

The Regulation and
Quality Improvement
Authority

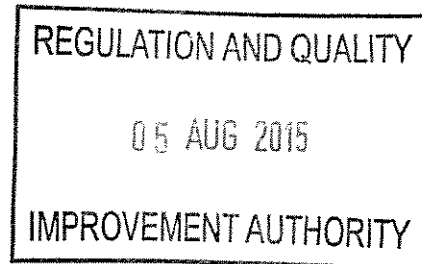
Iona House Supported Living Service
RQIA ID: 12232
19b Derry Road
Strabane
BT82 8DT

Inspector: Joanne Faulkner
Inspection ID: IN023124

Tel: 02871304800
Email: g.kelly@apexhousing.org

**Unannounced Care Inspection
of
Iona House Supported Living Service**

7 July 2015



The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 7 July 2015 from 10.30 to 15.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 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 can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Apex Housing Association/Gerald Kelly	Registered Manager: Dolores Christina Forbes
Person in Charge of the Agency at the Time of Inspection: Dolores Christina Forbes	Date Manager Registered: 3 November 2014
Number of Service Users in Receipt of a Service on the Day of Inspection: 12	

Iona House is a supported living type domiciliary care agency, located on the outskirts of Strabane. The agency aims to provide quality and affordable 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.

Iona House provides 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 disabilities. It is set in its own secure grounds with landscaped gardens and patio area. It is within easy reach of all local amenities and is within walking distance of the main shopping area.

Care and support is provided by domiciliary care staff under the direction of a registered manager and senior support staff. 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.

The care and support is provided by 16 staff; there are presently 12 service users in the scheme. Specific services can include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and social activities, dependent upon service users' needs, interests and wishes.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Consultation with Staff/service users
- File audit
- Evaluation and feedback

During the inspection the inspector met with three service users, three care staff and the registered manager.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Two care and support plans
- Care records
- Recording/evaluation records
- Monthly monitoring reports
- Minutes of service users' meetings
- Minutes of staff meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register

- Recruitment policy (January 2014)
- Pre- employment checklists
- Training and development policy (November 2013)
- Induction booklet
- Staff Handbook (April 2015)
- Supervision policy (July 2014)
- Staff register/ information
- Agency's rota information
- Whistleblowing policy

Staff questionnaires were completed by two staff following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered
- Staff are fully satisfied that the induction process prepared them for their role
- Staff are satisfied that the care is delivered in a person centred manner
- Staff are aware of the agency's whistleblowing policy and satisfied that concerns raised are taken seriously
- Staff are satisfied that service users are listened to and that the views of service users are taken into account in the way services are delivered
- Staff are satisfied that at all times there is an appropriate number of suitably skilled and experience persons to meet the service users' needs

One individual who completed a questionnaire stated that "The standard of care and support provided to tenants is excellent; individual needs and wishes of tenants are listened to at all times."

Service users' questionnaires were completed by ten service users during the inspection; they indicated that:

- Service users are very satisfied with the care and support they receive
- Service users are satisfied that they are consulted in relation to the quality of the service
- Service users feel safe and staff respond to their needs
- Service users are satisfied that staffing levels are appropriate

Two service users indicated that they would like staff at night; the inspector discussed this with the manager prior to issuing the report. The manager stated that two staff are available at night to support service users if required.

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

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Iona House supported living service was an announced pre-registration inspection dated 15 July 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 17(2)(e)	The registered person must ensure that the staff handbook contains details of the agency's supervision and appraisal policy.	Met
	Action taken as confirmed during the inspection: The inspector viewed the agency's staff handbook; it was identified that section 2.6 details the frequency of supervision and appraisal.	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's recruitment policy outlines the mechanism for ensuring that the appropriate pre-employment checks are completed; a copy of this documentation is retained at the organisations human resources department. An alphabetical index of all domiciliary care workers supplied or available for supply for the agency is maintained. The agency maintains a record of those staff supplied on a temporary or short notice basis. Prior to employment staff are required to complete a health questionnaire and may be required to undergo a medical examination. The registered manager could describe the process for ensuring that staff supplied are physically and mentally fit for the purposes of their job role.

The agency's 'Training and Development Policy' outlines the induction programme lasting at least three days; which involves shadowing other staff members. The manager stated that staff receive a structured two week induction at the organisations head office. A record of the induction provided to staff is maintained; records examined provided evidence of a comprehensive induction programme. Staff are provided with a staff handbook and an induction booklet; they have access to the agency's policies and procedures. Staff receive regular support/supervision during their induction period and an evaluation record maintained.

The agency has a procedure for the induction of short notice/emergency staff and additionally for verifying the identity of all staff supplied; from records viewed it was identified that a photographic profile is maintained.

The agency's policy and procedures for staff supervision and appraisal outline the frequency and process to be followed. The agency maintains a matrix detailing when supervision has taken place; staff are provided with a supervision contract. A record is maintained of supervision and appraisal; those viewed indicate that they are completed in accordance with the agency's policies and procedures. It was identified that the person completing the monthly quality monitoring visit monitors the agency's supervision and appraisal compliance with the policy.

Is Care Effective?

Discussions with the manager, staff and service users indicated that an appropriate number of suitably skilled and experienced persons are available at all times. Staff rota information viewed reflected staffing levels as described by the manager. The manager described the process to ensure that staff, provided from another domiciliary care agency have the knowledge, skills and training to carry out the requirements of their job role. Staff rotas viewed for the forthcoming days had staff allocated to shifts as required; it was noted that the rotas detailed the full name of staff provided and clearly indicated the time of the shift; the registered manager stated that staff are required to sign the rota to indicate that they had viewed it.

The agency's induction information contains details of the roles and responsibilities of staff; staff stated that they are provided with a job description outlining the roles and responsibilities of individual job roles. Staff could describe their roles and responsibilities and the process for reporting any training needs or concerns.

Staff could describe the detail of the induction programme received and stated that they felt equipped to fulfil the requirements of their role. Induction information viewed indicated that an initial two week induction programme is undertaken by staff; however, the full induction process is completed over a period of six months. The agency maintains a record of induction which records regular competency assessments completed with staff during the induction period.

The agency's training and development policy, January 2015, outlines the responsibilities of the manager and staff in identifying training needs. A training matrix is maintained; the manager stated that it is reviewed monthly to identify training gaps/needs. Staff stated that they are encouraged to highlight any concerns during supervision or at staff meetings; they stated that they can approach the manager at any time.

The agency's policies outline the frequency of supervision and appraisal. It was noted that staff providing supervision have received appropriate training. Staff confirmed that they receive quarterly supervision and annual appraisal. The agency requires that all staff complete mandatory training; in addition training specific to the needs of individual service users is provided.

The agency has a process for addressing unsatisfactory performance of staff; the staff handbook contains details of the agency's disciplinary policy and procedures.

Staff could describe the process for highlighting concerns and were aware of the agency's whistleblowing policy.

Is Care Compassionate?

The registered manager stated that service users are provided with a staff rota on a weekly basis. The manager stated that staffing arrangements are discussed with service users at the tenant's meetings; concerns raised by service users and their representatives are also discussed at these meetings.

Service users are provided with detail of staff being provided by the agency to support them; service users stated that they are introduced to new staff. Agency staff could describe the impact of staff changes on service users and the benefits in providing continuity of care.

Induction records indicated that staff receive training specific to the needs of individual service users. Staff stated that they had the appropriate knowledge and skills to fulfil the requirements of their role. Service users indicated that staff supplied have the knowledge and skills to provide the required care and support to meet their needs.

Staff described the process for initially meeting service users and becoming familiar with their needs; they described that importance of respecting the privacy, dignity and choices of service users. Service users who spoke to the inspector stated that staff respect their privacy and dignity.

The agency's disciplinary policy and procedures outline the process for addressing unsatisfactory performance of staff.

Service User Comments:

- "Staff are good; I talk to the staff"
- "Staff talk to me about my care plan"
- "Staff knock the door to get into my house"
- "I am happy here"
- "Staff are good to me"

Staff Comments:

- "Moving to supportive living was challenging but it is more beneficial for the service users"
- "I receive three/six monthly supervision"
- "The manager is approachable"
- "Training is very good; there is a review at the end of induction and training"
- "I can approach any of the seniors at any time"
- "I feel prepared for my role"
- "Concerns are taken seriously; I feel listened to"
- "There is good communication in the staff team"
- "Appraisal helps you decide what you want to get out of the next year"
- "We normally have enough staff"

Areas for Improvement:

There were no areas for improvement identified within Theme 1.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

The registered manager stated that prior to providing care to service users the agency receives a range of multi-disciplinary assessments from the referring HSC trust; an

assessment of need is also completed by the manager. Assessments of need and risk assessments viewed reflected the views and choices of service users and where appropriate their representatives. Service users stated that they are involved in the assessment process and in developing their individual care plans; they stated that they are encouraged to express their views and that their choices are reflected in the care received.

Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible; they could describe a number of positive risks that service users are supported to take. Staff complete a risk assessment in conjunction with service users and their representatives; the assessments viewed provided examples of positive risk taking.

Is Care Effective?

Service users and where appropriate their relatives are encouraged to participate in an annual review of their care and support involving representatives for the HSC trust. Staff record daily the care and support provided and care plans are reviewed six monthly or as required; in addition staff in conjunction with service users complete a monthly review. Service users stated that they are involved in the development of their care and support plans; they stated that they meet with their keyworker regularly to discuss their care needs. Care and support plans viewed detail the wishes, choices and routines of service users and contain information specific to individual service users.

The agency facilitates monthly tenants meetings; however the inspector viewed records of consultation with service users which indicated that meetings would now occur bi-monthly. Records of meetings viewed indicate that service users are encouraged to express their views and opinions and that their wishes and choices are respected. Service users and their relatives are informed of the agency's complaints procedure; the agency has a process for maintaining a record of all compliments and complaints. Monthly monitoring visits are completed; documentation viewed indicates engagement with service users and where appropriate their representatives.

Service users have been provided with human rights information in a suitable format; the service user guide outlines the process of accessing an independent advocacy service.

Is Care Compassionate?

Discussions with staff and service users indicate that care is provided in an individualised manner. Care plans viewed were written in a person centred manner and service users confirmed that they are consulted about the care they receive; they stated that they can refuse any aspect of their care and support. Service users could describe the detail of the agreed care and support that they receive from staff.

The registered manager described the agency's process for engaging with service users and their representatives were appropriate. The inspector viewed the organisations 'Community Involvement Strategy', (2014-17) and 'The Community Involvement Guidance', January 2015; they outline the methods used by the organisation to obtain the views of service users, relatives, staff and stakeholders. Staff described examples of responding to service users' wishes and choices; records of tenant's meetings indicated the involvement of service users and their representatives.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Human rights were outlined within individual care plans; it was identified that the agency provides service users with information on human rights in an appropriate format.

The manager could describe the process of liaising with HSC T representatives regarding best interest practices for service users where there may be capacity and consent issues.

The agency's response to complaints and comments made by service users and/or their representatives indicates that views are taken into account and responded to.

Service User Comments:

- "Staff listen to me; they are good "
- "I can choose to do what I want "
- "I talk to the staff if I am not happy"
- "Staff talk to me about my care plan"
- "I spend my money on what I want"
- "I go to the daycentre and staff go shopping with me"
- "I watch TV and I go to the gym"
- "I like living here; it is great company"
- "I talk to my keyworker"

Staff Comments:

- "Service users are encouraged to make their own choices"
- "Service users are not prevented from doing what they want to do"
- "Service users have more choice since the move to supported living"
- "We encourage service users to take positive risks"
- "Service users are involved in developing their care plans"
- "Service users are supported to express their views"

Areas for Improvement

There were no areas for improvement identified within Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined


5.5.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by the agency's area housing officer. Records examined contained the views of service users, their relatives and were appropriate relevant professionals. The record records any incidents or safeguarding concerns and contains an action plan; information relating to staffing issues, staff supervision, training needs, environmental issues and the outcome of a financial audit is recorded. Reports of monthly monitoring viewed were comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

5.5.2 Complaints

The agency has had two complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the registered manager. The agency's complaints policy outlines the procedure in handling complaints; records viewed indicate that the agency's procedures had been adhered to.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager		Date Completed	23/7/15
Registered Person	Yvonne O'Connell	Date Approved	31/7/15
RQIA Inspector Assessing Response	J. Stammers	Date Approved	17/8/15

Please provide any additional comments or observations you may wish to make below:

**Please complete in full and return to the RQIA office.*

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.