



The Regulation and
Quality Improvement
Authority

Clearwater House
RQIA ID: 10764
3 - 5 Brookhill Avenue
Belfast
BT14 6BS

Inspector: Joanne Faulkner
Inspection ID: IN023050

Tel: 02890872233
Email: clearwater@threshold-services.co.uk

**Unannounced Care Inspection
of
Clearwater House**

25 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 25 June 2015 from 09.15 to 15.45. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the QIP within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Threshold(Richmond Fellowship NI Ltd)	Registered Manager: Mary Ann Champion
Person in charge of the agency at the time of Inspection: John Diamond	Date Manager Registered: 10 February 2009
Number of Service Users in Receipt of a Service on the Day of Inspection: 12	

Clearwater House is located on Brookhill Avenue in the north of the city of Belfast and is a supported living domiciliary care service provided by Threshold. The service provides personal, domestic, social and financial support to service users with mental ill-health issues.

The service is developed around the model of a therapeutic community; service users are accepted into the service for an initial period of two years. With support from staff, service users are encouraged to live as independently as possible. The age of service users ranges from 18 to 65 years.

The agency is registered to provide domiciliary care and employs eight staff. There are presently 12 service users in the service. Oaklee is the landlord for the property the service users reside in.

3.

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. **Methods/Process**

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

- Discussion with the person in charge
- Examination of records
- Consultation with staff
- File audit
- Evaluation and feedback

During the inspection the inspector met with four service users and four staff.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Three care and support plans
- HSC trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Community meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Staff register
- Complaints register
- Staff handbook (December 2014)
- Recruitment policy
- Induction procedure
- Induction checklist
- Supervision/ appraisal policy
- Agency's rota information

Six service users completed a questionnaire during the inspection; they indicated that:

- Service users are satisfied that staff help them to feel safe and respond to their needs
- Service users are confident that staff have the knowledge to care for them
- Service users are satisfied with current staffing levels
- Service users are satisfied with the care and support they receive

One individual stated "I think we could do with more staff on Wednesdays; although normally it is good".

Comments:

- "There are ample opportunities to share views on the support we receive"
- "Staff try to help us through any difficulties and respond to needs"

Staff questionnaires were completed by four staff following the inspection; they indicated the following:

- Staff are satisfied that the induction process prepared them for their role
- Staff are fully satisfied that the care is delivered in a person centred manner
- Staff are satisfied that concerns raised are taken seriously
- Staff are satisfied that service users are listened to and that the views of service users are taken into account in the way services are delivered
- Staff are satisfied that at all times there is an appropriate number of suitably skilled and experience persons to meet the service users' needs

One individual stated that number of staff had improved in recent months; previously relief staff were covering extra shifts to ensure adequate staffing levels.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the Clearwater house was an announced care inspection dated 6 May 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15.(9)	The registered person must develop policies and procedures in relation to arrangements for staff accessing food and drink whilst on duty in a service user's home.	Not Met
	Action taken as confirmed during the inspection: The person in charge stated that the organisation is currently in the process of updating all policies and procedures which will include arrangements for staff meals.	
Requirement 2 Ref: Regulation 7.(a)(b)	The registered person shall keep under review and, where appropriate, revise the statement of purpose to including information relating to restrictive practices. A copy of the reviewed statement of purpose should be forward to RQIA.	Met
	Action taken as confirmed during the inspection: From documentation viewed it was identified that the agency's statement of purpose had been updated to include information relating to restrictive practice.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 9.1; 9.4; 9.5	It is recommended that the registered person should ensure that policies are reviewed and are dated when issued, reviewed or revised. This is in relation to the Agency's finance policy.	Met
	Action taken as confirmed during the inspection: The inspector viewed the agency's finance policy and noted it had been updated in September 2014.	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has in place a recruitment policy; pre-employment checks are completed prior to a person being supplied to provided care; the person in charge stated that a record is retained by the agency's human resources department. An alphabetical index of all domiciliary care workers supplied or available for supply for the agency was viewed. Prior to employment staff are required to complete a medical declaration; the person in charge could describe the process for managing absence from work and return to work; they described the support provided to enable staff to return to work.

The agency's induction process is detailed within the staff handbook; the person in charge stated that all policies and procedures are currently under review. It was noted that the induction programme requires staff to shadow in the service users' homes; it was noted that this process lasts at least two weeks. Staff are provided with a handbook and have access to the agency's policies and procedures.

Staff could confirm that they had received induction prior to delivering care and support. A record of the induction programme provided is maintained.

The person in charge stated that due to the needs of the service users emergency staff cover is normally provided by staff presently employed within the organisation. The person in charge stated that all staff are required to meet with the acting manager and complete induction prior to providing care and support to service users.

The agency's policies and procedures for staff supervision and appraisal outline the frequency and processes to be followed. Staff stated that they receive two weekly supervision; it was noted that the agency facilitates weekly staff meeting and group supervision. Agency staff receive annual appraisal; records are maintained of supervision and appraisal.

Is Care Effective?

Discussions with the person in charge, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff described the process of availing of extra staff to ensure that at all times there is sufficient staff to meet the needs of service users. Staff rota information viewed reflected staffing levels as described by the person in charge; it was identified that the agency's rota information detailed the full name of staff supplied.

The inspector viewed the agency's staff rota for the forthcoming days and noted that staff were allocated shifts as required. The person in charge stated that staffing arrangements are discussed monthly at the project managers meeting.

Agency staff are provided with a job description; staff could describe their roles and responsibilities.

Staff could describe the detail of the induction program provided and stated that they felt competent to fulfil the requirements of their job. The induction record maintained records the detail of any evaluation or supervision completed with staff during the induction period.

The person in charge stated that staff providing supervision have received appropriate training; they stated that group supervision is completed weekly and in addition staff receive one to one supervision. Training needs are identified through various methods of supervision; however staff stated that they can discuss individual training needs with the acting manager at any time.

The agency provides mandatory training to all staff; it was noted that staff have received training specific to the needs of individual service users.

Staff were aware of the whistleblowing policy and their responsibility in highlighting concerns. It was identified that the agency's whistleblowing policy requires to be reviewed.

Is Care Compassionate?

The agency maintains a record of comments made by service users at the weekly community meeting relating to staffing arrangements and new staff; records viewed recorded discussions undertaken and comments made. Service users stated that they are informed of staff changes and introduced to new staff members. Staff could describe the effect of staff changes on service users; the person in charge described measures in place to maintain continuity of staff.

Training records viewed indicated that staff receive required mandatory training and in addition training specific to the needs of service users. The person in charge could describe the process for identifying outstanding mandatory training which involves input from the organisations training manager who monitors training needs.

Service users can choose the care they wish to receive; those who met with the inspector stated that staff respect their views and wishes and that their privacy and dignity is respected.

The agency has a process for managing unsatisfactory performance of a staff member; the person in charge could describe the detail of the disciplinary policy.

Service User Comments:

- "Staff are brilliant"
- "I meet my keyworker weekly; it is good"
- "There are enough staff; they help us if we need it"
- "Staff encourage us to be independent"
- "Everything is brilliant; we can do what we want"
- "The people from the Trust come in to see us"

Staff Comments:

- "I receive supervision every two weeks"
- "If I have any issues I can speak to the acting manager"
- "I received induction, it lasted at least two weeks"

- “We have a staff dynamics group; it is really good for addressing issues among the staff team”
- “There is good teamwork”
- “I feel supported and listened to”
- “We have a buddy system; it helps when you are new”
- “We have weekly meetings”
- “Pleased to work in Clearwater”

Areas for Improvement

Overall on the day of the inspection the inspector found care to be safe effective and compassionate. However, there was one area identified for improvement.

Standard 9.5

It is recommended that the agency review and update the recruitment, induction and supervision and appraisal policies and procedures.

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments viewed reflected the views of service users and if appropriate their representatives. It was identified that in addition to the assessments completed by the agency the agency had received a range of multi-disciplinary assessments from the relevant HSC trust. The inspector noted that the agency’s assessment form recorded that staff completing the assessment were required to discuss each area with the service user to agree input required. Service users stated that they are involved in the completion of individualised care and support plans and that their views are reflected.

Documentation viewed and discussion with staff and service users provided evidence of positive risk taking in collaboration with the service user and/or their representatives. The person in charge described a stepped approach in supporting service users to take positive risks. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible.

Is Care Effective?

Service users are encouraged to participate in reviewing their care and support in conjunction with a HSC trust representative six monthly. Staff record daily the care and support provided and care plans are reviewed as required. Service users are encouraged to meet weekly with their identified keyworker within the agency to discuss their care and support.

