

Announced Care Inspection Report 26 February 2018



Iona House Supported Living Service

Type of service: Domiciliary Care Agency
Address: 19b Derry Road, Strabane BT82 8DT
Tel No: 02871383400
Inspectors: Joanne Faulkner
Jean Gilmour

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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.

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

3.0 Service details

Registered organisation/registered person: Apex Housing Association/Gerald Kelly	Registered manager: Dolores Christina Forbes
Person in charge of the service at the time of inspection: Dolores Forbes	Date manager registered: 3 November 2014

4.0 Inspection summary

An announced inspection took place on 26 February 2018 from 10.15 to 15.15.

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

The inspection 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 in relation to:

- Staff recruitment;
- Staff induction and training;
- Staff supervision and appraisal;
- Quality monitoring systems;
- Engagement with stakeholders;
- Service user engagement;
- Record Keeping.

No areas requiring improvement were identified during the inspection.

The comments of service users have been included in the relevant report sections.

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.

4.2 Action/enforcement taken following the most recent care inspection dated 30 August 2016

No further actions were required to be taken following the most recent inspection on 30 August 2016.

5.0 How we inspect

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

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

During the inspection the inspectors met with the registered manager, two service users and three staff.

The following records were viewed prior to and 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 adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

During and prior to the inspection the inspectors viewed a number of the agency's policies and procedures; those viewed were noted to be in accordance with regulations, legislation and minimum standards.

Prior to the inspection one of the inspectors visited the agency's Human Resources (HR) department to review the agency's individual staff recruitment records; details of the findings are included within the report.

At the request of the inspector, the person in charge was asked to display a poster within the agency's registered premises. The poster invited staff to provide feedback to RQIA regarding the quality of service provision via an electronic means; nine responses were received. All staff who completed the survey indicated that they were satisfied that care was safe, effective, compassionate and well led.

Questionnaires were provided for service users; seven responses were received. Service users who completed the survey indicated that they were satisfied that care was safe, effective, compassionate and well led.

Feedback received by the inspectors during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 August 2016

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 August 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspectors reviewed that agency's processes in place to avoid and prevent harm to service users this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the processes for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment process is managed by the organisation's HR department.

Prior to the inspection one of the inspectors visited the organisation's HR department and reviewed a number of the agency's individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed. Records viewed by the inspectors indicated that the organisation has effective recruitment processes in place to ensure that staff are not provided for work prior to the required pre-employment checks have been satisfactorily completed.

The agency's training and development policy outlines the induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations. Records viewed and discussions with staff indicated that staff are required to attend induction training one day per week for a number of weeks following commencement of employment to complete the organisation's induction programme. It was noted that staff are required to complete an induction competency workbook and shadow other staff employed by the agency during their induction programme. The expectation is that staff complete the full induction programme within their six month probationary period.

A record of the induction provided to staff is retained by the agency; those viewed by the inspectors outlined the information provided during the induction period. Staff who spoke to the inspectors demonstrated that they had the required knowledge and skills to fulfil the requirements of their job roles.

It was noted that relief staff are accessed from another domiciliary care agency; the registered manager could describe the process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the job. Staff profiles viewed for staff provided from another registered agency were noted to contain information relating to staff training, experience, induction and registration status and expiry with the Northern Ireland Social Care Council (NISCC).

Discussions with the registered manager 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 agency's staff rota reflected staffing levels as described by the registered manager. Staff who spoke to the inspectors felt that there are enough staff to meet the needs of the service users.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The agency retains a record of staff supervision and appraisal; documentation viewed indicated that staff have received supervision and appraisal in accordance with the agency's policies and procedures. Staff indicated that supervision and appraisal are beneficial to their job roles.

The agency has a system for recording staff training; the registered manager could describe the process for identifying training needs in conjunction with the organisation's training officer. Staff were aware of their responsibility for ensuring that required training updates are completed.

Staff are required to complete a range of mandatory training and in addition training specific to the needs of individual service users.

The inspectors noted that the agency's staff training records indicated that staff had completed relevant mandatory training. Staff stated that their training and induction had equipped them their role; they could describe the process for requesting additional training if required.

The inspectors reviewed the agency's provision for the welfare, care and protection of service users. The agency's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

The agency's policy outlines the process for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility which includes the completion of an annual report relating to adult safeguarding.

Staff who spoke with the inspectors demonstrated that they had a good understanding of adult protection matters and the process for reporting concerns. Training records viewed during the inspection indicated that staff had received training in relation to safeguarding vulnerable adults. It was identified that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition complete an annual update.

The inspectors viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager and records viewed it was identified that the agency maintains a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse.

Records viewed indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse. The agency records details of actions taken and the outcome of any investigations carried out.

The agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety were reviewed. The agency's risk management policy outlines the process for assessing and reviewing risk; it requires staff to ensure that risk assessments and care plans are completed in conjunction with service users and where appropriate their representatives.

Staff stated that service users are supported to participate in an annual review involving their HSCT keyworker and that care and support plans are reviewed six monthly or as required. The inspectors 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 that may be deemed to be restrictive. The registered manager stated that there are currently no practices deemed as restrictive in place.

The agency’s office is located in an adjacent building to the service users’ accommodation and accessed from a separate entrance; the premises include a number of offices that are suitable for the operation of the agency as described in the Statement of Purpose.

Service users’ comments

- ‘I like it here.’
- ‘I feel safe.’

Staff comments

- ‘Training is good.’
- ‘I feel service users are safe; we have a good team and support each other.’
- ‘We provide good care to the tenant’s.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, training, supervision, appraisal and adult safeguarding.

