



The Regulation and
Quality Improvement
Authority

Woodbank House
RQIA ID: 10850
9 Deverney Road
Omagh
BT79 0ND

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**Unannounced Care Inspection
of
Woodbank House**

10 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 10 December 2015 from 10.00 to 15.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Apex Housing Association/Gerald Kelly	Registered Manager: Caroline Swift
Person in Charge of the agency at the Time of Inspection: Caroline Swift	Date Manager Registered: 18 April 2011
Number of Service Users in receipt of a service on the day of Inspection: 16	

Woodbank House is a supported living type domiciliary care agency situated close to Omagh town.

The agency's aim is to provide accommodation, care and support to meet the needs of people with mental health difficulties in an environment that takes into account the physical, social, emotional, spiritual, as well as cultural needs of the tenants. 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.

Service users have individual bedrooms with shared toilet and bathroom facilities. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - Service users are involved in the care they receive

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff/stakeholders
- File audit
- Evaluation and feedback

During the inspection the inspector met with four service users, three support staff and the registered manager.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Care and support plans of three service users
- Recording/evaluation of care records
- Monthly quality monitoring reports
- Minutes of tenants'
- Minutes of staff meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Staff induction records
- Complaints register
- Recruitment policy (January 2014)
- Training and development policy (January 2015)
- Supervision policy (July 2015)
- Disciplinary procedure (June 2014)
- Absence management policy
- Staff handbook (April 2015)

- Staff register/information
- Agency's staff rota information
- Whistleblowing policy

Staff questionnaires were completed by six staff following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are fully satisfied that the induction programme prepared them for their role.
- Staff are satisfied that care is delivered in a person centred manner.
- Staff are satisfied that concerns raised are taken seriously and are aware of the agency's whistleblowing policy.
- Staff are satisfied that at all times there is an appropriate number of suitably skilled and experienced persons to meet the service users' needs.

Comments:

- "We work hard to support our tenant's to live as independent and individual lives as possible."
- "Apex housing want to make a positive difference to people's lives."

Service users' questionnaires were completed by seven service users following the inspection; they indicated that:

- Service users are very satisfied with the care and support they receive.
- Service users are very satisfied that they are consulted in relation to the quality of the service.
- Service users feel safe and are satisfied that staff respond to their needs.
- Service users are satisfied that staffing levels are appropriate.
- Service users are satisfied that staff have the skills to care for them.

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

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 12 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 23.(1)(5)	The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided. (5) The system referred to in paragraph (1) shall	Met

	<p>provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record includes the views of service users' relatives and where appropriate, relevant professionals.</p>	
	<p>Action taken as confirmed during the inspection: It was identified from records viewed that the views of service users' relatives and where appropriate, relevant professionals had been included in the agency's monthly quality monitoring record.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 23.-(2)(b)(i)</p>	<p>At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <p>(b) takes the views of service users and their representatives into account in deciding (i) what services to offer to them, and</p> <p>This requirement relates to the registered person forwarding copies of the agency's monthly quality monitoring record to RQIA until further notice.</p> <p>Action taken as confirmed during the inspection: The registered person forwarded copies of the agency's monthly quality monitoring record to RQIA.</p>	<p>Met</p>

5.3 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's recruitment policy outlines the mechanism used to ensure that appropriate pre-employment checks are completed; a record of checks completed is retained by the organisation's Human Resources Department. The agency maintains an alphabetical index of domiciliary care workers supplied by the agency. The registered manager could describe the process for ensuring that staff supplied are physically and mentally fit for the purposes of their job role; it was identified that staff are required to complete a health questionnaire prior to commencement of employment and may be required to undergo a medical assessment. The agency's absence management policy outlines the process for supporting staff to return to work following a period of absence.

The agency's Training and Development Policy outlines the induction programme lasting at least three days; it was noted that it involves new staff shadowing permanent staff members for a period of time. Staff stated that they had received a structured induction programme based at the agency's head office; the manager stated that the format of the induction has recently been reviewed and stated that staff will now be required to attend training weekly during their initial induction/probation period.

