

Inspection Report

24 October 2022



Clogrennan SLS

Type of service: Domiciliary Care Agency

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern HSC Trust	Registered Manager: Mrs Anne Mc Cormick
Responsible Individual: Ms Jennifer Welsh	Date registered: Awaiting registration
Person in charge at the time of inspection: Mrs Anne Mc Cormick.	
Brief description of the accommodation/how the service operates: Clogrennan Supported Living Scheme is a domiciliary care agency supported living type which provides services to 10 service users living in their own homes within the Northern Health and Social Care Trust (NHSCT) area, who require care and support with their learning disabilities and complex needs. The service users are supported by 14 care staff.	

2.0 Inspection summary

An unannounced inspection took place on 24 October 2022 between 09.30a.m and 13.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation care planning, training and record keeping. There were good governance and management arrangements in place. The outcomes for people using the service reflected the principles and values of promoting choice and control, independence and inclusion.

Clogrennan uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

We noted a number of compliments received by the agency from various sources:

- "So homely, friendly and welcoming, a lovely place to live."
- "Staff know service users very well."

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any areas for improvement identified, registration information and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty 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 individual choices and freedoms associated with any person living in their own home.

Having reviewed the "We Matter" Adult Learning Disability Model for N.I. (2020), the Vision States: We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community. RQIA reviewed the support individuals were offered to take choices and decisions in their life that focused on enabling them to develop and to live a safe, active and valued life. RQIA also considered how service users were respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop, and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with service users and staff members.

The information provided by staff indicated that there were no concerns in relation to the agency.

Comments received included:

Service user's comments:

- "I'm happy living here and feel listened to."
- "I enjoy living in Clogrennan, I feel safe here."
- "If I had any problems I would discuss them with staff."
- "The best thing about living here is my friends and being able to do my washing."

Staff comments:

- “I’m aware of my responsibilities to NISCC as a care worker and adhere to their values and standards and guidance.”
- “All my training is up to date.”
- “Good staff induction that prepares you for the role.”
- “We provide individual choice to service users.”
- “We provide person centred care and support.”
- “I have one to one supervision regularly.”
- “Staff communicate well with each other.”
- “The manager is approachable and has an open door policy.”

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



Do you feel your care is safe?

- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “I’m happy with staff.”
- “The best staff in the whole world.”
- “Everything is ok.”
- “It is very good here.”

No staff responses were received prior to the issue of this report.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 1 October 2021 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of any referrals made in relation to adult safeguarding. Records reviewed and discussion with the manager indicated that no safeguarding referral had been made since last inspection.

Staff were provided with training appropriate to the requirements of their role.

There was also evidence of regular contact with service users and their representatives.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had complete appropriate Deprivation of Liberty Safeguards (DoLS) training relevant to their job roles. The manager reported that one of the current service users were subject to DoLS arrangements. All required documents were reviewed and in place.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users and families had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Care plans promoted people's independence as far as possible. Staff were encouraged to prompt people to be independent to help them maintain control. Service users and families are involved in providing their feedback through regular reviews. This helped to ensure service users preferences and views were known and respected. We noted some of the comments received during recent annual reviews:

- "It's great, I like it here."
- "I'm well settled and happy."
- "I'm proud of my new home and I'm able to carry out my household chores independently."

It was good to note that the agency had completed an annual quality survey, seeking feedback on the current quality of care from service users, carers and staff. The documents reviewed showed positive outcomes. We noted some of the comments received:

- "Staff are more than helpful and friendly."
- "Staff are very polite and welcoming."
- "Care is excellent."
- "I'm happy my home is quiet."
- "I'm happy in my new home."
- "Staff are very willing."
- "Staff listen to me when I'm upset."

It was also positive to note that the agency had service user house meetings on a regular basis which supported the service users to discuss what they wanted to achieve from the service. We discussed the current format of meetings with the manager and suggested a review to achieve more feedback from service users.

The service delivered had also been regularly reviewed through a range of internal and external audits. The provider regularly sought a good range of feedback from people and their carers which was consistently positive.

The individual way people communicated was key to their support, including verbally, or by their behaviour or body language. Care plans provided staff with guidance about the most effective way to communicate with individuals.

It was important that service users with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet/easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Whilst none of the service users had swallowing difficulties, the manager was aware that training in Dysphagia could be accessed, if required in the future. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records identified no shortfalls in the recruitment process. Confirmation including criminal record checks (Access NI) were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager confirmed that no volunteers were in place within the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; the records included the names of those attending the training event, the dates of the training.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

Comments received during quality monitoring:

Service users:

- “We enjoy the support offered.”
- “I have a chance to do things I have never done before.”
- “I enjoy the company and support of staff.”

Staff:

- “I really enjoy my shifts.”
- “I’m content in my role.”
- “Staff have a consistent approach.”

Relatives:

- “I’m content with the care and support.”
- “My relative receives good care.”
- “No complaints and happy with communication.”

HSC Trust representatives:

- “I was impressed with the service and would recommend it.”
- “All care and support needs are being met and all is excellent.”
- “Staffs commitment to care is of a high standard.”

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency’s registration certificate was up to date.

There was an open culture, led by the manager and described by staff as being approachable and supportive to all.

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with The Registered Manager as part of the inspection process and can be found in the main body of the report.



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