

# Unannounced Care Inspection Report 3 February 2020



## Aldergrove House

**Type of Service: Domiciliary Care Agency**  
**Address: 7 Ashgrove Road, Newry, BT34 1QN**  
**Tel No: 02830833173**  
**Inspector: Kieran Murray**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

Aldergrove House is a domiciliary care agency supported living type which provides services to 11 service users living in their own homes within the Southern Health and Social Care Trust (SHSCT) area, who require care and support with their mental health disabilities. The service users are supported by eight staff (includes the manager).

**3.0 Service details**

<b>Organisation/Registered Provider:</b> Southern HSC Trust	<b>Registered Manager:</b> Ms Teresa O'Neill
<b>Responsible Individual(s):</b> Mr Shane Devlin	

<b>Person in charge at the time of inspection:</b> Ms Teresa O'Neill	<b>Date manager registered:</b> 6 April 2016
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#### 4.0 Inspection summary

An unannounced inspection took place on 3 February 2020 from 09.45 to 14.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

All service users, relatives, SHSCT community professionals and staff spoken with said they were very happy with the care and support provided.

No areas requiring improvement were identified during the inspection.

Evidence of good practice was found in relation to AccessNI and staff registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC).

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.

#### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Teresa O'Neill, 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 5 June 2018

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 5 June 2018.

## 5.0 How we inspect

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

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with SHSCT community professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff visited service users.

- recruitment records specifically relating to Access NI and NISCC and NMC registrations

Ten questionnaires were also provided for distribution to the service users and their relatives; seven responses were returned; analysis and comments are included within the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Six responses were received prior to the issue of the report.

The inspector requested that the manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

During the inspection the inspector met with six service users, one staff member, and a telephone conversation with two service users' relatives and one SHSCT community professional.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the registered manager, service users, service user's relatives, SHSCT community professionals and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

Areas for improvement from the last care inspection dated 5 June 2018		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>	The registered person shall:	<b>Met</b>
<b>Ref:</b> Regulation 23 (2)(3)	(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the	
<b>Stated:</b> First time		

	<p>system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <p>(a) arrange the provision of good quality services for service users;          (b) takes the views of service users and their representatives into account in deciding-          (i) what services to offer to them, and          (ii) the manner in which such services are to be provided; and          (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2)\0 shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>Ref: 6.5</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed that monthly quality monitoring reports were up to date. The agency submitted the reports to RQIA on a monthly basis until advised to stop doing so.</p>	
<p><b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011</b></p> <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 9.5</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>Ref: 6.7</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed policies and procedures and found them to be up to date at the time of inspection.</p>	<p><b>Validation of compliance</b></p> <p><b>Met</b></p>

## 6.1 Inspection findings

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the Business Services Organisation (BSO). Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to AccessNI.

A review of eight records confirmed that all staff were currently registered with NISCC/NMC as required. The inspector noted that the manager had a system in place each month for monitoring registration status of staff with the relevant regulatory body and confirmed that all staff are aware that they are not permitted to work if their NISCC/NMC registration had lapsed.

### Service user comments:

- "There is staff here 24/7."
- "The (agency) staff are very dedicated."
- "The advocate comes once a month."
- "The staff approaches me nicely."
- "My human rights are protected."
- "The staff always rings the bell before entering my home."
- "The staff is really good to me."
- "I know how to make a complaint."
- "I would like to stay here all my life."
- "The staff treats us well."
- "We have a good manager."

The inspector spoke to one staff member, who was knowledgeable in relation to their responsibility in reporting concerns. The staff member spoken to was confident that management would take them seriously and act upon their concerns. Some comments received are detailed below:

### Staff comments:

- "Management treat us with respect and dignity."
- "Training prepared me for my role."
- "The team work well together."
- "Staff continually work hard to deliver and maintain a high standard of care to tenants."

The inspector also spoke to two service users' relatives and one SHSCT community professional. Some comments are detailed below:

### Relative's comments:

- "We are more than happy, over the moon and XXXX is different woman."
- "Staff are brilliant."
- "The agency push the boat out to help XXXX."

### SHSCT community professional:

- "Staff are very attentive."

- “(Agency) The staff sort out any issues if they arise.”
- “(Agency) The staff are kind, supportive and very welcoming.”

The returned questionnaires from service users/relatives indicated that they felt very satisfied that care was safe, effective and compassionate and that the service was well led.

The returned responses from staff indicated that they felt care was safe, effective, compassionate and that the service was well led.

**Areas of good practice**

Areas of good practice were identified in relation to the completion of checks with AccessNI in conjunction with BSO and staff’ registrations with NISCC and NMC.

**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

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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