

Inspection Report

15 October 2024



Alexander House

Type of service: Domiciliary Care Agency
Address: Bishop Street, Londonderry, BT48 6UX
Telephone number: 028 7136 3891

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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: Mrs Samantha Magee
Responsible Individual: Ms Sheena McCallion	Date registered: 26 July 2022
Person in charge at the time of inspection: Mrs Samantha Magee	
Brief description of the accommodation/how the service operates: Alexander House is a domiciliary care agency supported living service, which provides care and housing support for up to 20 service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services. Service users live in their own flats and have the use of communal indoor and outdoor space. This organisation also provides sheltered accommodation to a number of individuals who occupy the same building. RQIA does not regulate sheltered accommodation.	

2.0 Inspection summary

An unannounced inspection took place on 15 October 2024 between 10.55 a.m. and 5.20 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.

No areas for improvement were identified.

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

Alexander 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, relative 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, a relative and staff members.

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

Comments received included:

Service users' comments:

- "I can't find fault with the staff. I am treated very well here. I like living here and I don't think I would be happy anywhere else."
- "I feel safe here and staff take their time to talk to you."
- "Staff are very good and support me well. I love living here. Staff go out of their way to help at all times."
- "I haven't been here long but I am well looked after."

Service user's relative comments:

- "I find the service excellent. Staff have shown great flexibility in relation to my father's needs. The staff actively promote independence and my father's voice is always heard and respected."

Staff comments:

- "Great teamwork here and communication is very good. We have regular team meetings and the minutes are always available to staff."
- "Apex offers good training. We are reminded in advance of when our training is due. I have regular supervision and if I have any issues I can talk to the manager at any time."
- "Dysphagia is a focus in the service and we are all aware of the service users' assessed needs. Care records reflect the service users' dietary needs."

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

- "I love Alexander House."
- "Best move I ever made."
- "Alexander House is a great place to live."

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 19 September 2023 by a care inspector. No areas for improvement were identified.

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.

The agency retained records of any referrals made to the relevant Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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 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 a service user, 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 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. 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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints have been received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. 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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Samantha Magee, Registered Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews