

Announced Domiciliary Care Agency Inspection Report 24 January 2017



Clogrennan Supported Living Scheme

Type of service: Domiciliary Care Agency
Address: 302 Old Glenarm Road, Larne, BT40 1TU
Tel no: 02828272428
Inspector: Amanda Jackson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Clogrennan Supported Living Scheme took place on 24 January 2017 from 09.00 to 14.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed that the individual needs of service users are central to decision making about how services are provided. The agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff have a high degree of confidence in management and have access to appropriate consultation at all times.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The arrangements for the provision of care and support to service users include evidence of positive risk taking whilst actively maximising safety for service users at all times. The inspector found solid evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users and/or their representatives are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users, their representatives, and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from service users, relatives, staff and two HSC Trust professionals, which indicated that service provision had resulted in positive outcomes for service users' lives.

Is care compassionate?

During the inspection the agency was found to be delivering a high standard of person centred compassionate care.

The inspector observed interactions between staff and service users and received feedback from relatives and community professionals which indicated that the human rights, choice and respect of service users are upheld through service delivery. Discussions with service users indicated that their views and wishes are absolutely central to service delivery. The agency staff make extensive efforts to support the choices and independence of service users.

The agency maintains systems to ascertain the wishes and feelings of service users/their representatives, and to involve them in decision making. The delivery of compassionate care has resulted in notable positive outcomes for service users. One area discussed for review was the inclusion of all stakeholders in the annual quality survey.

Is the service well led?

During the inspection the delivery of a well led service was found. Management and governance systems have been effectively implemented at the agency to ensure that the needs of service users are met and quality improvement is driven. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager and deputy manager who has knowledge of the needs of service users at all times. The inspector noted evidence of effective team working to the benefit of service users. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, were notable and have contributed significantly to the positive outcomes achieved with service users.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Rosemary Wray, Registered Manager, and the deputy 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection on 4 September 2015.

2.0 Service details

Registered organisation/registered person: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered manager: Mrs Rosemary Alida Wray
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Person in charge of the service at the time of inspection: Mrs Rosemary Wray	Date manager registered: 12 February 2009
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3.0 Methods/processes

Prior to inspection the following records analysed:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency
- Correspondence with RQIA.

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

- Discussion with the registered manager and deputy manager
- Consultation with four service users
- Consultation with two relatives
- Consultation with two support staff, two senior support staff and the administrator;
- Consultation with two Health and Social Care Trust (HSCT) professionals
- Examination of records
- File audits
- Evaluation and feedback.

During the inspection the inspector spoke with the registered manager, the deputy manager, two support staff and two senior support staff, four service users, two relatives, and two community professionals. During the inspection the inspector observed the interactions of staff with service users.

The registered manager was provided with ten service user questionnaires and ten staff questionnaires to distribute to randomly selected service users and staff members for their completion. The questionnaires asked for service users and staff views regarding the service, and requesting their return to RQIA. Eight staff questionnaires and ten service user questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Two staff members recruitment records
- Induction policy and procedure, programme of induction and supporting templates
- Two staff members induction and training records
- Supervision and appraisal policy and procedure
- A range of long term staff members supervision and appraisal records
- A range of long term staff members training records;
- A range of staff duty rotas

- Vulnerable adults regional guidance and easy read guidance for staff
- Whistleblowing policy and procedure
- Four service user records regarding review, reassessment and quality monitoring
- Three tenants meeting minutes
- Three tenants forum meeting minutes
- Records management policy
- The agency's service user guide/agreement/tenants agreement
- The agency's statement of purpose
- Four service users home recording records
- Three monthly monitoring reports
- Annual quality report 2016
- Three compliments
- A range of staff meeting minutes
- A range of communications to trust professionals/keyworkers regarding changes to service users' needs
- Confidentiality guidance for staff
- Complaints policy and procedure and tenants easy read complaints guide
- One complaint record
- Reporting adverse incidents policy and procedure
- Two incidents records.

4.0 The inspection

Clogrennan is a supported living domiciliary care service based at 302 Old Glenarm Road, Larne. The service provides twenty four hour care and support to seventeen service users across five houses who have a learning disability and complex needs.

4.1 Review of requirements and recommendations from the most recent inspection dated 04 September 2015

The most recent inspection of the agency was an announced care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 04 September 2015

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff spoken with highlighted the committed staff team working across all houses and the level of management support available.

The inspector received feedback from the registered manager, deputy manager and staff team which indicated that the needs of service users are to the forefront of decision making regarding providing appropriate cover across all shifts. The inspector noted the staff team is currently fully staffed. The staffing arrangements enable the agency to largely provide familiar staff to service users who particularly need staff continuity. The registered manager and deputy manager are responsible for the day to day provision of services and both demonstrated good knowledge of service users during inspection discussions and review of records. The staffing arrangements provided by the agency have contributed to positive outcomes for service users. This was supported during the inspector discussions with service users, relatives and trust professionals.

It was noted that the agency has an induction policy and induction programme which includes an initial period of induction to the service and shadowing experienced staff over a period of several weeks, and an ongoing probationary period of six months. The inspector received feedback from staff which indicated that the induction period prepared them for their roles and responsibilities within the organisation.

The inspector noted that the staffing arrangements include flexibility to allow service users the time they need to get to know new staff before they provide services alone in the service users' home. Staff members spoken with commented: 'New staff are introduced to service users over a period of time with new staff working alongside experienced staff until both staff and service users have become familiar with each other.' The inspector received feedback from staff and through observation which indicated that the needs of service users are a primary consideration in staffing arrangements and have contributed to positive outcomes for service users.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards such as Dementia training. Staff discussed key training as an ongoing process with provision for additional training as identified. Staff commented:

'Training is ongoing and appropriate in meeting the needs of the tenants we work with.'

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with the agency policy. Three records reviewed indicated staff supervision and appraisal had taken place in line with the agency procedure and this was confirmed with the registered manager. Staff described managers as 'good' and available to respond to queries and concerns as necessary. One staff questionnaire stated, 'supervision is on a regular basis and you can bring any concern to supervision, very good.'

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed regional and local guidelines maintained by the agency in relation to the safeguarding of adults. The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector was informed that the trainer for the NHSCT delivers safeguarding training.

Staff described safeguarding training as being of a good standard and relevant to their roles. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system

of access at all times to the registered manager, deputy manager or senior staff member who has knowledge of the needs of service users.

The agency has made two recent safeguarding referrals to the HSC Trust, both matters have been appropriately managed. The registered manager and deputy manager confidently described the agency’s role working with the HSC Trust in relation to safeguarding concerns. The inspector noted that the effective person centred care and support plans, may have contributed to safer outcomes for service users.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice/whistleblowing, and are confident of an appropriate management response. Review of the agency policy highlighted contact information for organisations outside of Clogrennan where not detailed; this matter was discussed with the registered manager and deputy manager and assurances provided that contact information would be included.

The inspector examined the safety of the agency’s arrangements to identify and manage risk to service users. The inspector examined referral and review arrangements with the HSC Trust which include risk assessments and care/support plans. It was evident to the inspector that the agency has sought to minimise risk whilst maximising the safety, independence and choice of service users, thus contributing to positive outcomes for service users.

The agency’s registered premises includes a single office within one of the houses where service users live which is suitable for the operation of the agency as set out in the Statement of Purpose.

Of questionnaires returned by staff, all indicated they were ‘very satisfied’ that care was safe. Of questionnaires returned by service users, all nine indicated they were ‘very satisfied’ that care was safe.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2016) and Service User Guide (2016).

The inspector reviewed a range of service users’ care and support plans. The inspector was informed that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessment provided by the HSC Trust multi-disciplinary team. Staff described service users as actively involved in the development and review of care and support plans. This was supported by service users spoken with by the inspector during the inspection. One staff questionnaire commented ‘PCP’s (person centred plans) are regularly updated and regular reviews are carried out.’

Records indicated regular evaluation and review of care plans, including involvement as appropriate with service users' relatives and the HSC Trust; this was supported by feedback from agency staff, relatives and HSC professionals spoken with during the inspection process.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by the HSC trust head of services who appears to have a good working knowledge of the service. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of staff, relatives and HSC Trust professionals, and progress on improvement matters.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with relatives indicated that they have open lines of communication with staff and are confident that they will be responded to appropriately. A relative provided positive feedback regarding the effective working relationship they have with staff, commenting 'my xxx is very happy there and looks forward to going home when they visit our family home for the day'. A second relative commented: 'Couldn't ask for xxx to be anywhere better'.