Areas for improvement

No areas for improvement were identified 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 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’s data protection policy outlines the systems for the creation, storage, retention and disposal of records. The inspectors noted from records viewed both prior to and during inspection that records were maintained in accordance with legislation, standards and the organisational policy. It was identified that records retained in the agency’s office were stored appropriately and that the office was locked at all times; PC’s were password protected. Staff personnel records viewed at the organisation’s head office prior to the inspection were retained securely and in an organised manner.

Staff could describe how they encourage service users to be effectively engaged in the development of their care plans.

The agency has systems in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has recently reduced the quality monitoring visits to quarterly; however it was noted that additional processes have been developed to ensure that relevant information continues to be collated, audited and a report produced on a monthly basis.

The inspectors viewed the records of quality monitoring visits completed by a senior manager and the action plans developed; records viewed indicated that the current system is effective in identifying areas for improvement.

Monthly quality reports viewed were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, medication audits, record keeping and financial management arrangements.

Comments recorded on quality monitoring reports

Service User Comments

- 'I am very happy.'
- 'Everything is ok; I am well.'
- 'I was out last night; everything is good here.'
- 'I chat to my keyworker; she helps me.'
- 'Staff helped me to decorate my bedroom.'

Service user representative's comments

- 'Staff are very good to my daughter.'
- 'My brother is very happy here.'
- 'Everything here is brilliant, everyone is happy. I have been visiting since June and everything is working well.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users and relevant stakeholders.

The agency facilitates quarterly service user and bi-monthly staff meetings. Staff described how they support service users to attend. It was identified that a range of standard items are discussed at all meetings and an action plan is developed.

The registered manager could describe the processes in place to maintain effective working relationships with HSCT representatives.

Service users' comments

- 'Staff are good.'

Staff comments

- 'There is good community involvement.'
- 'We support service user's to go out.'
- 'Service users have a good social life.'

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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 inspection sought to assess the agency's ability to treat service users with dignity, respect and equality and to effectively involve service users in decisions affecting their care and support.

It was identified that staff receive information relating to human rights and confidentiality during their induction programme. Discussions with the registered manager, service users and staff, and observations made during the inspection provided assurances that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

Staff could describe the methods used to ensure that they provide care and support to service users in an individualised manner. Staff stated that service users are supported by staff to be effectively involved in review meetings relating to the care and support they receive and in the agency's service user meetings.

It was identified that staff can access a range of information in an alternative format if required to support service users to meaningfully engage in decisions about their care and support.

Records of service user and care review meetings, family advocacy meetings, the agency's satisfaction survey and reports relating to the agency's quality monitoring visits reflected the involvement of service users and contain comments made by service users and other relevant stakeholders. It was identified that the agency issues and annual satisfaction survey to service users and where appropriate their representatives, to obtain their views on a range of matters.

Processes for effectively engaging and responding to the comments and views of service users and where appropriate their representatives are maintained through the agency’s complaints process; quality monitoring visits; care review meetings, family advocacy meetings and service user 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 learning outcomes and areas for improvement.

Service users indicated that they can speak to staff if they had an issue of concern; they indicated that staff listen to them.

Service users’ comments

- ‘I like it here; staff help me.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised care and the agency’s processes for effectively engaging with service users and relevant stakeholders.

Areas for improvement

No areas for improvement were identified 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.

During the inspection the inspectors reviewed management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented effective systems of management and governance. The agency is managed on a day to day basis by the registered manager, supported by a team of support workers. Staff who spoke to the inspectors could describe the procedure for obtaining support and guidance from a senior manager within the organisation.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; staff described how they could access policies electronically; it was noted that a number of key policies are retained in a paper format. Policies viewed prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency has demonstrated a systematic approach for reviewing information with the aim of improving the quality of life for service users. Records of the agency's governance arrangements viewed and discussions with the registered manager indicated that the systems promote the effective identification and management of risk. They include the provision of required policies and procedures, monthly audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for managing complaints; staff demonstrated that they had a clear understanding of the actions to be taken in the event of a complaint being received. Service users knew the process for making a complaint. It was identified from discussions with the registered manager and records viewed that complaints received by the agency since the previous inspection had been managed in accordance with the organisation's policy.

The inspectors reviewed the agency's incident records; those viewed indicated that the agency had managed incidents effectively and had reported appropriately to RQIA. It was noted that the agency retains detailed records of all accidents and incidents and that they are reviewed and monitored on a monthly basis.

Staff described how they support service users to raise any issues or concerns they have in relation to the care and support they receive.

The inspectors identified that the agency has effective management and governance systems in place to monitor and encourage quality improvement; they include arrangements for the monitoring of staffing arrangements, incidents, accidents and complaints on a monthly basis. Prior to and during the inspection the inspectors viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal.

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose; it details lines of accountability. Staff who spoke to the inspectors had an understanding of the responsibilities of their individual job roles; they could describe the process for obtaining support and guidance including the arrangements for out of hours. Staff had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of effective collaborative working with relevant stakeholders.

It was noted that all staff are required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate; an electronic record is maintained which details individual staff members' registration status and expiry dates. The manager stated that registration status is discussed at the agency's staff meetings. Discussions with the HR manager and the registered manager provided assurances that the organisation has a system 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. Records viewed by the inspectors provided evidence that staff were 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.

Staff comments

- ‘The management are approachable; things are followed through.’
- ‘I feel supported.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s management and governance arrangements, management of complaints and incidents and quality monitoring and improvement processes.

Areas for improvement

No areas for improvement were identified 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.



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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews