

Unannounced Care Inspection Report 8 October 2018



Clearwater House

Type of Service: Domiciliary Care Agency
Address: 62 Hopefield Avenue, Belfast, BT15 5AP
Tel No: 02890872233
Inspectors: Joanne Faulkner

www.rqia.org.uk

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

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 with enduring mental ill-health issues. 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.

3.0 Service details

Organisation/Registered Provider: Threshold (Richmond Fellowship NI Ltd/ Dr Raman Kapur	Registered Manager: Mr John Calvert
Person in charge at the time of inspection: Mr John Calvert	Date manager registered: 30 November 2015

4.0 Inspection summary

An unannounced inspection took place on 8 October 2018 from 10.00 to 15.00.

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 during and 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.

Evidence of good practice was found in relation to:

- engagement with service users and other relevant stakeholders
- staff supervision and appraisal
- provision of care in an person centred manner
- supporting service users to develop new skills
- promotion of independence
- quality monitoring process

One area for improvement was identified during the inspection in relation to staff training.

The comments of service users and staff have been included within the report.

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 manager, service users, HSCT professional and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with John Calvert, registered 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 22 January 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 January 2018.

5.0 How we inspect

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

- previous inspection report and QIP
- records of notifiable events
- correspondence received by RQIA since the previous inspection

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

- discussion with the registered manager
- examination of records
- consultation with staff, service users and a visiting professional
- evaluation and feedback

During the inspection the inspector met with the manager, five service users, three staff members and a Health and Social Care Trust (HSCT) professional.

The following records were viewed during the inspection:

- service users' care records
- risk assessments
- monthly quality monitoring reports
- minutes of service user weekly community meetings
- minutes of weekly staff meetings
- staff induction records
- staff training records
- records relating to staff supervision and appraisal
- complaints records
- incident records
- records relating to adult safeguarding
- staff rota information
- Statement of Purpose
- Service User Guide.

A number of policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; no questionnaires were returned to RQIA.

At the request of the inspector, the manager was asked to display a poster within the agency’s office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that the manager display ‘Have we missed you’ card within the premises; no responses were received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 January 2018

The most recent inspection of the agency was an announced care inspection; the completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 22 January 2018

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 15.10 Stated: First time To be completed by: Ongoing from the date of inspection	The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action plan. Ref: 6.7	Met
	Action taken as confirmed during the inspection: It was noted from records viewed that the agency has implemented a procedure for ensuring that records are kept of all complaints and that records include details of all communications with complainants, actions taken and the outcomes of any investigations.	

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.

The inspector reviewed the agency's systems to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The organisation's recruitment policy details the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was noted that the recruitment process is co-ordinated by the organisation's Human Resources (HR) department and includes input from the manager. The manager stated that they review the application information in conjunction with the HR manager. It was noted that confirmation is received by the manager in the form of an email indicating that all pre-employment checks have been satisfactorily completed for any new staff. The manager stated that staff are not provided for work prior to the completion of pre-employment checks and induction.

The agency has in place a statement by the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3. It was noted that this is retained by the HR department; following the inspection the inspector viewed copies of records retained.

The inspector reviewed staff induction records for one staff member; those viewed indicated that the induction programme provided is at least three days as outlined within the domiciliary care agencies regulations. It was identified that staff are required to complete initial induction and to shadow other staff employed by the agency for two weeks at the commencement of employment.

The agency retains details of the induction programme provided; staff could describe the details of the corporate and local induction provided; they indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The manager could describe the procedure for ensuring that staff who are provided at short notice have the knowledge and skills for the role and appropriate induction is undertaken with these staff. It was identified that the agency are currently accessing staff from another domiciliary care agency; staff profiles are in place for staff supplied from this agency. The inspector discussed with the manager the need to ensure that all staff supplied have had appropriate recruitment checks completed, are suitably skilled and that they are registered with the relevant regulatory body.

Discussions with the manager and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of the service users.

The agency's staff rota information was viewed and reflected staffing levels as described by the manager. Staff indicated that they had enough staff to meet the assessed needs of the service users.

The agency's supervision and appraisal policies have been updated to include details of the timescales and processes to be followed. It was identified that staff receive fortnightly supervision and group/clinical supervision weekly. The agency retains a record of staff supervision and appraisal; records reviewed relating to four staff indicated that they had received supervision and appraisal in accordance with the agency's policies.

The agency has a system for recording training completed by staff; records viewed indicated that the majority of staff had received appropriate training. The manager and staff could describe the procedure for identifying and ensuring that training updates are completed as required in conjunction with the organisation's training officer. Staff are required to complete training in a range of mandatory areas and in addition a wide range of training specific to the individual needs of service users and the ethos of therapeutic communities. Following training staff are required to complete a course evaluation. It was identified that a small number of staff were due to complete mandatory training; an area for improvement was identified.

