

Unannounced Care Inspection Report 30 August 2016



Iona House Supported Living Service

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

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Iona House Supported Living Service took place on 30 August 2016 from 10.30 to 16.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place robust recruitment systems and ensures there is at all times an appropriate number of suitably skilled and experienced staff to meet the needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust. The agency has in place systems to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for quality improvement were identified during the inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the comprehensive assessment of need and the development and review of individualised care plans. The agency has implemented systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during the inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect, independence, and choice was embedded throughout staff attitudes and in the provision of individualised care and support. It was identified from observations made and discussion with staff and service users that agency staff value the views and opinions of service users and where appropriate their representative. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a fulfilling life. The inspector identified evidence of positive outcomes for service users. No areas for quality improvement were identified during the inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are robust management and governance systems in place to meet the needs of service users. Agency staff indicated that they have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery.

Evidence of effective working partnerships with the HSC Trust and other external stakeholders was evident during the inspection. No areas for quality improvement were identified during the inspection.

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

1.1 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 were discussed with Dolores Forbes, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 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 Christina Forbes	Date manager registered: 3 November 2014

3.0 Methods/processes

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 inspection the following records were analysed:

- Previous RQIA inspection report and QIP

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

The following records were viewed during the inspection:

- Care records for three service users
- HSC Trust assessments of needs and risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Records relating to recruitment process
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Staff Handbook
- Training and Development Policy, January 2015
- Selection and Recruitment Policy, January 2014
- Supervision Policy, July 2015
- Safeguarding Vulnerable Adults Policy, October 2014
- Risk Assessment Policy, June 2014
- Referral and Assessment Policy, May 2014
- Confidential Reporting Policy, January 2015
- Data Protection Policy, May 2016
- Complaints Procedure, May 2016
- Whistleblowing Policy, January 2015
- Statement of Purpose, March 2016
- Service User Guide, March 2016
- Accident, Incident Policy, November 2014

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

Questionnaires were distributed for completion by staff and service users during the inspection; five staff and 10 service user questionnaires were returned to the inspector.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

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

4.1 Review of requirements and recommendations from the last care inspection dated 7 July 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

The agency's selection and recruitment policy outlines the mechanisms for ensuring that required staff pre-employment checks are completed; it was identified that a list detailing checks completed is retained by the agency's human resources department and can be viewed electronically by the manager. The manager could describe the process for ensuring that staff are not provided until all necessary checks have been completed.

The agency's training and development policy outlines the induction programme; from records viewed and discussions with staff it was noted that staff are required to attend induction training one day per week during the initial ten weeks of employment. It was noted that the agency's induction programme provided to all staff is in excess of the number of days detailed within the regulations.

It was noted that the agency maintains a record of the induction programme provided to staff; records viewed detailed the information provided during the induction period and the additional support provided to staff during their six month probationary period. Induction records viewed by the inspector provided evidence of a comprehensive induction programme. Staff stated that they have recently completed individual competency assessments in a range of areas.

It was noted that staff are provided with a staff handbook and can access the agency's policies and procedures both electronically or in paper format.

The agency has a process for the induction of short notice/emergency staff and for verifying their identity prior to supply. It was identified from discussions with the registered manager that if required relief staff are accessed from another domiciliary care agency; the inspector viewed staff profiles provided to the agency in advance of the persons being supplied.

There is a process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the role.

Discussions with the registered manager, staff and service users indicated that there are at all times an appropriate number of skilled and experienced persons available to meet the needs of the service users. The agency's staff rota information which was viewed by the inspector reflected staffing levels as described by the manager and staff.

The agency has in place supervision and appraisal policies that outline the frequency and processes to be followed. The inspector viewed records of staff supervision and appraisal maintained by the agency; it was noted that staff have been provided with supervision and appraisal in accordance with the agency's policies. Staff who spoke to the inspector felt that supervision and appraisal were beneficial.

The agency has in place an electronic system for recording staff training; the manager could describe their role in identifying gaps. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users and could describe the process for identifying training needs.

