

Inspection Report

17 and 21 October 2024



Railway Court

Type of service: Domiciliary Care Agency
Address: Bungalows 1-6, O'Kane Park, Dromore Road,
Omagh, BT78 5AA
Telephone number: 028 8225 2629

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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	Registered Manager: Ms Diane Alison Rafferty
Responsible Individual: Ms Sheena McCallion	Date registered: 30 March 2009
Person in charge at the time of inspection: Ms Diane Alison Rafferty	
Brief description of the accommodation/how the service operates: Railway Court is a domiciliary care agency which provides a range of supported living services, housing support and personal care services to up to 12 people, who live in a number of bungalows; they each have individual bedrooms and shared lounge, dining and bathroom facilities. The service users' care is commissioned by the Western Health and Social Care Trust (WHSCT) and the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 17 October between 9.40 a.m. and 5.15 p.m. The inspection was conducted by two care inspectors and 21 October between 9.04 a.m. and 3.05 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. 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 adult safeguarding, staff training, staff induction and record keeping. The management of incidents and complaints are stated for a second time.

Good practice was identified in relation to service user involvement, staff recruitment and the monitoring of staffs' registrations with the Northern Ireland Social Care Council (NISCC).

Railway Court 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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read 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:

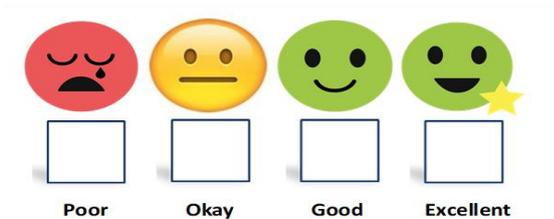
Service users' comments:

- "I like it here and I help out about here. We are having a Halloween party."
- "I am well looked after here and everything is good. I went to Belfast on holidays."
- "This is a good place. I went to Mama Mia in Belfast. I liked the show."

Staff comments:

- “Risk assessments and care plans are available to us all. I am aware of service users with Speech and Language recommendations and we adhere to them.”
- “I have supervision four times a year and an annual appraisal. Good communication within the service.”
- “Good training offered. I am well supported by the Manager.”

During the inspection we provided a number of easy read questionnaires for those supported to obtain their comments on the quality of the service:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

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

- “I love Railway Court.”
- “The staff are a good help. I love living in Railway Court.”

There were no responses to the electronic survey.

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 3 November 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 3 November 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) Stated: First time	<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>	Not met
	<p>Action taken as confirmed during the inspection: Review of complaint records evidenced that this area for improvement had not been addressed. This area for improvement is discussed further under Section 5.2.6 of this report.</p>	
	<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</p>	
Area for improvement 1 Ref: Standard 8.3 Stated: First time	<p>The registered person shall ensure that all incidents are fully investigated in line with the organisation's policies and procedures.</p>	Not met
	<p>Action taken as confirmed during the inspection: Review of incident records evidenced that this area for improvement had not been addressed. This area for improvement is discussed further under Section 5.2.1 of this report.</p>	

<p>Area for improvement 2</p> <p>Ref: Standard 1.2 and 1.3</p> <p>Stated: First time</p>	<p>The registered manager should ensure the minutes of service users' meetings include:</p> <ul style="list-style-type: none"> (a) The date of the meeting (b) The names of those attending (c) Summaries of discussions (d) Any actions agreed with responsibility for completion assigned and time frames (e) The subsequent minutes should state if all of the previous actions were completed. 	Met
<p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of minutes of service users' meetings evidenced that the details outlined in the area for improvement had been addressed.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them; this relates to the need for competency assessments to be undertaken for those who may be in charge of the service, in the absence of the manager.</p>	Met
<p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Competency assessments had been completed for staff who may be in charge of the service, in the absence of the manager.</p>		

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.

It was identified in discussions with the manager and review of information that the agency did not have a robust or effective system in place for retaining records relating to any referrals made to HSC Trust in relation to adult safeguarding, the actions taken or the outcomes. It was noted that information relating to referrals made was not readily available for staff. We discussed with the manager the need for records relating to adult protection should be retained in a format that is accessible to staff. It was also identified in discussions with the manager and review of information that on a number of occasions there was a delay in reporting to the Adult Gateway Protection Service. An area for improvement was identified.

Staff had completed adult safeguarding training during induction and every two years thereafter. However, given the matters identified in relation to adult safeguarding further training is necessary to ensure this training is embedded into practice. An area for improvement was identified.

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.

A review of a sample of accident/incident records evidenced that a comprehensive investigation had not been undertaken for a number of incidents including identifying any action taken to prevent recurrence. An area for improvement made in the previous inspection report had not been satisfactorily addressed and is therefore stated for a second time.

We discussed with the manager the shortfalls in relation to the management of incidents and the need for training in this area. 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).

A number of staff had not completed update moving and handling training appropriate to the requirements of their role. An area for improvement was identified.

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. Review of a sample of care records and discussion with the manager evidenced that a number of service users who required high levels of supervision or monitoring and restrictions had their capacity considered and, where appropriate, assessed.

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 and outings, advocacy arrangements 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)?

A number of service users had been assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. Staff implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

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.

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. However, review of induction records for two staff members supplied by a recruitment agency evidenced that these staff had not received an induction in relation to the care and support to be provided to the service user they were allocated to support. An area for improvement was identified.

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.

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

We reviewed the agency's complaints record. Review of a complaint identified there was limited evidence of the results of any investigation and the action taken. An area for improvement made in the previous inspection report had not been satisfactorily addressed and is therefore stated for a second time.

Review of the complaint also identified that the details recorded were not always clear and concise. An area for improvement was identified.

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	3*	3*

* the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the QIP were discussed with Ms Diane Alison Rafferty, 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: Second time</p> <p>To be completed by: Immediate and ongoing from the 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: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All complaints will be managed in line with the Organisations Policy and Procedure for Complaints. All complaints have now been completed with full details of dates, times, and records of satisfactory outcomes. The records now reflect all investigations undertaken and minutes of meetings are included in the record of the complaint. All timeframes will be followed in line with all Policies and Procedures.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 15 (6)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>The scheme have been communicating daily with both SHSCT and WHSCT around any issues they are experiencing with meeting the agreed service provision due to resourcing issues</p> <hr/> <p>The registered person shall ensure that each employee of the agency receives training which is appropriate to the work that they are to perform.</p> <p>This relates specially to the following training: Moving and handling Adult safeguarding Incident management.</p> <p>Ref: 5.2.1 & 5.2.6</p> <p>Response by registered person detailing the actions taken:</p> <p>The staff team have been refresher trained in Manual Handling in November 2024. The scheme are also training a staff member to be a Manual Handling Instructor to ensure training can be scheduled before staff lapse.</p> <p>The staff team have been refreshed in Incident/Accidents Reporting and in Adult Safeguarding in November 2024.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 8.3</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that all incidents are fully investigated in line with the organisation’s policies and procedures.</p> <p>Ref: 5.2.1</p>

<p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken: There is now an Incident/Accident and Safeguarding Tracker in place for the scheme that allows for analysis of all incidents within the scheme and this is signed off on a monthly basis by a senior manager. This allows for full investigation of all incidents within the scheme as well as learning outcomes being identified for all incidents and accidents.</p>
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<p>Area for improvement 2</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that newly appointed staff are required to complete structured orientation and induction, to ensure they are competent to carry out the duties of their job in line with the agency’s policies and procedures.</p> <p>This relates specially to staff supplied by recruitment agencies.</p> <p>Ref: 5.2.5</p>
<p>Area for improvement 3</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken: All new staff have completed their induction books and these have been obtained and shown to RQIA.</p> <hr/> <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> <p>Response by registered person detailing the actions taken: All staff have had incident/Accident reporting refresher training in November 2024 and part of this included the importance of accuracy and detail of recording incidents, accidents and safeguarding incidents.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA