

Unannounced Care Inspection Report 29 November 2019



Corriewood Private Clinic Ltd – Croob Cottage

Type of Service: Domiciliary Care Agency
Address: 119 Clonvaraghan Road, Castlewellan, BT31 9LA
Tel No: 02843778579
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 Ltd, Croob Cottage is a domiciliary care agency, supported living type. The agency is situated within Seaconnell Private Village, located close to Castlewellan. The agency provides care and support to adults with learning difficulties and enduring mental health issues.

The agency aims to support service users to live as independently as possible. The agency's staff support service users with personal care, medication, meal preparation and other support tasks. Service users live in self-contained cottages; the agency's office is located separately from the homes of the service users. The care is commissioned by the Southern Health and Social care Trust (SHSCT).

3.0 Service details

Organisation/Registered Provider: Corriewood Private Clinic Ltd Responsible Individual: Mrs Angela Eileen McKeever	Registered Manager: Mrs Justine Rush, Acting
Person in charge at the time of inspection: Team Leader	Date manager registered: No application required

4.0 Inspection summary

An unannounced inspection took place on 29 November 2019 from 10.15 to 14.15.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties 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 be seeking 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 choices and freedoms associated with any person living in their own home.

The inspection assessed progress with areas for improvement identified during the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The agency promoted the involvement of service users. There were good governance and management arrangements in place, which focused on quality improvement initiatives and promoting good working relationships.

One area for improvement identified during the previous inspection relating to their annual quality review process has been restated.

Staff interactions observed by the inspector were noted to be very warm and caring.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Angela McKeever, responsible person, 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 30 July 2019

The completed QIP was returned and approved by the care inspector. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 July 2019.

5.0 How we inspect

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

- The inspection reports and QIP's for the inspection completed on 6 June 2019 and 30 July 2019
- The agency's quality monitoring reports for June to October 2019
- Information received by RQIA since the previous inspection.

During the inspection the inspector spoke with the responsible person, team leader and met with one service user and a support worker. Due to the complex needs of the service users they declined to meet or were unable to speak independently with the inspector as part of the inspection process; however the inspector spent a period of time observing one of the service users' interactions with staff.

The following records were examined during the inspection:

- Information relating to the three FTC notices issued on 20 June 2019
- Monthly quality monitoring reports from June to October 2019
- Staff appraisals timetable and records
- Staff supervision records
- Staffing rota
- Information relating to staff registration with the relevant regulatory body
- Records of notifications, accidents, incidents and complaints
- Restrictive practices register.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives; one response from a representative was returned that indicated they were

'very satisfied' that care is safe, effective, and compassionate and the service is well led; the following comment was included;

- 'My relative has settled into Croob Cottages very well and is happy and settled. Xxx is now doing things with us that they haven't done in many years e.g. eating in restaurants, going for walks etc.'

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 30 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 13.5 Stated: First time To be completed by: Immediately from the date of the inspection	The registered person shall ensure that all staff has appraisals in keeping with the agency's policies and procedures.	Met
	Action taken as confirmed during the inspection: It was identified that all staff have received or have a planned date for their individual annual appraisals in line with the agency's policy and procedure.	
Area for improvement 2 Ref: Standard 8.12 Stated: First time To be completed by: 31 March 2020	The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process.	Partially met
	Action taken as confirmed during the inspection: It was identified from records viewed and discussions with the registered person that the agency is developing a variety of surveys to seek the views of service users, representatives, staff and commissioners.	

	These surveys will form part of their planned annual quality review starting December 2019. This area remains partially met as the timeframe for completion is 31 March 2020.	
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6.2 Inspection findings

6.3 Is care safe?

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

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met. The manager confirmed that a number of new staff have been appointed in the last few months to fill vacant posts. In addition the agency continues to retain the services of staff from other domiciliary care agencies. The inspector viewed a sample of staff profiles for agency staff who are supplied. The profiles were noted to contain appropriate information in respect of each of the matters as specified in Schedule 3.

The records confirmed staff from other domiciliary care agencies had been provided with appropriately structured induction training. The inspector found that regular employment agency staff have been provided who have good knowledge of and are familiar with service user's needs, and their use has been reducing each month.

The inspector reviewed the agency's training plan and training records maintained for individual staff members; those viewed indicated that staff had completed all mandatory subject updates and in addition other relevant training. Records of training indicated that staff attend a range of training necessary to meet the individual needs of service users including; epilepsy awareness, mental health awareness, deprivation of liberty safeguards, communication skills and positive behaviour support.

There were systems in place to monitor staff performance including spot checks and training feedback to ensure that they receive support and guidance.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice and to ensure that the service users were safe and protected from harm. The agency policy and procedure in relation to safeguarding adults was reviewed and found to provide information and guidance for staff as required. The role of the Adult Safeguarding Champion (ASC) was discussed. The responsible person demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. It was good to note that the organisation have been proactive in gathering information as part of their governance and best practice reviews and in April 2019 had completed their annual position report.

The inspector noted that the safeguarding procedure is also available in an easy read version. There has been one safeguarding report received since the previous inspection, which was discussed with the responsible person. Records reviewed by the inspector indicated that the matter is being appropriately managed with the relevant bodies involved in the on-going investigation as required.

The agency's whistleblowing policy and procedure was found to be satisfactory and staff demonstrated a clear understanding of their role and responsibilities in relation to raising concerns or reporting poor practice/whistleblowing.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed. There was evidence of positive risk taking in collaboration with the service users and/or their representatives, the agency and the HSCT.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Some of the service users have lived at Croob Cottages for a number of years and it was clear from observed interactions that the staff have a good understanding of the service users' communication needs; both in terms of their verbal and non-verbal communication such as hand gestures.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders.

It was evident that the agency maintains a range of methods to communicate with and record the comments and wishes of service users, including through routinely speaking with service users on a daily basis and being available to support them. Feedback had been received during monitoring visits and contacts with service users and/or relatives.

During the inspection the inspector was able to observe a service user communicate effectively with staff and noted that they were fully involved in day to day decisions and routines. The staff

were using language and behaving in a manner which encouraged the service user to make their own choices.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the agency's engagement with the service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe, effective and compassionate manner. It was identified that staff had completed training on equality and diversity.

Discussions with the team leader and the responsible person provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Areas of good practice

The agency promoted the involvement of service users within the service. There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service 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 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 reviewed the management and governance systems in place within the agency to meet the needs of the service users. It was identified that the agency has implemented revised systems of management and governance.

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. On the date of inspection the certificate of registration was on display and reflective of the service provided.

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered or have applied to be registered with the Northern Ireland Social Care Council (NISCC), in keeping with the NISCC registration timeframe. The manager discussed the system in place to identify when staff are due to renew registration with NISCC and the inspector viewed their monthly checklist confirming this process.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey.

The annual quality review process is due to commence in December 2019 with surveys being developed to request the views and opinions of service users, their relatives, staff and other relevant HSCT representatives. The timeframe for completion of this annual review and report is 31 March 2020; therefore this area for improvement, identified during their previous inspection, will be reviewed as part of their next care inspection.

The agency's quality monitoring reports were reviewed for the past five months. These reports evidenced that the monitoring of the quality of service provided was being consistently maintained in accordance with minimum standards. Each report contained a summary of consultation with service users, their relatives, staff and other relevant HSCT representatives and evidenced how any issues arising had been managed. The reports also included details of a review of accidents, incidents, staffing arrangements, completed staff training and audits of documentation.

There had been a number of complaints received from the date of the last inspection. Records reviewed confirmed each matter had been appropriately managed and resolved.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with their policy timeframes. The inspector reviewed records that verified staff have received regular supervision meetings and their annual appraisals have been completed or are planned, in line with the agency's policy and procedure.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

Areas for improvement

One area for improvement identified during the previous inspection relating to their annual quality review process has been restated.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Angela McKeever, responsible person, 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 Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process.</p> <p>Action required to ensure compliance with this standard was reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: This process is underway and the annual report will be available for viewing by 31/03/2020</p>



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