

Announced Care Inspection Report 22 January 2018



Clearwater House

Type of Service: Domiciliary Care Agency- Supported Living

Address: 62 Hopefield Avenue, Belfast, BT15 5AP

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Inspectors: Joanne Faulkner and Marie McCann

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

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, social and financial 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: John Calvert	Date manager registered: 30 November 2015

4.0 Inspection summary

An announced inspection took place on 22 January 2018 from 10.00 to 16.00.

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 service user engagement, staff recruitment, supervision and appraisal, communication with Health and Social Care Trust (HSCT) representatives and engagement with service users.

One area for improvement was identified during the inspection in relation to the agency's complaints process.

Comments made by service users during the inspection are included within the report.

The inspectors would like to thank the registered manager, service users, staff and professional representatives for their support and co-operation throughout the inspection process.

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 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 16 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 January 2016.

5.0 How we inspect

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

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

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

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

During the inspection the inspectors met with the registered manager, three service users, four staff, a HSCT professional, a clinical psychologist and a senior manager from the organisation.

Comments from visiting professionals

- “The move to the new build has been brilliant”.
- “I have noticed better record keeping in the last few years”.
- “Service users have choice and are empowered”.
- “Communication with staff is good; staff are very supportive and knowledgeable”.
- “I would support Clearwater House 100%; they deal with the most acutely ill people”.
- “Staff are dedicated; they support service users to do things and explore things”.
- “Staff are well trained, knowledgeable and very reflective in their practice”.
- “Staff are responsive and are able to take on new ways of thinking and providing care and support.”
- “Communication is good; staff are open and honest”.

The following records were viewed prior to and during the inspection:

- Monthly quality monitoring report.
- Service user meeting minutes.
- Staff meeting minutes.
- Staff training records.
- Records relating to staff supervision and appraisal.

- Complaints records.
- Incident records.
- Records relating to adult safeguarding.
- Staff rota information.
- Recruitment Policy.
- Induction Policy.
- Supervision Policy.
- Appraisal Policy.
- Safeguarding Vulnerable Adults Policy.
- Whistleblowing Policy.
- Complaints Policy.
- Data Protection Policy.
- Statement of Purpose.
- Service User Guide.

Prior to the inspection the one of the inspectors visited that organisations' Human Resources (HR) department to review the agency's staff recruitment records; details of the findings are included within the report.

At the request of the inspectors, the manager was asked to display a poster 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 provided. No questionnaires were returned. During the inspection questionnaires were provided for completion by service users; no questionnaires were returned to RQIA.

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

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 January 2017

The most recent inspection of the agency was an unannounced 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 16 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
Area for improvement 1 Ref: Regulation 21.-(1)(a) Stated: First time	<p>The registered provider 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>This requirement related specifically to the agency's staff induction records.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspectors noted from records viewed that the agency's staff induction records are kept up to date, in good order and in a secure manner.</p>	
Area for improvement 2 Ref: Regulation 21.-(1)(c) Stated: First time	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspectors identified from records viewed that that the records specified in Schedule 4 are maintained, and that they were available for inspection.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 23.- (2)(a)(b)(c)(3)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>(2) 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>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer them, and;</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: Inspectors confirmed that the agency had provided the agency’s quality monitoring reports to RQIA as required.</p>		
<p>Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011.</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the agency’s</p> <p>Action taken as confirmed during the inspection: The inspectors noted that the agency’s updated Recruitment policy did not detail all the required pre-employment checks; following the inspection the inspectors were provided with an updated copy.</p>	<p style="text-align: center;">Met</p>

Area for improvement 2 Ref: Standard 12.7 Stated: First time	The registered provider should ensure that agency’s staff induction records accurately detail the date induction is commenced and completed.	Met
	Action taken as confirmed during the inspection: From staff induction records viewed it was noted that the agency clearly records the date that staff commence and completed their induction.	

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 inspectors reviewed the agency’s systems in place to avoid and prevent harm to service users; which included a review of staffing arrangements in place within the agency.

The agency’s staff recruitment process is managed by the organisation’s Human Resources (HR) department. One of the inspectors visited the HR department on 23 January 2017 and reviewed a number of the agency’s individual staff personnel records; records viewed were noted to include details of the recruitment processes and evidence of pre-employment checks completed. Records viewed and discussions with HR personnel indicated that the organisation’s recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency’s recruitment policy details the process for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; it was identified that the policy is required to be updated to denote that written references are required as outlined within the minimum standards. Staff personnel records held at the agency’s head office were noted to be retained securely.

The agency’s induction policy outlines the induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations; it was noted that staff are required to complete an induction workbook during their induction programme. The agency maintains a record of staff induction. Discussions with staff provided assurances that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

Staff who spoke to the inspectors indicated that their induction and training programmes had provided them with the appropriate knowledge and skills for their job roles.

The registered manager stated that relief staff are accessed from another registered domiciliary care agency on a block booking; they described the process for ensuring that any staff provided at short notice have the appropriate knowledge and skills to fulfil the requirements of the role. The inspectors viewed staff profiles for relief staff and noted that they contained information in relation to the individuals training, experience, induction and the status of registration with the NISCC.

Discussions with the registered manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users.

The agency's staff rota information reflected staffing levels as described by the registered manager and staff. Service users who spoke to the inspectors indicated that they felt that there is enough staff to meet their needs.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. Staff are provided with a supervision contract detailing the timescales for the completion of supervision. The agency maintains a record of staff supervision and appraisal; records viewed indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures. The agency facilitates staff meetings, clinical supervision sessions with an independent professional and therapeutic group supervision on a weekly basis; staff could describe the benefits of these processes in supporting them in their roles.

The agency has a system in place for recording staff training; the registered manager and staff could describe the process for identifying training needs. It was identified that staff are required to complete training in a number of mandatory areas and in addition a range of training specific to the needs of individual service users and the organisation's therapeutic care model. It was noted that staff are required to complete a written evaluation following training received. Staff were aware of their individual responsibility for ensuring that required training updates are completed as appropriate. The person completing the agency's monthly quality monitoring visit and the organisation's training officer review staff training. It was noted that an audit of training had been completed in February 2017 and an action plan completed. It was positive to note that the system for recording and reflecting training provided has been reviewed since the previous inspection and is managed and maintained in a more organised manner.

The inspectors reviewed the agency's provision for the welfare, care and protection of service users. The registered manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was identified that the organisation's updated policy and procedures reflect information contained within the regional policy. The policy and procedures outline the procedure for staff in relation to reporting concerns. The agency has an identified Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC.

Discussions with staff demonstrated that they had a clear understanding of adult safeguarding matters and the process for reporting concerns. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition complete a two yearly update.

The inspectors viewed the agency's records maintained in relation to safeguarding vulnerable adults. It was noted that the agency retains records 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 registered manager and staff indicated that the agency has made a number of referrals in relation to adult safeguarding since the previous care inspection and that the agency has acted in accordance with the policy.

The agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety was assessed during the inspection. The inspectors viewed records held in relation to agreed restrictive practices in place; the registered manager stated that there are currently no practices deemed to be restrictive. The inspectors noted that service users' medication is currently stored in the agency's office; they discussed with the registered manager the benefits of service users being provided with facilities to safely store their medication in their individual flats. The registered manager stated that the arrangement is a temporary measure and that the agency is in the process of providing service users with a locked facility within their individual homes.

It was identified that the agency receives a range of information and assessments relating to service users prior to them receiving care and support. Service users are encouraged and supported to participate in the development of their individualised care and support plans and in a six monthly review involving their HSCT keyworker.

It was identified from discussions with staff and from records viewed that care and support plans are reviewed eight weekly; staff record daily the care and support provided to service users. The inspector discussed with the registered manager the need to ensure staff sign their full signature in agency documentation.

The agency's registered premises are located in a building adjoining the homes of the service users' and accessed from a separate 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 happy here; I am safe."
- "You can do what you want."
- "I can talk to the staff at any time I want."

Staff comments

- "We do our best but there is always room for improvement."
- "I love it here; it is a great place to work."
- "It is a very relaxed atmosphere here."
- "Training is excellent; I had a two week initial induction and then a more detailed induction in first six months."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's staff recruitment, supervision and appraisal processes.

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 effective?

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

The inspectors reviewed the agency's arrangements for appropriately responding to and meeting the assessed 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 processes for the creation, storage and retention of records. Documentation viewed both prior to and during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. It was identified that staff personnel records viewed at the organisation's head office prior to the inspection were retained in an organised, secured manner. Records retained in the agency's office were noted to be held in a more organised manner than the previous care inspection; computers were noted to password protected.

Staff could describe the ways in which they encourage and support service users to be involved in the care planning process and therapeutic model. Service users stated that staff support them to be involved in the development of their individual care plans and in making decisions about their care and support. Staff stated that service users are provided with a copy of their individual care and support plans if they choose to have a copy.

The inspectors reviewed the agency's arrangements for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. The registered manager stated that the agency receives monthly visits in relation to monitoring the quality of the service provided; it was noted that the person completing the monitoring visit seeks to obtain feedback from service users and were appropriate relevant stakeholders in relation to the quality of care and support provided. The quality monitoring reports relating to December 2017 and January 2018 were provided to RQIA following the inspection.

The inspectors viewed the records of monthly quality monitoring visits completed and the action plans developed; records viewed indicated that the process assists the agency in identifying areas for improvement. Records viewed were noted to include comments made by service users, relatives and HSCT representatives. The record included details of the review of accidents, incidents, safeguarding referrals, restrictive practices, complaints, staff training and staffing arrangements.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with the staff, a HSCT professional and service users, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users.

Staff indicated that they were knowledgeable about the needs and preferences of individual service users. Information relating to advocacy services is detailed in the agency’s organisational policy.

The agency facilitates weekly community meetings for service users and staff; a record of the areas discussed is retained. The agency encourages daily contact with service users in the form of a morning meeting to discuss support required by individual service users and to provide service users with the opportunity of raising any issues or areas of concerns.

Staff could describe the processes in place to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders.

Comments received during inspection.