Discussions with staff indicated that they had the required knowledge, skills and experience to carry out their roles. Staff stated that their induction which involved shadowing other staff members, the use of a buddy system, meeting service users and becoming familiar with their needs had prepared them for their role. Staff could describe the importance of respecting the privacy, dignity and choices of service users.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. It was noted that the agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is in the process of reviewing their policy and procedures to reflect information contained within the guidance and in conjunction with the HSC Trust.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From records viewed and discussions with the registered manager it was identified that the agency has made one referral to the HSC Trust in relation to safeguarding vulnerable adults. Records viewed indicated that the agency had acted in accordance with their policy and procedures. It was noted that safeguarding referrals are audited by the person completing the agency's monthly quality monitoring visit.

The inspector noted that agency staff are provided with training in relation to safeguarding vulnerable adults during their initial induction programme and in addition are required to complete an annual update. The manager stated that awareness training would be provided at the staff meeting on a six monthly basis. Staff who spoke to the inspector demonstrated that they had a good understanding of safeguarding issues and could clearly describe the procedure for identifying and reporting concerns.

Staff described an awareness raising event recently organised by the agency to raise the awareness of adult safeguarding; they stated that a number of service users and their relatives attended. It was noted that safeguarding awareness is discussed at each of the service users and staff meetings.

Staff had knowledge of the agency's whistleblowing policy and could describe their responsibility in highlighting and raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

The agency's risk management and assessment policies outline the processes for assessing and reviewing risk; it was noted from discussion with staff that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. It was noted from records viewed and discussions with staff that risk assessments and care plans are reviewed six monthly or more frequently if required. It was identified that governance arrangements in place include an audit of risk assessments and any practices deemed to be restrictive. Records viewed indicated that service users had an annual review involving their HSCT representative.

The agency's registered premises are located adjacent to the service users' homes and are accessed from a separate entrance; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Ten service user and five staff questionnaires were returned to the inspector; responses received indicated that both staff and service users were satisfied the care provided is safe.

Service user comments

- 'I love it here.'
- 'The staff are great.'
- 'I feel safe here; the staff are good to us.'
- 'Sometimes staff are busy but they come back and talk to me.'

Staff comments

- 'Training and induction are good.'
- 'We get supervision and appraisal; it is worthwhile.'
- 'We are supportive of each other.'
- 'When I go home I feel good; I feel I have made a difference in someone's life.'

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Details of the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide which was noted to have been recently reviewed and updated.

The agency's data protection policy outlines the systems and processes in place for the creation, storage, retention and disposal of records. A range of records viewed by the inspector during the inspection indicated that they were maintained in accordance with legislation, standards and the organisational policy.

Service users stated that staff discuss their care needs with them and that they are involved in the development of their care and support plans. Documentation viewed indicated that risk assessments and care plans are reviewed and updated six monthly; it was noted that staff record daily the care provided.

It was noted from discussions with staff and documentation viewed that the agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

The agency's Quality Monitoring Policy outlines the processes to be followed in relation to the review of the quality of the service being provided. It was noted that monthly quality monitoring visits are completed by a senior manager within the organisation and an action plan developed. Records viewed included the views of service users, their relatives and where appropriate relevant professionals. The information indicates that a review of accidents, incidents or safeguarding concerns and in addition audits of staffing, training, agency documentation and financial management arrangements are completed.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users, and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. The inspector viewed minutes of recent service user and staff meetings and noted that the views of service users had been included.

The agency facilitates bi- monthly tenants' meetings; service users stated that they are encouraged to attend and supported by staff to express their views. The manager stated that service users receive individualised invites to attend the meetings and that most service users attend. Service users could describe the process for making a complaint; it was noted that the agency maintains a record of all compliments and complaints.

The manager stated that the agency seeks to maintain effective working relationships with the HSC Trust and other stakeholders and could describe examples of recent liaison with HSC Trust professionals.

Ten service user and five staff questionnaires were returned to the inspector; responses received indicated that both staff and service users were satisfied the care provided is effective.

Service users' comments

- 'If I am worried I speak to staff; I have a keyworker.'
- 'I have no concerns.'
- 'Staff help me with my laundry, cleaning and cooking.'

Staff comments

- 'During induction we have a buddy system and we shadow other staff.'
- 'Care is individualised and we promote independence.'
- 'Service users are involved in care planning.'

- 'I am being supported to complete a qualification.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care, support and life choices.

Discussions with service users, and staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation. Staff indicated that they had received Human Rights training during their initial induction and it was noted that service users are provided with human rights information in an easy read format.

Staff stated the views, opinions and choices of service users are central to service provided; they provided examples of supporting service users to take positive risks to enable service users to live a meaningful and fulfilling life.

Discussions with service users, staff, and observations of staff interaction with service users indicated that care is provided in a person centred and individualised manner. Care plans viewed were written in an individualised manner; service users confirmed that they are involved in making decisions regarding their care. Records of tenant meetings reflected the involvement of service users and included decisions made by service users in relation to a range of areas within shared living such as outings, organised activities and menus. It was noted that service users have an identified keyworker and that there is a process for regular meetings to discuss their care and support needs.

The inspector noted from a range of records viewed that the views of service users and/or their representatives were recorded. Processes to record and respond to service users and relatives are maintained through the complaints and compliments processes, monthly quality monitoring visits, annual review meetings, annual stakeholder surveys, keyworker meetings, and tenants' meetings.

During the inspection the inspector observed that service users were supported to make choices regarding their daily routine and activities; service users stated that they can make choices about all aspects of their care and that staff treat them with respect. Records viewed and discussions with staff, service users and relatives indicated that service users and where appropriate their relatives are involved in decision making on a wide range of matters such as care needs, meals, activities and shared facilities.

Ten service user and five staff questionnaires were returned to the inspector; responses received indicated that both staff and service users were satisfied the care provided is compassionate.

Service users' comments

- 'I can do what I want.'
- 'Staff go out with me.'
- 'I don't like chicken so I can choose something else.'
- 'I have a wee fob for my door and the gate.'
- 'I go to the daycentre.'

Staff comments

- 'Service users can do what they want.'
- 'We go out with service users to various activities.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a range of policies and procedures in accordance with those denoted within the minimum standards. The inspector identified that the agency's policies and procedures are retained electronically and additionally in paper format stored within the agency's office. Staff could describe the process for accessing the agency's policies and procedures if required.

Records viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk; these include access to relevant policies and procedures and monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received four complaints for the period 1 April 2015 to 31 March 2016. Records viewed and discussions with the registered manager and staff indicated that staff are familiar with the process for managing with complaints.

The inspector viewed evidence that indicated that the agency has in place management and governance systems to drive quality improvement. It was noted that there are arrangements in place for monitoring incidents and complaints which includes a mechanism for identifying trends and reducing the risk of recurrences. During the inspection the inspector viewed records of staff induction, training, supervision and appraisal. Staff had knowledge of the importance of identifying areas for learning and development and for improving the quality of the service provided to promote better outcomes for service users.

The organisational and management structure of the agency is clearly outlined in the Statement of Purpose; it details lines of accountability and roles and responsibilities of staff. It was noted that staff are provided with a job description at the commencement of employment which outlines the role and responsibilities of their job role.

Staff could describe the responsibilities of their individual job roles; service users were aware of staff roles and knew who to talk to if they had a concern.

Staff could describe the process for accessing additional support or guidance including gaining advice out of office hours; they indicated that their views and opinions are sought and listened to in relation to a range of issues.

The registered person has worked effectively with RQIA to operate the service in accordance with the regulatory legislation. They have led 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 in March 2016.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

The manager could describe the benefits of promoting and establishing effective collaborative working relationships with HSCT representatives and other stakeholders.

Discussions with the registered manager provided assurances that there were effective working relationships maintained by the registered person and senior managers with agency staff. Staff stated that the registered manager is very supportive and could describe the procedure for accessing relevant support and guidance at any time.

It was noted that there are systems in place to support the manager in their role and that they have regular contact and support from their line manager.

Ten service user and five staff questionnaires were returned to the inspector; responses received indicated that both staff and service users were satisfied the service is well led.

Service user comments

- 'Staff are good.'

Staff comments

- 'The manager is approachable and supportive.'
- 'I feel supported.'
- 'Apex are great to work for.'
- 'We have completed competency assessments.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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