It was evident that the agency works effectively to implement appropriate communication methods and participate in ongoing re-evaluation to enhance services provided to the service users. In the course of the inspection the inspector observed that staff were aware of and promoted effective communication with all service users. The service users provided positive feedback to the inspector regarding how happy they are living at Clogrennan.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Visual pictorial charts were evident in different areas of the service users home to accommodate communication with those service users who have limited verbal communication. Tenants meetings and tenant's forum meeting minutes were reviewed during inspection and discussed during inspector meetings with service users. The meetings provide ongoing opportunities to discuss key tenant matters within individual houses and to review matters arising in appropriate forums.

Communications systems maintained by the agency provided evidence of effective communication, including a complaints and compliments process, tenant meetings, staff meetings, quality monitoring reports and ongoing care plan reviews between keyworker and service user. A range of communication systems were available in visual pictorial formats to support inclusion of all service users.

Two community professionals provided positive feedback regarding effective regular communication with the agency which has led to positive outcomes for service users. Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust and understands when to refer to or consult with a range of appropriate professionals.

Of questionnaires returned by staff, all indicated they were 'very satisfied' that care was effective. Of questionnaires returned by service users, all nine indicated they were 'very satisfied' that care was effective.

Service user comment:

‘I’m happy with the care I get’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of service. Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users. The inspector observed staff promoting the independence and choice of service users throughout their interactions and provision of service delivery.

Staff discussed how service users expect to have their voices heard in relation to care and support planning. Staff stated service users support plans are discussed and reviewed with each individual. Staff stated one service user writes her own support plan with assistance from staff. Everything is scheduled according to what the service user wants to do.

In the course of the inspection the inspector noted that service users appeared comfortable in their interactions with staff and freely stated their wishes and views. Service users were keen to speak with the inspector and to participate actively in the inspection, such as showing inspector their home, and discussing how staff at the agency support and care for them. The service users who spoke with the inspector were familiar with the staff rota which was in large print and colour coded for individual house. Service users explained how they knew which staff were covering in each house. Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines.

The inspector received robust evidence that the agency’s effective working relationships with trust professionals and implementation of recommended strategies has led to improvements in the ability of service users to lead an active and independent life. Two community professionals provided positive feedback regarding the focus of staff on improving service user’s to make choices regarding their day to day life. A number of service users showed the inspector their homes and explained how they use communication systems/rota’s in daily decisions and routines. The inspector received feedback from community professionals and a number of relatives about how staff support service users to live a full and active life with support as required. The HSC trust professional commented ‘Staff recognise the service users’ human rights and assist them to raise matters if they wish to do so’.

Several family members commented:

'Living at Clogrennan has made a big difference to my xxx'.

'Nothing but impressed'.

'Staff member xxx is an absolute diamond'.

A number of service users discussed how staff enable them to plan, purchase and cook meals of their choice and how they meet weekly with other service users who share the house to discuss menu choices. The service users described how the agency staff facilitate them to participate fully in the local community, including attending local groups, shopping locally and attending day activities. Positive feedback was provided to the inspector by staff and service users regarding the agency's actions in facilitating relationships with friends and family who reside some distance from the service user's home. It was noted that the wishes of service users are a central driving force to facilitating good communication with family.

Service users commented:

- 'I'm supported to be independent.'
- 'I like it here.'

The inspector noted that the agency actively promotes service user involvement within their own homes and throughout the wider Clogrennan community through the tenants meetings and tenants forum meetings with other similar services. Service users discussed their attendance at these meetings with other service users, and their participation in contributing to decision making regarding their own needs and those within their homes or across the service such as holiday planning, complaints matters or other matters arising. Discussion with service users and records of tenants' meetings reviewed indicated that a range of subject matters are discussed including daily matters and wider matters such as service users management and safety regarding money. A recent meeting included input from the PSNI to discuss simply methods to keeping money safe in service users homes. A recent forum meeting evidenced service users raising concerns regarding the recently revised trust finance/holiday policy, minutes highlighted how service users had gone to visit senior trust personnel in regard to this matter. Minutes of meetings reflected meaningful inclusion of service users across the agency in decision making processes and again the forum meeting minutes where reflected in pictorial format to support wider communication to those with limited verbal communication methods.

