

Inspection Report

14 October 2021



Clearwater House

Type of service: Domiciliary Care Agency
Address: 3-7 Brookhill Avenue, Belfast, BT1 6BS
Telephone number: 028 9087 2233

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Threshold (Richmond Fellowship NI Ltd/	Registered Manager: Mr. John Calvert
Responsible Individual: Dr Raman Kapur	Date registered: 30 November 2015
Person in charge at the time of inspection: Mr. John Calvert	
Brief description of the accommodation/how the service operates: Clearwater House, located in Belfast, is a supported living type domiciliary care agency provided by Threshold (Richmond Fellowship NI Ltd). The agency provides personal, domestic and social support to service users who are recovering from mental health problems. The support focuses upon the promotion of good mental health and independence, with the aim of each individual moving towards independent living. The ethos of the agency's service provision is developed around the model of a therapeutic community; service users are supported by the agency for an initial period of two years. With support from staff, service users are encouraged to live as independently as possible.	

2.0 Inspection summary

The care inspector undertook an unannounced inspection on 14 October 2021 between 10.15 am and 1.50 pm.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff' registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to systems in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

No areas for improvement were made.

Service users said that they were satisfied with the standard of care and support provided.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, quality improvement plan (QIP), notifiable incidents and written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with NISCC were monitored by the agency.

During the inspection, we discussed any complaints that had been received and incidents that had occurred with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users, staff and Health and Social Care Trust' (HSCT) representatives, indicated that there were no concerns in relation to the agency. All confirmed that they were very satisfied with the standard of care and support provided. The following comments were received during the inspection:

Service users' comments:

- "It's all very good here."
- "There are good staff/resident relationships. I can go to the staff, if I have any problems."
- "I have no problems."

HSCT' Representatives:

- "Clearwater is our Go-To place and we would recommend it. There is good communication. We work collaboratively together. We rely on them very much."

Staff' comments

- "I like it here."
- "Staff are very well supported, we get supervision consistently."
- "The on-call support is very good."

Staff also responded to the electronic survey. The following comments were received:

- "Effective and compassionate care provided to all residents with dignity and respect."
- "Clearwater House is an excellent place where the staff are very caring and supportive."

A number of questionnaires were returned, indicating that the respondents felt very happy with the care and support provided. No written comments were received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

The last care inspection of the agency was undertaken on 29 May 2019; one area for improvement was identified and will be validated during this inspection.

Areas for improvement from the last inspection on 29 May 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 1.2 Stated: First time To be completed by: 31 October 2019	The registered person shall ensure that the issue raised by the service user regarding the quality of the service is responded to. This relates to the provision of an external shelter for use by service users who smoke.	Met
	Action taken as confirmed during the inspection: We confirmed that an external shelter had been installed at the back of the building.	

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice. The manager advised and the review of records confirmed that safeguarding incidents had been managed appropriately.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The manager was aware of which incidents required to be notified to RQIA. The review of incidents identified that they had been reported to the HSCT' representative, as appropriate.

The manager demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. RQIA were informed there were no service users who were subject to DoLS and no restrictive practices were used. Staff were provided with training appropriate to the requirements of their role. This included DoLS training. Advice was given to the manager regarding the need to ensure that the online training provided, was commensurate with Level two DoLS training for all staff; and level three for the manager. Confirmation was submitted to RQIA by email on 18 October 2021, evidencing the manager's completion of level three training.

The manager confirmed the agency does not manage individual monies belonging to the service users.

5.2.2 Is there a system in place for identifying care partners who visit the service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no Care Partners visiting service users during the Covid-19 pandemic restrictions. The manager agreed to proactively engage with relatives to ensure that they were aware of the Care Partner approach, should they wish to avail of it.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager advised that none of the service users had been assessed by SALT in relation to dysphagia needs.

5.2.4 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.5 Are there robust governance processes in place?

The agency's quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency is providing safe and effective care in a caring and compassionate manner; and that the agency is well led by the manager/management team

7.0 Quality Improvement Plan/Areas for Improvement

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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