

Inspection Report

29 October 2024



St Julian's House

Type of service: Domiciliary Care Agency
Address: St Julian's Road, Omagh, BT79 7HQ
Telephone number: 028 8225 0447

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Ms Sheena McCallion	Registered Manager: Mrs Geraldine Anne McCrory Date registered: 28 June 2022
Person in charge at the time of inspection: Mrs Geraldine Anne McCrory	
Brief description of the accommodation/how the service operates: <p>St Julian's House is a supported living type domiciliary care agency situated close to Omagh town centre. The agency's aim is to provide care and support to up to 15 older people; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services with the overall goal of promoting health and maximising quality of life. Agency staff are available to support service users 24 hours per day.</p> <p>St Julian's House also provides sheltered accommodation to a number of individuals who occupy the same building. RQIA does not regulate sheltered accommodation.</p>	

2.0 Inspection summary

An unannounced inspection took place on 29 October 2024 between 10.15 a.m. and 2.50 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management was also reviewed.

Areas for improvement identified related to the management of a head injury and policies and procedures. One area for improvement has been stated for a second time in relation to record keeping.

Good practice was identified in relation to service user involvement and the monitoring of staffs' registrations with the Northern Ireland Social Care Council (NISCC). There were good governance and management arrangements in place.

St. Julain's House uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "Staff are so wonderful and kind. I couldn't speak highly enough of them all. I am very happy living in St Julian's House and feel safe here."
- "I love living here and staff are so good to me. I am well cared for and supported here. This is my home."

- “Staff are brilliant and you’ve no idea how good they really are. I am so well looked after here and I want for nothing. I can come and go as I please and I can decide how I want to spend my day.”

Staff comments:

- “I am well supported by the manager. I have done all my mandatory training. All staff work well together.”
- “I feel there is a very good standard of care and support provided here.”
- “Apex has a detailed induction and training programme. There is a two week shadowing process.”
- “I have three monthly one to one supervision and annual appraisal. We have regular team meetings which we can contribute to.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “Very happy.”

A number of staff responded to the electronic survey. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “St. Julian’s House is a safe place for the tenants to live and they are very happy here.”
- “St. Julian’s is an excellent facility. Tenants and staff have an excellent professional relationship and everyone is happy here.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 24 October 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 24 October 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 22 (6)(7)(8)	<p>The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <p>The registered person shall, within the period of 28 days beginning on and including the date on which the complaint is made, or such</p>	Carried forward to the next inspection

<p>Stated: First time</p>	<p>shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken in response.</p> <p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff who are newly appointed, agency staff and students are required to complete structured orientation and induction.</p> <p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of induction records evidenced that induction had been completed for staff working in the setting.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system is implemented to include the monitoring of staffs' professional registrations for any staff member supplied by a recruitment agency.</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of the staffs' professional registrations record evidenced this record included the monitoring of staff members supplied by a recruitment agency.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 5.6 Stated: First time	The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.	Not met
	Review of records evidenced that this area for improvement had not been met and has been stated for a second time. This is discussed further in section 5.2.6.	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The safeguarding champion was known to the staff team.

The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

Review of accident records identified an accident where a service user sustained a head injury. Discussions with the manager and review of records identified that medical attention had not been sought following the accident. An area for improvement was identified.

A policy and procedure in relation to the management of a head injury was not available. An area for improvement was identified.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff had been provided with moving and handling training appropriate to the requirements of their role. The manager reported none of the service users currently required the use of specialist equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required liquid medicine to be administered orally with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported none of the service users were subject to DoLS.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was positive to note that service users had been supported to have an input into devising their own plan of care. Service users received personalised care and support according to their needs and wishes.

Care and support plans are kept under regular review and service users and/or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the agency had facilitated regular service users' meetings. This supported service users to discuss the provisions of their care and support. Some matters discussed included activities/outings, advocacy and health and safety.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager advised that none of the service users had swallowing difficulties or had been assessed by a SALT with recommendations. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users; this included ancillary staff.

Checks were made to ensure that staff were appropriately registered with NISCC; there was a system in place for professional registrations to be monitored by the manager and a record of checks retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies. The training information was retained electronically in a well organised manner.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. There was a detailed action plan for any matters requiring attention which was reviewed by the monitoring officer during the next monthly monitoring visit.

The Annual Quality Report was reviewed and was satisfactory.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

Review of a number of accident and incident records evidenced that records were not always clear and concise, nor was a date and time always recorded. This was discussed with the manager and an area for improvement has been stated for a second time.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was identified that no complaints had been received since the last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Our discussion with staff revealed they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future outcomes. They identified staff training, policies and procedures, staff support mechanisms and the management team supported them to provide safe, effective and compassionate care in this setting.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	2*	2*

* the total number of areas for improvement includes one that has been stated for a second time and one which is carried forward for review at the next inspection.

Areas for improvement and details of the QIP were discussed with Mrs Geraldine McCrory, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 22 (6)(7)(8)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <p>The registered person shall, within the period of 28 days beginning on and including the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken in response.</p> <p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p> <p>Ref: 5.1</p>
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (9)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect</p> <p>This relates specifically to the management of a head injury.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff are trained in First Aid and have been reminded of the importance of using their First Aid training when necessary (including in the management of head injuries). All staff have been reissued with the Falls Policy & Procedure. This policy and procedure covers the management of head injuries, to ensure all staff are fully aware of what to do in the event of a head injury they have been asked to sign that they have read & understood the content. The Falls Policy & Procedure will also be discussed at the next staff meeting and supervisions.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 5.6</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>Ref: 5.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: At the most recent staff meeting the Manager discussed the importance of fully completing the relevant accident & incident records ensuring that they are concise, factual and that all necessary follow up is completed & documented. The manager will review all incidents to ensure all areas are completed appropriately in advance of forwarding them to appropriate persons.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2025</p>	<p>The registered person shall ensure that a policy and procedure is developed in relation to the management of a head injury.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: The Association has in place a comprehensive Falls Policy & Procedure which provides guidance & instruction in the management of head injury. This has been shared with staff as highlighted above with the below sections specific to Domiciliary Care services, to ensure staff within the scheme are fully aware of how to manage in the event of such an incident. The below areas outline the specific applicable sections:</p> <ul style="list-style-type: none"> - Risk assessment (p.7) - Actions following a fall (p.9) - Appendix 4 - Post fall actions (p.17) - Appendix 5 - Falls actions checklist (p.18). <p>This policy is available on request from the scheme manager or Apex Head Office.</p>

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