, staff and a relative of one service user and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. It was noted that staff have been provided with training and information in relation to human rights and confidentiality during their induction programme.

It was identified from observations of staff interactions with service users during the inspection that staff endeavour to provide care in an individualised manner and to ensure that service users are encouraged and supported to make informed choices. It was identified that the agency has provided a range of information in an alternative format to support service users to meaningfully engage in decisions about their individual care and support.

Service users and a relative who spoke to the inspector stated that staff encouraged them to be involved in making decisions regarding the care and support provided. Records of service user and care review meetings reflected the involvement of service users and where appropriate their relatives and were noted to contain comments made by service users.

The inspector noted that a range of the agency's documentation recorded comments made by service users and/or their representatives. Processes for effectively engaging and responding to the comments and views of service users and where appropriate representatives are maintained through the agency's complaints process; quality monitoring visits; annual care review meetings; annual stakeholder and service user satisfaction surveys, service user meetings and family advocacy meetings. It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying required learning outcomes and areas for improvement.

Observations made by the inspector during the inspection indicated that staff support and encourage service users to make choices regarding their daily routine and activities. Service users who spoke to the inspector stated that they could speak to the manager or staff at any time.

Nine staff questionnaires were returned to RQIA; responses received indicated that staff and were satisfied that care provided is compassionate.

### Service users' comments

- 'I have choice; I am still driving, I come and go as I please.'
- 'I can choose what I want.'
- 'I don't eat red meat; staff will make me something different.'

- ‘Staff talk to me about the help I need.’

**Staff comments**

- ‘Tenants views are always sought and listened to.’
- ‘We have an open door policy and all views are listened to, acted on and this is used to improve our service.’
- ‘All aspects of care are compassionate.’
- ‘It is important that the service users express their issues.’
- ‘We look after our residents with great care and respect.’
- ‘Service users are given choice.’

**Relative’s comments**

- ‘Staff are discreet in their manner and not invasive in any way.’
- ‘I cannot complain at all; just gleaming reports of St Julians.’
- ‘Staff are great; I couldn’t say a thing about them.’

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is the service well led?**

During the inspection the inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has implemented robust systems of management and governance. The agency is currently managed on a day to day basis by a registered manager and a senior support worker. It was identified that since the previous inspection that the registered manager had a period of absence during which time the agency was managed by a senior support worker under the direction of a senior manager from the organisation.

The agency has in place a range of policies and procedures in accordance with those outlined within the minimum standards; it was noted that they are retained an electronic format. Staff could describe the process for accessing the agency’s policies and procedures; they stated that they are required to log into the agency’s system to read policies and to indicate that they have understood the information. A range of the agency’s policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales details within the minimum standards.

The inspector noted that the agency has a systematic approach in reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the person in charge that the agency’s governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Service users and a relative who spoke to the inspector could describe the process for making a complaint. It was identified from records viewed that the agency has received no complaints since the previous inspection.

There was evidence that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints on a monthly basis. During the inspection process the inspector viewed evidence of appropriate staff induction, training, supervision and appraisal. Staff could describe the benefits of reviewing the quality of the services provided and of identifying areas for improvement.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives and relatives. The inspector noted positive feedback from the HSCT representatives regarding the ability of the agency to work in partnership; and their commitment to develop and implement strategies to ensure the best possible outcomes for individual service users.

A comment from a professional stated, 'I feel that there is nothing needs addressed. St Julians are very prompt in informing me if there are any concerns. I rate the quality as excellent.'

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff could describe the responsibilities and requirements of their job roles; service users and a relative who spoke to the inspector were aware of staff roles and knew who to talk to if they had a concern. Staff who spoke to the inspector had knowledge of the agency's whistleblowing policy and could describe the process for obtaining support and guidance including the arrangements for out of hours. Staff who met with the inspector stated that the manager and senior staff are approachable.

The person in charge stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate; it was noted that a record is maintained by the agency and the HR department which records registration details and expiry dates. Discussions with the HR manager and the person in charge 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.

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.

Nine staff questionnaires were returned to RQIA; responses received indicated that staff and were very satisfied that the service is well led.

### **Service users' comments**

- 'I speak to the manager if I am worried.'

### **Staff comments**

- 'All complaints are listened to and actions taken.'

- Staffing meets clients' needs and we can alter the rota as needed to take tenants on appointments.'
- 'We have a good monitoring system and staff get quarterly supervision and annual appraisal.'
- 'I feel supported and listened to.'
- 'We have a small team, we support each other.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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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