

Unannounced Care Inspection Report 29 May 2019



Clearwater House

Type of Service: Domiciliary Care Agency
Address: 62 Hopefield Avenue, Belfast, BT15 5AP
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Inspectors: Bridget Dougan

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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 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.

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 29 May 2019 from 11.00 to 16.30.

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

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress with 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.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, privacy, dignity and confidentiality. Service users are supported by staff to be as independent as possible and to carry out their daily activities with the least support required.

Following feedback from one service user, an area for improvement was identified in relation to the provision of a smoking shelter.

Service users indicated that they were happy with the care and support provided.

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

This inspection resulted in one for improvement being identified. Findings of the inspection were discussed with Mr John Calvert, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 08 October 2018

No further actions were required to be taken following the most recent inspection on 08 October 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Four staff responded; analysis of feedback is included within the report.

Questionnaires were also provided for distribution to the service users and their representatives; five were returned and details of the responses are included within the report.

The inspector spoke with three service users, four staff members, two relatives and two visiting professionals. Comments received are included within the body of the report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 08 October 2018

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 08 October 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 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.	Met
	Action taken as confirmed during the inspection: Inspector reviewed staff training records and confirmed that mandatory training requirements were met.	

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 agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. The manager stated that they review the application information in conjunction with the HR manager. Confirmation is received by the manager confirming that all pre-employment checks have been satisfactorily completed for any new staff. The manager stated that they review all the completed documentation and counter sign a checklist which is maintained within the staff files in the human resources department. The manager stated that staff are not provided for work prior to the completion of pre-employment checks and induction.

Staffing levels were consistently maintained and there were no concerns raised by service users, relatives or staff with the inspector in relation to the service users' needs not being met.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The review of the induction workbook verified that staff were provided with an induction period which exceeded the timescales outlined within the Regulations. This was confirmed with the staff spoken with during the inspection.

There was a rolling programme of training, competency assessments, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes by the manager and responsible person.

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 the staff are required to complete a course evaluation. It was good to note that additional training had been provided to staff in areas such as human rights, anti-oppressive practices, professional boundaries, therapeutic communities, communication, confidentiality and data protection. The manager stated that this training is also made available to any of the service users who wish to attend.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been referred appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that there is an identified ASC within the organisation. The Annual Position Report had also been completed and was reviewed during inspection.

The organisation has two clinical and reflective session groups which meet weekly and are facilitated by a clinical psychologist and counsellor. Staff are provided with space to reflect on their practice and present case studies for discussion. Staff informed the inspector that this helped them reduce stress and improved their practice and the care provided to the service users. This is good practice and is commended.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes. The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. The inspector was advised by the manager and staff that there were no restrictive practices in use within the agency and this was confirmed by service users.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information and risk assessments.

Care review records were reviewed and it was noted that service users were involved in the care review process.

The care plans reviewed identified that consideration had been given to the service users’ human rights. This related particularly to, but was not limited to, the service user’s right to privacy and dignity; personal choices and autonomy; promoting family life; and their right to refuse care.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users; their next of kin and other key stakeholders and this was confirmed during discussion with service users and their relatives.. 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. 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 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.

In addition to the weekly group clinical supervision meetings identified in section 6.4, staff are required to attend weekly staff meetings. Service users were invited to attend staff meetings.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. This included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users, their families 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 organisation's philosophy of care was included in the statement of purpose and service user guide. This clearly identified how service users' human rights would be upheld, including their right to privacy, dignity and respect, promoting independence and maintaining their confidentiality.

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

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

At the invitation of service users, the inspector joined the agency's annual general meeting. The meeting was attended by all the service users and provided a platform for them to discuss issues relating to the running of the service and for policy development. It was good to note that each service user was asked for their opinion and encouraged to participate in the discussions. An action plan with timescales was developed and agreed by the service users.

Staff could describe the methods used to support and provide care to services users in an individualised manner. Discussions with service users, their relatives, two visiting professionals 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 by the inspector provided evidence that staff respect the views and choices made by service users.

