The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Daleview House**

Provider: **Apex Housing Association**

Date of Inspection: **7 November 2024**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Apex Housing Association
Responsible Individual/Responsible Person:	Ms Sheena McCallion
Registered Manager:	Mrs Marcella Harriet McCorkell

Service Profile

Daleview House is a supported living type domiciliary care agency, located in Derry/Londonderry. The agency offers domiciliary care and housing support to 13 older people. The agency's office is located in the same building as the service users' accommodation and accessed from a shared entrance. Service users have individual rooms and a range of shared facilities which includes a lounge, bathrooms and a kitchen.

2.0 Inspection summary

An unannounced inspection was undertaken on 7 November 2024 between 10.00 a.m. and 3.45 p.m. 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. It also looked at the reporting and recording of accidents and incidents, complaints, whistleblowing, service user involvement, and Dysphagia management.

Good practice was identified in relation to service user involvement/meetings and seeking regular feedback from service users, relatives and professionals. There were good governance and management arrangements in place.

Daleview 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.

3.0 The inspection

3.1 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.

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.

3.2 What people told us about the service and their quality of life

Throughout the inspection the RQIA inspector sought to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of living, visiting or working in Daleview House.

Some of the service users commented as follows:

- "I cannot fault a thing – I am so happy to be here – staff are lovely and I get everything I need I cannot thank them enough. I love it here my only worry is if I ever have to move out – the staff would do anything for me – I only have to ask - they are on the ball."

- "I have been here a few months and cannot fault a thing – I am so happy to be here – staff are lovely and I get everything I need I cannot thank them enough."

- During the inspection we spoke some relatives and staff members. The information provided indicated that there were no concerns in relation to the service.

Comments received included:

- "I feel like we have won the lottery here – we are so relieved that (my relative) has settled so well and is given very good care. We have absolutely no concerns about how the staff treat (our relative) – we are so happy she is so content."

During the inspection we spoke to a visiting professional. The information provided indicated that there were no concerns in relation to the service. Comments received included:

- "The place is really welcoming and clean, staff are approachable and will come to us with any concerns about any of the tenants and will also help us if we need them, for example,

if they need reassurance. They appear happy and well cared for - I have no concerns at all."

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.

3.3 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 15 May 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Adult Safeguarding

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

Discussions with the person in charge 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 and their understanding of the agency's policy and procedure with regard to whistleblowing.

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. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

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

3.4.2 Staff Training

Staff were provided with training appropriate to the requirements of their role.

The person in charge reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Although there were no service users with Speech and Language Therapy (SALT) recommendations, a review of training records and discussions with staff confirmed that they had completed training in Dysphagia and felt competent in relation to how to respond to choking incidents.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their oral medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be completed before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

3.4.3 Management of Care Records and Service User Input

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with a Star Chart Person Centred tool which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes occurred. 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.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the staff to keep service users updated on any issues arising that may affect them, as well as providing an opportunity to discuss the provisions of their care. Some matters discussed included keeping safe and the importance of locking doors, fire safety, menu preferences and how comfort funds were utilised. It was suggested to the person in charge that minutes of service user meetings should capture the views of the service users to evidence meaningful engagement and consultation on matters most pertinent to them and to identify areas for development.

3.4.4 Staff Recruitment and Induction

A review of the agency's staff recruitment records confirmed that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Whilst there had been no new staff recently recruited into Daleview House, a review of the records relating to staff provided from recruitment agencies confirmed that they had been recruited, inducted and trained in line with the regulations. There was a structured, three-day 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. Advice was given to the person in charge regarding the level of detail included when completing competency assessments. In particular, it was suggested that the comments section should include some detail on how competence was achieved before signing off on the identified task. The person in charge agreed to implement this in the future.

3.4.5 Governance and Managerial Oversight

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, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Nicola Reid, Person in Charge, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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