

Unannounced Care Inspection Report 19 July 2018



Corriewood Private Clinic Ltd – Croob Cottage

Type of Service: Domiciliary Care Agency
Address: 119 Clonvaraghan Road, Castlewellan, BT31 9LA
Tel No: 02843771412 ext.1.
Inspector: Caroline Rix

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Corriewood Private Clinic Limited, Croob Cottage is registered as a supported living type of domiciliary care agency. The service is situated within Seeconnell Private Village outside Castlewellan, Co Down. The supported living scheme comprises four self-contained units with a separate office. The agency provides care and support services to adults with learning disabilities, to enable them to live as independently as possible within the community. The services are being commissioned by the Southern Health and Social Care Trust.

3.0 Service details

Organisation/Registered Provider: Corriewood Private Clinic Ltd Responsible Individual: Teresa Josephine McClean	Registered Manager: Gavin Hughes (acting)
Person in charge at the time of inspection: Deputy manager	Date manager registered: Not applicable

4.0 Inspection summary

An unannounced inspection took place on 19 July 2018 from 10.00 to 16.30 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led. This was the agency's first inspection carried out since they became operational in April 2017.

Evidence of good practice was found in relation to service quality, care records and staff training. This was supported through review of records at inspection and during feedback from staff on inspection.

Areas requiring improvement were identified in relation to the staff recruitment procedure and induction programme timescale.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience. The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Teresa McClean registered person and the deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 6 April 2017

No further actions were required to be taken following the most recent inspection on 6 April 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Record of notifiable events for 2017/2018
- All communication with the agency

During the inspection the inspector spoke with the registered person, deputy manager, three service users and two staff members on duty. Their feedback has been included throughout this report.

During the inspection the deputy manager was asked to distribute four questionnaires to all service users/relatives. Two service user/relative surveys were returned to RQIA. Further detail of service user feedback is included throughout this report.

The deputy manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No feedback from staff was received by RQIA at the time of writing this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Two staff recruitment records.
- Two staff induction and supervision record.
- One staff appraisal record.
- Three staff training records.
- Staff training plan.
- Staff meeting minutes.
- Staff NISCC registration and renewal of registration processes.
- Statement of Purpose.
- Service User Guide.
- Two service users' records regarding referral, assessment, support plans and quality monitoring.
- Four monthly monitoring reports.
- Communication records with HSCT professionals.
- Complaints log.

The findings of the inspection were provided to the registered person Teresa McClean and the deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 April 2017

The most recent inspection of the agency was pre-registration inspection. There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found the training policy and procedure was in line with regulations and standards. However, the staff recruitment procedure and induction procedure required revision.

A review of the agency's recruitment and selection policy did not include the requirements as per Regulation 13 Schedule 3. These related specifically to the requirements to obtain two written references and a statement to be completed by the registered person/manager, confirming that the person was physically and mentally fit for the purposes of the work he/she has to perform. An area for improvement was made in this regard. The inspector also referred to recent communication from RQIA to providers issued 22 March 2018 which provided guidance on the management of pre-employment references.

Two staff files were sampled which confirmed that the majority of staff pre-employment details have been obtained in line with regulations and standards. One file did not contain two written references although a verbal reference had been obtained following non return of written reference requests. However, discussion with the deputy manager and the review of records highlighted additional monitoring/supervision had been carried out with this staff member.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with The Northern Ireland Social Care Council (NISCC) with the exception of the two recently recruited staff who have their applications for registration confirmed. The registered person discussed the system in place to identify when staffs are due to renew registration with NISCC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16 (5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system. A sample of two staff induction records did not clearly evidence that staff had received their induction lasting at least three days. This area was discussed with the deputy manager for a review of recording the actual dates each element of induction programme is provided to staff.

The manager had signed all records to confirm that the staff members had been deemed competent at the end of their probationary period.

Discussions with staff on the day of inspection confirmed that the induction process was appropriate and provided them with the skills to fulfil the requirements of their job roles. One staff member commented: “you receive mandatory training and shadowing which is compulsory before you work with clients, you wouldn’t be allowed to work without it”.

The inspector noted the staff team is stable. The staffing arrangements enable the agency to provide familiar staff to service users who like staff continuity.

The inspector reviewed the agency’s training plan and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training.

Records of training and staff feedback indicated that staff attends a range of training necessary to meet the individual needs of service users.

The returned questionnaires from service users/relative indicated that indicated they were very satisfied and safe service meant:

- There are enough staff to help you
- You feel protected and free from harm.

The agency’s registered premises include a range of offices and staff facilities within the adjacent building to service user’s bungalows, which are suitable for the operation of the agency as set out in the Statement of Purpose.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and risk management.

Areas for improvement

Two areas for improvement were identified with regards to recruitment information held by the agency; review of the agency’s recruitment and selection policy and staff induction programme.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency’s arrangements for appropriately assessing the needs of people who use the service were examined during the inspection.

The inspector reviewed a range of service users’ care and support plans. The inspector was informed that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessment provided by the HSC Trust multi-disciplinary team. Records examined indicated regular evaluation and review of care and support plans, including involvement,

as appropriate, with service users' relatives and the HSC Trust; this was supported by feedback from agency staff spoken with during the inspection process.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessment and safety management plans are required to be completed in conjunction with service users.