The inspector received feedback from relatives which indicated that the agency seeks and takes into account their views and knowledge on an ongoing basis. The agency maintains formal processes to ascertain and respond to the views of relatives, such as monthly quality monitoring, review meetings and the annual quality survey. A relative spoken with post inspection supported good communication mechanisms in place as they live some distance away from Clogrennan to ensure all matters are fully communicated. Relatives described having an ongoing relationship with agency staff where they felt that their opinions are listened to and valued.

Relative comments:

- 'Nothing but impressed.'
- 'Staff professionalism is so evident.'
- 'Great communication at all times, gives me complete peace of mind.'
- 'xxx looks forward to going back after she visits her family home.'
- 'Big difference in xxx life since moving to Clogrennan.'

The agency maintains a range of quality monitoring systems to evaluate the quality of service provided, including monthly quality monitoring reports which specifically ascertain and include the views of service users and their representatives. The inspector examined the report of the annual service user evaluation survey 2016, which reflected a high level of satisfaction amongst service users and family regarding the care they receive and the manner in which staff treat them. The inspector discussed the inclusion of all stakeholders in the annual survey review including trust professionals and staff working within the service. The registered manager and deputy manager acknowledged this area for development and provided assurance this would be implemented during the next annual quality survey.

Of questionnaires returned by staff, all indicated they were 'very satisfied' that care was compassionate. Of questionnaires returned by service users, all nine indicated they were 'very satisfied' that care was compassionate.

Service user questionnaire comment:

'I'm happy enough'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by Clogrennan have been implemented by the agency. The agency is managed on a day to day basis by a registered manager and deputy manager.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA.

The inspector saw evidence of reflective learning from a range of incidents through the monthly monitoring process, ongoing involvement of HSC Trust professionals in reviewing service users' needs, and continued communication with service user and relatives in maintaining and improving the quality of life for service users. The manager discussed the process for reviewing incidents individually, and collectively to analyse trends and formulate effective improvement plans.

The inspector received positive feedback from the HSC Trust professionals regarding the ability of the agency to work in partnership, and their commitment to learn, develop and implement strategies consistently to ensure the best support is available to service users. One professional commented, staff are good at identifying and reporting matters and pre-empting strategies to support the situation, staff are committed to supporting service users human rights.

The management structure of the agency is clearly defined and was well understood by staff. Agency staff and relatives provided feedback that they were confident of the managers' ability to

address concerns constructively. Whilst the agency may undergo changes in staffing, the inspector noted that the manager and deputy manager will endeavour to facilitate consistency for service users as far as possible. This includes providing service users as much time as they individually need to familiarise themselves with new staff during staff induction programmes.

The agency operates a robust training system and has an appointed trainer. It was noted that senior managers available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated they are confident that managers would listen to and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which were highlighted during inspection to require review in line with the three year timeframe recommended in the domiciliary care agency standards. The registered manager provided assurances these reviews would be brought to the attention of the relevant trust departments. Policies and procedures are maintained in paper format and are also available on the trust intranet accessible to all staff. The agency maintains and implements a policy relating to complaints. The inspector noted that a range of complaints had been received during the reporting period of 01 April 2015 to 31 March 2016. Review of three records supported appropriate processes in place for complaints review.

Staff could describe how they would respond to concerns about the performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. Staff who provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis.

The inspector noted that agency staff work effectively as a team, particularly with regard to maintaining consistency needed by service users. The inspector saw evidence of effective planning of staff resources to enable service users to engage in social inclusion, prepare healthy food of their choice and facilitate relationships with friends and family.

The registered manager has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. It was evident to the inspector that effective partnership working with Trust professionals has resulted in positive outcomes for service users who have complex needs.

Of questionnaires returned by staff, all indicated they were 'very satisfied' that the service was well led. Of questionnaires returned by service users, all nine indicated they were 'very satisfied' that the service was well led.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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