Participation in activities in the local and wider community was encouraged, with appropriate staff support provided as required. It was good to note that the service users were involved in planning the activities they wished to partake in. Staff provided examples of individual service users who were supported to go to day centres, physical activities groups, horse riding, the cinema and a martial arts group.

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.

The inspector spoke with three service users, four staff members, two relatives and two visiting professionals. A sample of comments received is detailed below.

Service user comments:

- "Excellent manager, ten out of ten, he goes the extra mile. He talks to you on your level and really cares."
- "Staff are all very good."
- "I would like a shelter outside for the people who smoke. This is my home and there is no shelter out the back for smokers."
- "I have the freedom to do my own thing."
- "We all get on well here."
- "I like it here."
- "I'm feeling a lot better now."
- "We get a great choice, we can choose what we want to do."
- "I like to cook for everyone."
- "Staff and residents treat you with respect."

The comment made by the service user regarding the smoking shelter was discussed with the manager following the inspection and an area for improvement has been made.

Staff comments:

- "I really enjoy working here. The residents are all treated very well."
- "This is a great place to work. I have learned a lot since I came here."
- "We get plenty of training and support to help us provide the best care for our residents."
- "The residents are encouraged to be independent and to make their own choices."

Service users' representative comments:

- "We are very pleased with Clearwater House."
- "X seems to be well settled and taking part in activities within and outside of the house."
- "They keep you involved and informed about what is going on."

Visiting professionals' comments:

- “I provide a one hour clinical session every week. This is a reflective space for staff.”
- “Our weekly counselling sessions are for staff to reflect on the dynamics and interaction with residents.”

Five service users returned questionnaires post inspection. Four service users indicated that they were very satisfied that the service provided was safe, effective, compassionate and well led. One service user indicated that they were neither satisfied nor dissatisfied with regard to the question ‘is care safe?’ This related to issues such as staffing levels, the safety of the environment, whether they could talk to staff if they had a concern and if they felt safe and protected from harm. This service user stated that they were very satisfied that the service was effective, compassionate and well led. The following is a sample of the comments received in the returned questionnaires:

- “This service is like a hotel.”
- “The feeling of a well-managed, secure environment is fundamental at all times. Maybe a group in stress and anxiety management would help.”

The results of the service user survey were discussed with the manager following the inspection. The manager agreed to follow up on the issues identified by the service users.

Four staff completed an electronic survey post inspection. All staff were satisfied that they agency was delivering safe, effective and compassionate care and if the service was well led. One staff member commented that they were “satisfied all round with the service provided”.

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

One area for improvement was identified during the inspection in relation to the provision of a smoking shelter.

	Regulations	Standards
Total number of areas for improvement	0	1

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 is managed on a day to day basis by the manager. It was identified that the agency has effective systems of management and governance in place.

A review of the compliments records identified that relatives had praised the staff for the care and support provided. The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There had been a small number of complaints received from the date of the last inspection and these were deemed by the inspector to have been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

All staff providing care and support to service users are required to be registered with the NISCC. The manager confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records confirmed that all staff were currently registered. The manager described the system in place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

The staff induction workbook provided new staff with information on the NISCC Induction Standards and provided them guidance on where they could get information to meet the standards. The manager advised that all staff were required to complete a number of reflective exercises following the completion of training modules; this aimed to encourage staff to reflect on the training they had received and on their practice, as part of their professional development plan.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- care and support records
- service user' finances
- medicine records
- accidents/incidents
- complaints
- staff training

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user surveys.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and in electronic format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff. The agency had received positive feedback from the HSC Trust representatives during multidisciplinary team meetings regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

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

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, privacy, dignity, confidentiality and service user involvement.

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 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 1.2</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>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.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager will ensure, the issue raised regarding provision of an external smoking shelter for use by service users who smoke, is addressed by the date specified.</p>



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