Service users’ comments

- “Staff help you with anything; just need to ask.”
- “This is the best place.”
- “Staff help us with shopping and cooking.”

Staff comments

- “There is a culture of openness here; staff are always open to new ideas.”
- “Care is very person centred.”
- “We generally give good care.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to auditing arrangements and ongoing effective communication with staff, service users and 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 inspectors reviewed the agency’s ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Staff could describe the importance of promoting the confidentiality of service user information and were aware of the agency's confidentiality policy. Discussions with service users, HSCT professional and staff, and observations of staff interactions with service users indicated that the promotion of values such as choice, dignity and respect were embedded in the culture of the organisation. It was identified that during the inspection that staff and service users were being provided with support following the death of a service user.

Service users could describe how they are supported when making decisions about the care and support they receive; they indicated that they can make their own choices. Staff could describe the processes used for supporting service users to make informed choices and for endeavouring to provide care and support.

Discussions with service users, HSCT professionals, staff and information viewed indicated that the agency has a range of processes in place to assist them in effectively engaging with service users; and for recording comments made by them. Records of weekly community meetings, one to one weekly keyworker meetings, service user care review meetings and reports of quality monitoring visits indicated that the agency endeavours to engage with service users and where appropriate their representatives.

Service users who spoke to the inspectors indicated that they felt listened to and stated that staff are caring and attentive to their needs. They stated that staff communicate with them in a kind and caring manner.

There are systems in place to facilitate effective engagement with service users and for responding to the comments made by them; they include the agency's quality monitoring process; compliments and complaints processes; care review meetings and weekly community and keyworker meetings. Staff stated that service users are encouraged to attend a daily meeting to discuss concerns or support they require. The agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The registered manager stated that the agency can provide information in an alternative format if required, to support service users to be effectively engaged in decisions about their care.

Comments received during the inspection process.

Service users' comments

- "Staff are brilliant; they care about you."
- "I can go out when I want."

Staff comments

- "Service users can do what they want; there are no restrictions."

Areas of good practice

There were examples of good practice identified in relation to the agency's processes for effectively engaging with service users and where appropriate relevant stakeholders and in endeavouring to provide care and support in a caring and individualised manner.

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 agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis by the registered manager and a number of project workers. Staff had a clear understanding of the process for obtaining support and guidance if required and good knowledge of the needs of the service users.

It was identified that the agency has a range of policies and procedures that are retained in a paper format stored within the agency's office; staff indicated that they can access policies at any time. During the inspection the inspectors viewed a number of the organisation's policies; it was identified the updated recruitment policy did not record that references were required in written form; following the inspection an updated policy was provided to RQIA. The inspectors noted that a number of policies were recorded as being in draft form.

The agency's systems for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users were reviewed; this included the review of risk assessments and care plans relating to individual service users. It was noted from records viewed and discussions with the registered manager and staff that the agency's governance arrangements promote the identification and management of risk. The arrangements include the provision of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy and procedure outlines the process for managing complaints; staff had an understanding of the actions required in the event of a complaint being received. It was noted that staff receive training in relation to handling complaints during their induction programme. Service users knew who to speak to if they wished to make a complaint.

The agency retains a record of complaints received; it was noted from information recorded within a monthly quality monitoring report viewed that the agency had received one complaint since the previous inspection; however the inspectors identified that this had not been recorded in the complaints record. The inspectors discussed with the registered manager and staff the need to ensure that a record is maintained of complaints received and the outcome of any investigation of the complaint clearly recorded.

It was identified from records viewed and discussions with the staff that the agency has systems in place to monitor and promote improvements in the quality of the service provided. The systems include the process of monitoring monthly staffing arrangements, incidents, accidents, safeguarding referrals and complaints. Prior to and during the inspection the inspectors viewed evidence of appropriate staff recruitment, training, supervision and appraisal.

Staff had a clear understanding of their individual job roles and responsibilities; it was noted that the organisation provides opportunity on a weekly basis for staff to discuss concerns or issues in the form of a staff dynamics meeting and weekly group clinical supervision. Staff demonstrated that they had a clear understanding of the process for raising concerns and had knowledge of the agency's whistleblowing policy.

Staff stated that the manager and seniors are supportive and approachable; they could describe the procedure for obtaining additional support if required. Service users were aware of different staff roles and knew how to get help, advice and support from staff.

There was good evidence of ongoing, effective collaborative working with relevant stakeholders, including HSCT representatives.

All staff are required to be registered with NISCC or other appropriate regulatory body; the registered manager stated that a record is maintained by the agency's HR department. Discussions with the registered manager provided assurances that the organisation has a process for ensuring that staff will not be supplied for work if they are not registered appropriately.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated. On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

Comments received during inspection.

Staff comments

- "The manager and seniors are approachable and supportive; we discuss any issues at the weekly meeting."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements; management of incidents and monitoring of registration with appropriate regulatory body.

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's complaints process.

	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 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	
<p>Area for improvement 1</p> <p>Ref: Standard 15.10</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>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.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: All records of complaints, including communications and details of complainants with investigations and action plans will be kept on site by the manager in the complaints book.</p>

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



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