The HSC Trust speech and language therapists visited a service user on the day of inspection to carry out a revised risk assessment relating to the management of swallowing problems. The revised risk management plan was subsequently shared with the staff team and the service users' relatives.

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by the registered person. The quality monitoring system provides an effective standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with service users, relatives, staff and HSC Trust professionals. The inspector noted positive comments received during the monthly quality monitoring contacts.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. It was evident that the agency works effectively to implement appropriate communication methods and participate in ongoing re-evaluation to enhance services provided to the service users. In the course of the inspection the inspector observed that staff were aware of and promoted effective communication with service users. This was both in terms of their verbal and non-verbal communication such as hand gestures and has good knowledge of the service users' needs and preferences.

The returned questionnaires from service users/relatives indicated they were very satisfied and that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, staff and other relevant stakeholders and the monitoring of the quality of the services provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, rights, equality and diversity was reflected throughout staff attitudes and the delivery of service. Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

The inspector observed staff promoting the independence and choice to service users throughout their interactions and provision of service delivery. Discussions with staff evidenced that staff focus on people as individuals with different care and support needs.

Staff stated service users support plans are discussed and reviewed with each person or their relatives using individual communication methods as necessary to support the process.

Service users are given choice regarding activities and meals, and the staff were knowledgeable as to the type of activities they like to do and the support required. Service users are involved in the decisions as much as possible.

Examples of some of the activities which service users like to do:

- music
- woodwork
- gardening
- arts and crafts
- drives into town.

Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency's complaints process, one to one meetings with service users, monthly quality monitoring visits, regular care review meetings involving HSC Trust keyworkers and stakeholder and service user satisfaction surveys planned for August 2018.

Staff comments during inspection:

- "Care is provided as required with good attention to detail, it is so rewarding to see the smallest of improvement in their abilities."
- "Staff care about the needs of the service users and are always thinking of new ways to encourage their independence."
- "We treat people with dignity and respect."

The returned questionnaires from service users/relatives indicated that they were satisfied or very satisfied and that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance established by the agency have been implemented. The agency is managed on a day to day basis by a manager, two deputy managers and support workers. The registered person confirmed that the positions of senior support workers are due to be appointed at the end of July 2018, their specific roles and responsibilities were discussed. The management structure of the agency is clearly defined and was well understood by staff. Staff provided feedback that they were confident of the manager's ability to address any concerns they may have. Staff stated that the manager and deputy managers are really approachable and very supportive to them all.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding concerns and incidents notifiable to RQIA. One safeguarding report is currently being investigated by the HSC Trust, with the full cooperation of the agency staff.

The inspector saw evidence of reflective learning when reviewing service users' needs, and continued communication with service users, relatives and HSC trust professionals in maintaining and improving the quality of life for service users.

A review of incident reports documentation confirmed that all concerns were managed appropriately in accordance with the agency's policies and procedures. There were a small number of incidents notified to RQIA and these were confirmed as having been received in line with the required timescale. The registered person discussed their on-going monitoring and review of service users challenging behaviours. The inspector was satisfied that all appropriate measures are in place, in conjunction with other relevant professionals, to ensure the safety of all service users living at Croob Cottages.

The deputy manager discussed the process for reviewing any incidents individually, and collectively to analyse trends and formulate effective improvement plans.

The inspector noted positive feedback from the HSC Trust professionals regarding the ability of the agency to work in partnership, and their commitment to learn, develop and implement strategies consistently to ensure the best support are available to service users.

The agency maintains a comprehensive range of policies and procedures which were viewed during inspection. These policies were scheduled for review in line with the three year timeframe recommended in the domiciliary care agency standards. Policies and procedures are maintained in paper format and are accessible to all staff.

The agency maintains and implements a policy relating to complaints. The inspector noted that one complaint had been received in the last year and is currently being investigated.

Staff could describe how they would respond to concerns about the performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. The inspector noted that staff work effectively as a team, particularly with regard to maintaining consistency enjoyed by service users.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and other professionals. It was evident to the inspector that effective partnership working with HSC Trust professionals has resulted in positive outcomes for service users.

Staff comments during inspection:

- “The manager ensures we meet our service users’ special needs by providing great training, supervision and support where needed.”
- “I believe our service is well led by a good manager and we have a very caring team of staff.”

The returned questionnaires from service users/relatives indicated that they were very satisfied and a well led service meant:

- You know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of concerns and incidents, quality improvement and maintaining good working relationships with all key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Teresa McClean registered person and the deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13 (d) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This related specifically to:</p> <ul style="list-style-type: none"> the requirement to obtain two references, one from an applicant's most recent employer, the completion of a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work he is to perform. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A statement of fitness for each employee is now recorded in their individual file.</p>
Area for improvement 2 Ref: Regulation 16 (5) (a) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that (a) a new domiciliary care worker is provided with appropriately structured induction training lasting a minimum of three full working days.</p> <p>Ref:6.4</p>
	<p>Response by registered person detailing the actions taken: All inductions are structured and last a minimum of three full working days.</p>

Please ensure this document is completed in full and returned via Web Portal



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