

Unannounced Care Inspection Report 19 March 2019



Iona House Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 19b Derry Road, Strabane, BT82 8DT
Tel No: 02871383400
Inspector: Aveen Donnelly

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

Iona House is a supported living type domiciliary care agency, located on the outskirts of Strabane. The agency aims to provide accommodation, support and care to meet the needs of service users, in an environment that takes into account the physical, social, emotional, spiritual, as well as cultural needs of the service users. Accommodation is provided in 12 single rooms in three bungalows, with shared living, dining, kitchen and bathroom facilities for adults over 18 years of age with mild to moderate learning disability.

The agency operates a key worker system for all service users; they are provided with support to maintain their tenancy, live as independently as possible and to be involved in the local community.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager: Mary Patricia Casey - Acting
Person in charge at the time of inspection: Senior Support Worker	Date manager registered: Not applicable

4.0 Inspection summary

An unannounced inspection took place on 19 March 2019 from 09.15 to 15.00.

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

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

Evidence of good practice was found throughout the inspection in relation to recruitment practices, staff development, adult safeguarding and risk management. The care records were generally well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place. No areas requiring improvement were identified during the inspection.

All those consulted with indicated that they were happy with the care and support provided.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. 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.

4.2 Action/enforcement taken following the most recent care inspection dated 26 February 2018

No further actions were required to be taken following the most recent inspection on 26 February 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection.

The following records were examined during the inspection:

- staff recruitment matrix
- staff training matrix
- staff supervision and appraisal matrix
- one staff induction record
- accident and incident records
- two service users' care records
- staff' meeting' minutes
- service users' meeting' minutes
- monthly quality monitoring reports
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- a sample of policies and procedures
- annual service users' survey results
- the Statement of Purpose
- the Service User Guide.

At the request of the inspector, the person in charge 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. No responses were received.

The inspector requested that the person in charge 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 feedback was received.

Questionnaires were also provided for distribution to the service users and their representatives; five were returned and are included within 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.

The inspector spoke with the person in charge, three staff members, one service user and one relative. Comments received are included within the body of the 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 26 February 2018

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.

During the inspection the inspector reviewed that agency's processes for avoiding and preventing harm to service users and this included a review of the staffing arrangements in place. There was a manager in post, who managed the agency with the support of three senior staff and a team of care staff. The staffing arrangements were discussed and the inspector was advised that there were currently no staff vacancies. Plans were in place to recruit an additional staff member to work on the night shift, as an additional measure to ensure that the service users' needs could be met at all times. Staff from other domiciliary care agencies were used, to cover annual leave or staff illnesses and efforts were made to ensure that the agency used the same staff, who were familiar with the service users' needs. No concerns were raised with the inspector in relation to the staffing levels and the needs of the service users not being met.

The organisation has a dedicated Human Resources (HR) department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of the recruitment matrix identified that the required checks had been undertaken in keeping with regulations.

The agency has a process in place for retaining details of the registration status and expiry dates of staff required to be registered with NISCC. The inspector was advised that staff are not be supplied for work if they are not appropriately registered and indicated that staff are alerted when their registration is required to be renewed. Records viewed during the inspection indicated that staff were registered appropriately.

The profile of one staff member from another domiciliary care agency was noted to be out of date. This was raised with the person in charge, who ensured that an up to date profile was received during the inspection.

There was a procedure in place in relation to the induction process. This reflected that the induction provided to staff is at least three days as outlined within the domiciliary care agencies regulations. A review of records confirmed that induction was also provided to staff accessed from another domiciliary care agency.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the supervision and appraisal matrix confirmed that the staff received formal supervisions three times a year and an annual appraisal.

A review of the staff training matrix confirmed that training had generally been provided in all mandatory areas and records were kept up to date. However, two staff members were noted to be overdue in relation to the completion of their infection prevention and control training; and one staff member was overdue in relation to updating their medicines training. Following the inspection, the manager confirmed to RQIA by email on 8 April 2019, that the identified staff members had updated their training in this regard.

It was identified that additional training had been provided to staff in areas such as dementia awareness, stroke awareness, epilepsy awareness and autism awareness.

The staff member spoken with confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had.

Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The inspector was advised that there had been a small number of incidents which had been referred to adult safeguarding since the date of the last inspection. A review of the records confirmed that learning had been identified in relation to one of the incidents and it was noted that there had been improvements in the overall reporting procedures as a result.

The organisation had a safeguarding working group which met bi-annually. The agency also published a Safeguarding Newsletter three times per year, in which important information about safeguarding matters were shared. This is good practice and is commended.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. There was some evidence of positive risk taking in collaboration with the service users and/or their representative, the agency and the HSC trust. Records confirmed that comprehensive risk assessment and safety management plans had generally been completed in conjunction with the service users.

However, discussion with the management team and a review of records confirmed that risk assessments for a number of restrictive practices had not been consistently undertaken, in keeping with the agency's own policy relating to restrictive practices. Following the inspection, the manager confirmed to RQIA, by email on 8 April 2019 that this had been addressed.

The returned questionnaires from service users indicated that they were 'satisfied' or 'very satisfied' and that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

A Fire Grab Pack was also maintained at the agency's office, to ensure that important information was available to the emergency services, should the service users be required to evacuate the building. This was noted to include information pertaining to the service users' prescribed medications, mobility level and information on their communication skills and their preferences. This is good practice and is commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The inspector reviewed that agency's arrangements for appropriately responding to, assessing and meeting the needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

Records viewed by the inspector were noted to be retained in an organised and secure manner, in keeping with the agency's data protection policy.

During the inspection the inspector viewed a number of service user care records; it was noted that care plans were comprehensive. Staff record daily the care and support provided. However, in two records reviewed the daily notes completed by care staff were not consistently signed by the staff member making the entry. This was relayed to the person in charge who provided assurances that this would be addressed with staff.

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency 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 and audited on a monthly basis by the management team.

The inspector viewed the agency's quality monitoring reports and records of the audits completed by a senior manager within a range of the agency's departments. Records viewed indicated that the process is effective. 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 included:

Staff comments

- "I am very happy with everything at Iona, the standard of care is very good."
- "Everything here is perfect."

Service users' comments

- "Everything is ok."
- "I am well."
- "I like it here."
- "Everything is good, I am happy."

The inspector reviewed the agency's systems to promote effective communication between service users, staff and relevant stakeholders. Discussions with service users' representatives indicated that staff communicated appropriately with service users. However, there were two areas within the care records that required to be followed up by staff. Following the inspection, the manager confirmed to RQIA by email on 8 April 2019, that these matters had been addressed. Assurances were further provided by the manager, in relation to developing communication systems, to ensure timely follow up of matters in the future and that all care records would be reviewed to ensure that actions identified at care review meetings had been followed up.

Discussion with one HSC trust representative indicated there were effective working relationships between the agency, the HSC trust and other relevant stakeholders. One relative consulted with indicated that the staff communicate well with the service users' representatives.

It was identified that the agency facilitates regular service user' and staff meetings. It was identified that a range of standard items are discussed at all meetings, they include adult protection, complaints, professional boundaries 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 returned questionnaires from service users indicated that that they were 'satisfied' or 'very satisfied' and effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be 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's Statement of Purpose and Service User Guide contain information relating to equality and diversity.

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

- service user involvement
- stakeholder involvement
- individualised person centred care
- individualised risk assessment

Documentation 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 meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging 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, service user surveys, family meetings, care review meetings and service user meetings. A review of the compliments recorded within the monthly quality monitoring reports identified that all those consulted with were had rated the quality of the service as excellent. Compliments included praise for the 'high standard of care'.

During the inspection, the inspector spoke with one service user, who indicated that they were happy living in Iona House. The inspector spoke with the person in charge, three staff members, one service user and one relative. Some comments received are detailed below:

Staff

- “I enjoy it here, it is a good place to work.”
- “It is a nice place to work, like a nice little family that no one likes to leave.”
- “The (service users) come first here and there are excellent training opportunities for staff.”

Service users’ representatives

- “This is the best place ever, I couldn’t be happier. People just wouldn’t believe how good it is here, unless they saw it.”

The returned questionnaires from service users and relatives indicated that that they were ‘satisfied’ or ‘very satisfied’ and compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

Written comments included:

- “The staff are very good to me.”
- “I am happy with the care.”
- “I am totally satisfied with all aspects of the care which my (relative) receives in Iona House.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users 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 in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide. The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms.

There had been a small number of complaints received from the date of the last inspection and these were deemed to have been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There were processes in place to ensure that the quality of services was evaluated on an annual basis. Comments recorded on the annual service satisfaction survey included:

Relatives

- "The care is excellent, staff cannot do enough."
- "My (relative) is very happy here."

Service users

- "My key worker looks after me so well."
- "Staff help me to learn to cook and shop, which I enjoy."

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years.

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

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC trust, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

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.

The returned questionnaires from service users indicated that that they were 'satisfied' or 'very satisfied' and a well led service and meant:

- You know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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