A record of the induction programme provided is maintained by the agency; records viewed indicated evidence of a comprehensive induction programme. Staff are provided with an induction booklet and a staff handbook, and have access to the agency's policies and procedures. It was noted that staff are required to complete a written evaluation of training received. It was identified that new staff receive more frequent supervision during their induction period.

The agency maintains a record of staff supplied on a temporary or short notice basis and has a procedure for verifying the identity of all staff prior to their supply; documentation viewed contained a photographic profile. The registered manager could describe the procedure for the induction of staff supplied at short notice.

The agency's policy and procedures for staff supervision and appraisal outline the frequency and processes to be followed. Staff are provided with a supervision contract at the commencement of employment. It was noted that a record of supervision and appraisal are maintained; those viewed indicate that they are completed in accordance with the agency's policies and procedures. It was noted that the person completing the monthly quality monitoring visit monitors the agency's supervision and appraisal compliance with the policy.

Is Care Effective?

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. It was noted that staff rota information reflected staffing levels as described by the manager; rotas viewed for the forthcoming days had staff allocated to shifts as required. From records viewed it was identified that staff rota information did not on occasions detail the full name of all staff provided; an abbreviation list was included.

Staff stated that they are provided with a job description outlining the roles and responsibilities of their job roles.

The agency has a process for ensuring that staff supplied from another domiciliary care agency have the appropriate knowledge, skills and training for their job role; records were viewed by the inspector.

Staff could describe the content of the induction programme provided; information viewed and discussion with staff indicated that an appropriate induction programme is provided within the initial few months of employment. It was noted that staff are required to complete an induction workbook and have an evaluation of induction at regular intervals throughout their probationary period.

The agency's Training and Development Policy, outlines the responsibilities of the registered manager and staff in highlighting and addressing training needs. The agency maintains a matrix of staff training it is reviewed regularly by the manager; staff stated that they can

approach the manager at any time to discuss individual training needs. The manager stated that staff are currently completing competency assessments following recent restructuring within the organisation.

It was identified that staff providing supervision have received appropriate training; the agency's policy details the frequency of supervision and appraisal; it was noted that staff are provided with a supervision contract. Staff stated that they receive supervision and appraisal; this was confirmed by records viewed. Mandatory training is provided to all staff and in addition it was identified that the agency provides training specific to the needs of individual service users.

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

Is Care Compassionate?

The manager stated that service users are introduced to all new staff; they stated that issues raised by service users and their representatives are discussed at tenant and staff meetings.

Service users stated that they are familiar with staff provided to support them and are introduced to new staff. Staff could describe the impact of staff changes on service users and the benefits in providing continuity of care.

Staff stated that they had the appropriate knowledge and skills to carry out their roles; they stated that during induction they are allocated time to familiarise themselves with the needs of service users. Service users who met with the inspector stated that staff provided have the appropriate knowledge and skills to meet their needs.

Staff could describe the importance of respecting the privacy, dignity and wishes of service users; service users stated that their privacy and dignity is respected at all times.

The agency's disciplinary policy and procedures outline the process for addressing unsatisfactory performance of staff.

Service User Comments:

- "Staff are great."
- "I am happy here."
- "The staff help us with everything."
- "There are enough staff; you can talk to them at any time."
- "Staff talk to us about our care plans."
- "Staff take us out; we are going for Christmas dinner tomorrow."
- "I go to work on a Monday."

Staff Comments:

- "I receive supervision."
- "The induction and training is excellent."
- "Training is specific to the needs of service users."
- "I am really happy working here; it is a great place to work."

- “Manager and deputy are very approachable.”
- “I feel there are enough staff to meet the needs of the service users.”
- “This is a really nice place to work; I feel supported in my job.”
- “We can request additional training if we need it.”

Areas for Improvement

There was one area for improvement identified within Theme 1.

Regulation 21(1) (a)

The registered person is required to ensure that the agency’s staff rota information includes the full name and role of staff provided.

Number of Requirements:	1	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments viewed reflected the views and choices of service users and where appropriate their representatives. Service users stated that they are encouraged to participate in their needs assessment and completion of their individual care and support plans. It was identified that the agency has in place Star Recovery assessments for individual service users.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. Staff stated that risk assessments are completed in conjunction with service users and their representatives; assessments viewed provided examples of positive risk taking. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as independently and full a life as possible.

Is Care Effective?

The registered manager stated that service users are encouraged to participate in an annual review of their care and support involving the agency’s staff. Staff complete a weekly report detailing the care and support provided; it was noted that risk assessments and care and support plans are reviewed six monthly or as required; in addition staff complete a monthly report for individual service users. Service users stated that they are involved in developing their care plans could describe the support received from their identified keyworker. Care plans viewed are written in an individualised way and record the wishes, choices and individual routines of service users.

The agency facilitates monthly tenants meetings; service users stated that they are encouraged to attend and are given opportunity to express their views; it was noted from records viewed that the views of service users had been included. The agency facilitates an annual family meeting. The manager stated that the organisation facilitates a focus group and that a service user representative is encouraged to attend.

Service users and their relatives are informed of the agency's complaints procedure the agency maintains a record of all compliments and complaints. Monthly quality monitoring visits are completed and documentation viewed indicates engagement with service users and their representatives.

Service users have been provided with human rights information in a suitable format and the tenants' guide details the process of accessing an independent advocacy service.

Is Care Compassionate?

Discussions with service users and staff indicate that care is provided in an individualised manner. Service users stated that they are involved in development of their care and support plans and care plans viewed are written in a person centred manner.

Staff could describe the process for engaging with service users and where appropriate their representatives. Staff stated that service users are encouraged to attend tenants' meetings and that they are given opportunity to express their views and concerns.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Relevant reference to human rights was included in care plans viewed; the agency provides service users with information on human rights.

Staff could describe the process of engaging with HSCT representatives regarding best interest practices for service users where there may be capacity and consent issues.

Service User Comments:

- "I can do most things myself."
- "I am happy here."
- "I can go out when I want."
- "I go out every day; I go out in the car."
- "I can speak to my keyworker if I have any concerns."
- "We go to the tenants' meetings."
- "Staff are great."
- "I have no worries; I like living here."

Staff Comments:

- "Service users are encouraged to make their own decisions."
- "Service users are involved in developing their care plans."
- "We encourage service users to take positive risks."
- "Staff promote the independence of service users."
- "Service users are encouraged to attend tenants' meetings."

Areas for Improvement

There were no areas for improvement identified within Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency's monthly quality monitoring reports; it was identified that a combination of announced and unannounced monthly monitoring visits are completed by a senior manager within the organization. Records viewed detailed the views of service users, their relatives and where appropriate relevant professionals. It was identified that the documentation contained information relating to incidents, safeguarding concerns, staffing issues, staff supervision and training needs and contained an action plan. The agency's reports are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

5.5.2 Complaints

The agency has had a number of complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the registered manager. The agency's complaints policy, May 2013, outlines the procedure in handling complaints; records viewed indicated that the agency's procedures had been appropriately followed whilst dealing with complaints.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 21(1)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 10 February 2016</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner.</p> <p>The registered person is required to ensure that the agency's staff rota information includes the full name and role of staff provided.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The rota will be amended to include the full names of staff and the role of the staff provided within the timescale identified.</p>

Registered Manager Completing QIP	Caroline Swift	Date Completed	08.01.16
Registered Person Approving QIP	Ellen Hall	Date Approved	08.01.16
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	12/1/16

Please complete in full and returned to agencies.team@rqia.org.uk from the authorised email address