The agency has a process for managing staff registration status with NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that the registration status of staff is monitored in conjunction with the HR department; they stated that staff would not be supplied for work if they are not appropriately registered. Staff were aware of their responsibility for ensuring that they remain appropriately registered; records viewed indicated that all staff were appropriately registered.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. 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 outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC).

Staff could clearly describe the procedure for reporting adult safeguarding concerns. Training records viewed provided evidence that one staff member required a training update in relation to adult safeguarding; the manager provided a timescale for completion of the training update. Staff are required to complete safeguarding training during their induction programme and two yearly updates thereafter. Service users knew how to raise concerns in relation to their safety or the care they received and had been provided with information in relation to keeping themselves safe.

The inspector viewed the agency's records maintained in relation to safeguarding adults. Discussions with the manager and records viewed evidenced that the agency has a process for recording details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager evidenced that referrals made by the agency since the previous care inspection had been managed in accordance with policy and procedures.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. Service users are supported to participate in the development of their individual care and support plans and in reviews involving their HSCT community keyworkers and other members of the multi-disciplinary team. The inspector viewed a range of risk assessments in place relating to individual service users. It was noted that prior to receiving care the agency receives a range of assessments. Staff record daily the care and support provided to service users and keyworker sessions completed.

The agency's office is located in the same building as the home of the service users and accessed from a shared entrance. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose.

Comments received during inspection.

Service users' comments

- "I am not too bad at all; I like living here."
- "I am doing great since I came to live here."
- "Staff are so good; they have saved my life."
- "I like it here, we all help each other."

Staff comments

- "Things are more settled since the move."
- "Absolutely service users are safe; their safety and welfare is paramount to us."
- "Supervision id worthwhile; everyone is involved in the weekly community meeting."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff, supervision, appraisal, and adult protection systems.

Areas for improvement

One area for improvement was identified during the inspection in relation to the staff training.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The inspector reviewed the agency's arrangements for responding to, assessing and appropriately meeting the needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's record keeping policy outlines the process for the creation, storage, retention and disposal of records. Staff are provided with training relating to record keeping and confidentiality. Records viewed during the inspection were noted to be organised and retained securely in accordance with legislation, standards and the organisational policy with exception to staff rota information. It was noted that senior staff had received training relating to GDPR.

Discussions with service users evidenced that staff support them to be involved in developing their care and support plans. It was noted that risk assessments and care plans are reviewed as required.

The agency has processes for monitoring, auditing and reviewing the effectiveness and quality of care provided to service users; it includes monthly monitoring visits by a manager from another of the organisation's registered services.

The quality monitoring reports viewed indicated that the process supports the agency in identifying areas for improvement and an action plan is developed. The reports viewed included comments from service users, staff, and where appropriate service user representatives. The reports included details of the review of complaints, accidents and incidents; including those reportable to RQIA. In addition safeguarding matters, staffing arrangements, training, care records are reviewed as part of the process.

The agency's systems to promote effective communication between service users, staff, relatives and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate respectfully and effectively with service users and in a compassionate manner. The inspector observed a number of service users visiting the agency's office to speak to staff on a number of occasions throughout the inspection.

The agency's Service User Handbook and welcome information includes details of information relating to advocacy services that service users can access if required.

The manager could describe the methods used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders. It was noted that there is ongoing liaison with HSCT keyworkers due to the complex needs of service users. During the inspection the inspector met with a visiting professional; they stated that staff are approachable and that they keep them informed of any changes in the needs of the service users, they stated that communication is effective.

The agency facilitates weekly service user community meetings and individual keyworker meetings. It was noted that service users are encouraged to meet weekly to agree activities that they wish to participate in; menu plan and discuss any issues or concerns they have.

Staff are required to participate in weekly group clinical supervision facilitated by a psychologist and a weekly staff meeting; this provides staff with the opportunity to discuss areas of concern in relation the care and support being provided.

Comments received during inspection

Service users' comments

- "Staff help me with cooking."
- "I make my own food."
- "Staff keep a check on us to make sure we are doing okay."
- "Staff prompt you when needed."
- "Staff never see you stuck; they are very good."

Staff comments

- "We encourage service users to be as independent and to develop skills within their home and in the community."
- "Service users have input into any decisions made; they can raise concerns/issues at any time."

- “There is always someone around to support service users.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s engagement with service users, HSCT representatives and other relevant stakeholders.

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 inspector assessed the agency’s ability to treat service users with dignity, equality, respect and compassion and to engage service users in decisions affecting the care and support they receive.

Staff could describe the methods used to support and provide care to services users in an individualised manner. Discussions with service users, a HSCT professional and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed contained information in relation to their individual needs, choices and preferences. Observations made provided evidence that staff respect the views and choices made by service users.

Discussions with staff and service users and observations made indicated that staff provide care and support in a person centred manner; it was noted that a range of methods are used to support service users in making informed choices. Staff were observed encouraging and supporting service users to be involved in discussions relating to their care, support and individual daily routines; it was noted that they can make choices about their everyday lives.

The inspector discussed with the manager the need to ensure that service users are supported to be as independent as possible in relation to medication storage and administration. It was noted that following a recent incident relating to the safe storage of medication that the storage arrangements have been changed. The medication of the service users is retained in the agency’s office and administered by staff; the inspector discussed with the manager the need to continually review this arrangement to ensure it is as individualised as possible and in keeping with the ethos of supported living and ensuring dignity, privacy and respect. It was noted that service user care records clearly record the level of assistance required with medication administration.

The inspector discussed with the manager the arrangements in place relating to the equality of opportunity for service users and the importance of and awareness of equality legislation, whilst identifying and responding to the diverse needs of individual service users, in a safe, effective

and compassionate manner. Staff training in the therapeutic model of care has equipped them with knowledge and skills to engage with a diverse range of service users.

Service users stated that they had been provided with information relating to the agency's complaints process.

Observations made and discussions with the service users and staff highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user choice
- individualised risk assessment processes
- equity of provision of care and support
- provision of care in a person centred manner

Records viewed by the inspector provided evidence that the agency has systems for recording comments made by service users and where appropriate their representatives. Records of weekly service user community meetings were noted to be comprehensive and included evidence of engagement with service users.

Engagement with service users is maintained through the agency's weekly community meetings, complaints process, keyworker meetings and care review meetings involving the HSCT representatives. Service users stated that they are encouraged to make choices regarding their daily routines and activities and can choose to do what they want. It was noted that service users are supported by staff to be as independent as possible and to carry out their daily activities with the least support required. Discussions with staff and service users evidenced that staff support service users to develop new skills within their home environment and in the local community.

Comments received during inspection.

Service users' comments

- "The staff are great, they listen."
- "The staff are very good."
- "I can do what I want."
- "I can talk to anyone."

Staff comments

- "Service users have choice; it is their home."
- "Service users are involved in the 'Community of communities' group."
- "We support service users to go out on a one to one basis or as a group."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care to meet the diverse needs of individual service users and the effective engagement with service users and where appropriate other relevant

stakeholders. It was positive to note that service users are encouraged to make their own decisions in relation to their daily routines and supported by staff to develop new skills.

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 inspection reviewed management and governance systems in place within the agency to meet the assessed needs of service users.

The agency is managed on a day to day basis by the manager. Staff indicated that the manager is approachable and supportive and could describe the process for obtaining support including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; they are retained in a paper format and retained in the agency’s office. The majority of policies and procedures viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards. It was identified that the complaints policy is currently being reviewed and updated in conjunction with service users involved in the service user group.

The agency’s complaints policy details the processes for managing complaints. Staff had a clear understanding of the actions to be taken in the event of a complaint being received and had received complaints awareness training during their induction programme. Service users knew how to raise concerns.

The agency has implemented a procedure for maintaining a record of complaints received, actions taken and outcomes of investigation are clearly recorded. It was identified from records viewed that complaints received since the previous inspection had been managed in accordance with the agency’s policy and procedures.

The agency retains detailed information of all accidents, the actions taken and outcomes. Records viewed were noted to be detailed and are reviewed monthly by the person completing the monthly quality monitoring visit. Incidents were reported to RQIA as required.

The agency has processes for monitoring the quality of the service; these include arrangements for the monthly review and audit of staffing arrangements, incidents, accidents, safeguarding referrals and complaints.

There was evidence of ongoing, collaborative working with relevant stakeholders, including HSCT representatives and relatives as appropriate. The inspector viewed evidence which indicated appropriate staff recruitment, induction, supervision and appraisal.

The organisational and management structure of the agency and lines of accountability are outlined in the Statement of Purpose. Staff demonstrated that they had an understanding of the responsibilities of their job roles.

On the date of inspection the RQIA certificate was displayed appropriately.

Comments received during inspection

Service user comments

- “The manager is great; he will help you with anything.”

HSCT professional’s comments

- “I am very happy with the support from the staff in Clearwater; they have a very good team here. Clearwater is an excellent facility for service users.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the management of complaints, accidents and incidents and liaison with HSCT representatives.

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 John Calvert, registered 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 Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 12.3 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that mandatory training requirements are met. Ref: 6.4 Response by registered person detailing the actions taken: The registered manager shall ensure that mandatory training requirements are met.

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



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