



IONA HOUSE SUPPORTED LIVING SERVICE

**19b DERRY ROAD, STRABANE
BT82 8DT**

PHONE NUMBER: 02871304800

PRE-REGISTRATION INSPECTION

15 JULY 2014

**REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor, Riverside Tower,
5 Lanyon Place
BELFAST BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501
Email: info@rqia.org.uk, Web: www.rqia.org.uk**

General Information

1. **Name of Service:** Iona House Supported Living Service
2. **Address:** 19b Derry Road, Strabane, BT82 8DT
3. **Telephone No:** 02871304800
5. **Email:** g.kelly@apexhousing.org
6. **Name of Person(s)/Partnership/Organisation registered to carry on the Service:** Mr Gerald Kelly, Apex Housing Association
7. **Name of Person Registered to Manage the Service:** Mrs Dolores Christina Forbes
8. **Type of Service:** Domiciliary Care Agency, Supported Living
9. **Inspection Details**
 - a) **Type of Inspection:** Pre-registration inspection
 - b) **Date and Time of Inspection:** 15 July 2014, 09:30-12:30
 - :
 - d) **Name of Inspector:** Joanne Faulkner
10. **Registration Status and Legislative Framework**

Registration is being sought in accordance with the provisions of:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005
- The Health and Personal Social Services (Quality, Improvement and Regulation) (2003 Order) (Commencement No. 4 and Transitional Provisions) Order (Northern Ireland) 2007
- The Regulation and Improvement Authority (Registration) (Amendment) Regulations (Northern Ireland) 2007

- The Regulation and Improvement Authority (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2007
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Profile of the Service:

Iona House is a domiciliary supported living service owned and managed by Apex Housing Association. It comprises of three bungalows, each providing shared accommodation for four adults over 18 years of age with mild to moderate learning disabilities.

Iona House provides 12 single rooms in three bungalows, with shared living, dining, kitchen and bathroom facilities. 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.

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

Name of Service: Iona House**Ref. Number: 12232****Inspection Date: 15 July 2014**

This template must be completed by inspectors on all inspections of domiciliary care agencies that are not already registered with RQIA. The Operational Maturity Level of the required evidence is to be assessed using the attached Maturity Matrix Guidance (page 5).

Where elements on this checklist are rated below 4, a requirement should be made in the inspection report that requires the responsible person to submit the necessary item in a form compliant with regulations to the inspector within a realistic timescale.

Where any of the elements in italics below are rated below 3, the Inspector should recommend that registration does not occur until documentation has been submitted to the inspector that is compliant with regulations.

No.	Necessary Documentation/Process	Regulation	Standard	Operational Maturity Level				
				1	2	3	4	5
1.	Statement of Purpose	Regulation 5 Regulation 5 (1) Sch1	8				X	
2.	Service User's Guide	Regulation 6	2				X	
3.	Service User's Agreement		4				X	
4.	Insurance Indemnity Certificates	Regulation 8 (3) Regulation 10 (2) Sch 2 9	8			N/A		
5.	Staff Personnel Records & Recruitment Procedure	Regulation 13 Sch 3	11				X	
6.	Records Showing Examples of Recruitment Practice During Most Recent Recruitment Exercise	Regulation 13 Sch 3	11				X	

Operational Maturity Level

No.	Necessary Documentation/Process	Regulation	Standard	1	2	3	4	5
7.	Service User's Plan (to include referral information)	Regulation 15 (2) & (3)	5			X		
8.	Procedure for Managing Allegations of Abuse	Regulation 15 (6) (a)	14				X	
9.	Staff Induction Programme and Records	Regulation 16 (5) Regulation 21 (1) Sch 4 6	12				X	
10.	Staff Handbook	Regulation 17				X		
11.	Staff Training and Development Plan	Regulation 21 (1) Sch 4	12				X	
12.	Staff Details Given to Service User	Regulation 18 (1) (a)	3			X		
13.	Staff Training and Development Procedure and Records	Regulation 16 (2) & 21 (1) Sch 4 6	12				X	
14.	Staff Supervision and Appraisal Procedure and Records	Regulation 16 (4) & 21(1) Sch 4 7	13				X	
15.	Staff Contracts	Regulation 21 (1) Sch 4 1	11				X	

Operational Maturity Level

No.	Necessary Documentation/Process	Regulation	Standard	1	2	3	4	5
16.	Alphabetical Index of Service Users	Regulation 21 (1) Sch 4 3	10				X	
17.	Alphabetical Index of Domiciliary Care Workers	Regulation 21 (1) Sch 4 4	10				X	
18.	Complaints Policy, Procedure and Record	Regulation 22	15				X	
19.	Quality Assurance/Improvement Record	Regulation 23	1 & 8				X	
20.	Policies and Procedures		9				X	

No.	Necessary Documentation/Process	Comment
1.	Statement of Purpose	Level: 4 Fully compliant
2.	Service User's Guide	Level: 4 Fully compliant
3.	Service User's Agreement	Level: 4 Fully compliant
4.	Insurance Indemnity Certificates	Level: N/A
5.	Staff Personnel Records & Recruitment Procedure	Level:4 Fully compliant
6.	Records Showing Examples of Recruitment Practice During Most Recent Recruitment Exercise	Level:4 The agency has in place a recruitment policy. Staff will be transferring from the residential home presently being operated on the site.
7.	Service User's Plan (to include referral information)	Level: 3 The agency are currently in the deregistration process and will be moving towards registering as a domiciliary care supported living service. The agency has in place a referral and assessment policy. All service users will have individual care and support plans. Human rights are explicitly recorded within the template documentation.
8.	Procedure for Managing Allegations of Abuse	Level: 4 The agency has a policy and procedure in place. It clearly records a definition of abuse, types of abuse and the process for reporting. Staff will receive safeguarding vulnerable adults training as part of the induction programme and subsequent updates.
9.	Staff Induction Programme and Records	Level: 4 The agency has in place a policy for training and development. Each member of staff will receive induction training at the commencement of employment based on RQIA's guidance on mandatory training ; and will have an individual training record in place The manager stated that staff transferring from the residential facility have received training on the supported living ethos, human rights and restrictive practice.

10.	Staff Handbook	Level:3 The agency will provide all staff with a staff handbook. The handbook does not detail the procedure for appraisal or supervision. A requirement has been made.
11.	Staff Training and Development Plan	Level: 4 The agency has in place a policy for training and development. Each member of staff will have a training plan in place based on RQIA's guidance on mandatory training.
12.	Staff Details Given to Service User	Level:3 Service users will be provided with a service user's guide; this will include a list of staff providing care and support. The manager stated that all service users will be provided with a copy of the rota and a list of staff.
13.	Staff Training and Development Procedure and Records	Level:4 The agency has in place a training and development policy. The agency has a computerised training system which will identify when training is required to be updated. Each member of staff will have a training record in place.
14.	Staff Supervision and Appraisal Procedure and Records	Level: 4 The procedure for supervision and appraisal is recorded in the training and development policy. Staff will receive annual appraisal and quarterly supervision.
15.	Staff Contracts	Level:4 Fully Compliant
16.	Alphabetical Index of Service Users	Level:4 Fully Compliant
17.	Alphabetical Index of Domiciliary Care Workers	Level:4 Fully Compliant
18.	Complaints Policy, Procedure and Record	Level: 4 Fully compliant The agency has in place a complaints policy and procedure. The agency's statement of purpose and service user guide contains details of the complaints process.
19.	Quality Assurance/Improvement Record	Level:4 The agency has in place a quality monitoring policy. Monthly quality monitoring visits will be undertaken by a senior manager using a pro forma

		<p>based on the RQIA template. The manager discussed with the inspector the implementation of other methods of assessing quality:</p> <ul style="list-style-type: none"> • Tenants meeting • Service user reviews
20.	Policies and Procedures	<p>Level: 4The agency has in place relevant policies and procedures. These policies are to be available to all staff. The inspector viewed the policies electronically.</p>
21.	Management of Medicines - Report Obtained from Pharmacy Inspector	<p>Level:TBC The manager has forwarded a copy of the agency's medication policy to the pharmacy inspector.</p>

Information about service held on SNR database has been verified: Yes

Outcome of Pre-registration Inspection Checks

Please delete the statements that do not apply.

- 1) ~~Information has been gathered throughout the registration process. Scrutiny of this information means that registration of this Service is recommended. No Requirements relating to the matters set out above have been made in the attached inspection report.~~
- 2) Information has been gathered throughout the registration process. Some of the matters set out above have been found to not yet be in place. These matters have been discussed with the Manager and/or the Applicant Responsible Individual. Requirements relating to these matters have been made in the attached inspection report. A timescale that has been agreed with the Manager and/or the Applicant Responsible Individual is specified for submission to RQIA of documentation addressing these matters. Scrutiny of this information means that registration of this Service is recommended, subject to submission to RQIA of documentation agreeing that these matters will be addressed within the specified timescales.
- 3) ~~Information has been gathered throughout the registration process. Scrutiny of this information means that registration of this Service is not recommended at this time. Significant elements within the matters set out above have been found to not yet be in place. These matters have been discussed with the Manager and/or the Applicant Responsible Individual. Requirements relating to these matters have been made in the attached inspection report. A timescale that has been agreed with the Manager and/or the Applicant Responsible Individual is specified for submission to RQIA of documentation addressing these matters.~~

Inspector signature: Joanne Faulkner
Inspector/Quality reviewer

Date: 09 September 2014

Maturity Matrix - Registration of Domiciliary Care Agencies

	Aware (1)	Responding (2)	Developing (3)	Practising (4)	Leading (5)
Operational	There is awareness of the issues to be addressed, but no approaches have been developed to address them.	There is recognition of the key issues to be addressed and there is a range of options identified to address them.	Steps are being taken to address the key issues with evidence of practical application across the organisation.	There are well-developed plans being implemented throughout the organisation that address the key issues with evidence of evaluation and benchmarking leading to continuous improvement.	There is evidence of innovative practice, which is being shared across and beyond the organisation to others. They are further developing their approaches to ensure long term sustainable improvement.



The Regulation and
Quality Improvement
Authority



QUALITY IMPROVEMENT PLAN
PRE-REGISTRATION INSPECTION
IONA HOUSE SUPPORTED LIVING SERVICE
15 July 2014

NOTES

The issue identified for action during this inspection was discussed with Mrs Dolores Christina Forbes and timescales agreed for completion.

Timescales specified in the Quality Improvement Plan in relation to requirements and recommendations are effective from the date of the inspection.

Requirements are based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and other relevant legislation as referred to within the main body of the report. The registered person must take appropriate action to ensure full compliance with all legislative requirements.

Recommendations are based on the DHSSPS minimum Standards and other relevant standards guides as referenced within the text of the report. They are intended to promote best practice in line with current standards and should be considered by the registered person(s) as an aid to improving the quality of service to users.

The Applicant Responsible Person/Manager is required to detail the action taken or proposed to be taken to the issues raised on the form attached.

The Quality Improvement Plan should be signed by the applicant provider and applicant manager (where different) and returned to:

Regulation and Quality Improvement Authority
9th Floor Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

SIGNED:

Ellen Hall

SIGNED:

Dolores Forbes

NAME:
(print)

ELLEN HALL (H+Csm).
REGISTERED PROVIDER

NAME:
(print)

Dolores Forbes
REGISTERED MANAGER

No.	REGULATION REF.	REQUIREMENTS	TIMESCALE	DETAILS OF ACTION TO BE TAKEN BY REGISTERED PERSON(S)
1.	17(2)(e)	The registered person must ensure that the staff handbook contains details of the agency's supervision and appraisal policy.	Three months from the date of inspection: 15 October 2014	Section 6 of the Staff Handbook has been amended to include a summary of the supervision and appraisal process and to include guidance for staff to access the supervision + training + development policy & document in full.

FOR OFFICE USE ONLY:	
DATE QIP RECEIVED	8/10/14
SIGNATURE OF INSPECTOR	Jeanne Fawkes