Service users stated that they were involved in developing their care and support plans and stated that their choices are reflected. Care plans viewed contain information specific to the needs of individual service users. Staff and service users stated that contact with relatives is limited.

The agency facilitates weekly community meetings; records viewed record the views and comments of service users. Service users are encouraged to complete an annual questionnaire in relation to the care and support they receive from the agency. Service users are informed of the agency's complaints procedure; the agency maintains a record of all compliments and complaints. Monthly monitoring visits are completed and records viewed indicate engagement with service users.

Service users have been provided with the human rights information; records indicated that issues relating to human rights had been discussed at a weekly community meeting. Details of an advocacy service are contained within the agency's service user guide.

Is Care Compassionate?

Staff were aware of the value of consulting with service users in relation to all aspects of their care and support. Discussions with staff and service users indicate that service users receive care in an individualised manner; service users stated that they make their own choices in relation to their care. Care plans viewed were written in a person centred manner. Records of the weekly community meetings indicate the participation of service users.

Staff described the process of supporting service users to secure funding in order to develop a health and fitness group which is now utilised by service users from other of the organisations services.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users.

The person in charge could describe the process for engaging with the HSC trust regarding service user capacity and consent issues.

Staff Comments:

- "Service users are listened to; they can do what they want"
- "Service users are involved in developing their care plans"
- "Service users are encouraged to attend one to one sessions with their keyworker"
- "The four pillars of Threshold are democracy, choice, group living and empathy"
- "Service users are encouraged to live as independently as possible"

Service User Comments:

- "I am listened to; I can do what I want"
- "I am happy living here"
- "I attend the weekly meeting; I say what I feel"
- "I meet my keyworker every week; I can talk to them at any time"
- "I talk to staff or other tenant's if I am worried"
- "I have just finished a course in the Tech"

Areas for Improvement

There were no areas for improvement identified in relation to Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
-------------------------	---	----------------------------	---

5.3 Additional Areas Examined

Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by a manager from another of the organisations services. Documentation viewed recorded the views of service users however it was noted that records did not contain the views of relatives and were appropriate professionals. The person in charge discussed the difficulty in engaging with relatives. It was identified that the documentation did not record the person spoke to. The documentation details any incidents or safeguarding concerns; it was noted that an action plan is developed.

Complaints

The agency has received two complaints for the period 1 January 2014 to 31 March 2015; this was verified by records viewed. The agency's complaints policy outlines the procedure in handling complaints; records viewed indicated that the policy and procedures had been followed.

Areas for Improvement

There was one area for improvement identified.

Standard 8.11

It is recommended that registered person ensures that the agency's monthly monitoring report records the views of service users representatives were appropriate and clearly records the details of persons engaged with.

Number of Requirements	0	Number Recommendations:	1
------------------------	---	-------------------------	---

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.2 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to Supportedliving.services@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

04 AUG 2015

Quality Improvement Plan

IMPROVEMENT AUTHORITY

Statutory Requirements**Requirement 1**

Ref: Regulation 15.(9)

Stated: Second time

To be Completed by:
25 August 2015

The registered person must develop policies and procedures in relation to arrangements for staff accessing food and drink whilst on duty in a service user's home.

Response by Registered Person(s) Detailing the Actions Taken:

The Policy and Procedures are in place, staff will receive further training on this by the 25 August 2015

Recommendations**Recommendation 1**

Ref: Standard 9.5

Stated: First time

To be Completed by:
25 September 2015

It is recommended that the registered person ensures that policies and procedures in place are subject to a systematic three yearly review and that policies and procedures are dated when issued, reviewed or revised.

This recommendation relates to the agency's recruitment, induction and supervision and appraisal policies and procedures.

Response by Registered Person(s) Detailing the Actions Taken:

induction, supervision and appraisal policies will be dated when issued revised and reviewed by September 25th 2015

Recommendation 2

Ref: Standard 8.11

Stated: First time

To be Completed by:
25 August 2015

It is recommended that registered person ensures that the agency's monthly monitoring report records the views of service users representatives were appropriate and details the persons engaged with.

Response by Registered Person(s) Detailing the Actions Taken:

monthly monitoring report records will show the views of service users representatives & details of the persons engaged with by 25 August 2015

Registered Manager Completing QIP	John Culbert Ops Manager	Date Completed	24/7/15
Registered Person Approving QIP	Karen (CFW)	Date Approved	3/8/15
RQIA Inspector Assessing Response	J. Sullivan	Date Approved	17/8/15

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below: