

# Unannounced Care Inspection Report 25 January 2018



## Clogrennan Supported Living Scheme

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

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

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.

### 3.0 Service details

|   |   |
|---|---|
| <b>Organisation/Registered Provider:</b><br>Northern HSC Trust<br><br><b>Responsible Individual:</b><br>Dr Anthony Baxter Stevens | <b>Registered Manager:</b><br>Mrs Rosemary Alida Wray |
| <b>Person in charge at the time of inspection:</b><br>Mrs Rosemary Alida Wray   | <b>Date manager registered:</b><br>12 February 2009   |

### 4.0 Inspection summary

An unannounced inspection took place on 25 January 2018 from 09.15 to 14.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, family, staff and Health and Social Care Trust (HSCT) professionals during the course of the inspection was positive with seven service users, two staff, one relative and two HSCT professionals presenting positive feedback.

No areas were identified for improvement and development. Discussion with the manager and deputy manager reflected further review of the annual quality report findings and any associated action plans. The manager is also requested to discuss with the head of services manager the need for consistent family and professional feedback within the monthly quality monitoring process.

Service users, family and the professionals communicated with by the inspector, presented positive feedback regarding the service provided by Clogrennan supported living scheme in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the manager and deputy manager during inspection.

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.

Following discussions with the service users, one family member, the staff and two HSCT professionals it was noted there was evidence overtime of positive outcomes for service users.

The inspector would like to thank the service users, families and agency staff for their warm welcome and full cooperation throughout the inspection process.

## 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

This inspection resulted in no areas for improvement being identified. 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 24 January 2017

No further actions were required to be taken following the most recent inspection on 24 January 2017.

## 5.0 How we inspect

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

- previous inspection report
- record of any notifiable events for 2016/2017
- record of any complaints notified to the agency

On the day of inspection the inspector spoke with seven service users who are supported by Clogrennan supported living service to obtain their views of the service.

The inspector also spoke with the Manager, deputy manager and two support workers.

During and following the inspection the inspector spoke with one family member by telephone. The inspector also spoke with two HSCT professionals during the inspection process to obtain their views of the service. The service users spoken with have received assistance with the following:

- social support
- support with personal care needs
- support with medication management
- support with budgeting

At the request of the inspector, the deputy manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Three questionnaires were returned with one staff member commenting, 'I feel the service we provide has service users at its centre and the service revolves around their needs and expectations'. The manager was also asked to distribute ten questionnaires to service users/family members. Six questionnaires were returned and details have been included in the body of the report.

The following records were examined and discussed during the inspection:

- A range of policies and procedures relating to staff recruitment, induction, training, supervision and appraisal, safeguarding and whistleblowing, records management, complaints, incident reporting and confidentiality.
- A number of long term staff members' supervision and appraisal records.
- A number of long term staff members' training records.
- A range of staff rota's.
- Staff meeting minutes.
- Staff NISCC registration and renewal processes.
- Staff handbook.
- Statement of purpose.
- Service user guide.
- Two long term service users' records regarding ongoing review, support planning and quality monitoring.
- Two service users' home records.
- Service user/tenant meeting minutes.
- Information relating to two safeguarding referrals.
- Three monthly monitoring reports.
- Annual quality report 2017.
- Two complaint's records.
- A range of compliments.

No areas for improvement were identified at the last care inspection on 24 January 2017.

The findings of the inspection were provided to the Manager and deputy manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 24 January 2017**

The most recent inspection of the agency was an announced care inspection dated 24 January 2017.

### **6.2 Review of areas for improvement from the last care inspection dated 24 January 2017**

There were no areas for improvement made as a result of the last care inspection.

### 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 inspector was advised by seven service users, one family member and two professionals spoken with that the safety of care being provided by the staff at Clogrennan supported living scheme was of a very high standard.

Policies and procedures relating to staff recruitment and induction were held on site. The manager and deputy manager confirmed all policies are accessible on the service information system and in hard format.

The manager and deputy manager verified all the pre-employment information and documents would have been obtained as required through the trust recruitment process. Review of staff recruitment records centrally within the NHSCT Human Resources Department confirmed compliance with Regulation 13 and Schedule 3.

Review of the staff induction process did not take place during this inspection as the service has not introduced any new staff to the service since the previous inspection. The service is currently fully staffed and do not avail of agency staff at this time.

Discussions with the manager, deputy manager and support staff confirmed all staff members' are currently registered with NISCC. A system for checking staff renewal with NISCC has been implemented by the organisation. The Manager and deputy manager provided evidence of a staff registration checking process for renewal of registration. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion during staff supervision and staff meetings.

Staff spoken with during the inspection where able to describe their registration process and what registration with NISCC entails and requires of staff on an ongoing basis.

No issues regarding the carers' training were raised with the inspector by the service users, families or professionals.

All of the service users spoken with confirmed that they could approach the support staff if they had any issues and were satisfied matters would be addressed. The Manager and deputy manager confirmed communication with the service users' is ongoing and includes interaction with the Health and Social Care Trust (HSCT) professionals and families. Service users, families and the professionals spoken with confirmed communication is good and in a timely manner. Examples of some of the comments made by the service users, families and the HSCT professionals are listed below:

- "I am happy living here, staff are good."
- "Everything is going well, I have no issues."
- "Couldn't say a bad word about the service."



- “Communication is good.”
- “Staff are constantly checking and mindful of SU’s needs.”
- “Excellent staff team.”
- “They’re approach is very person centred.”
- “No issues at all.”
- “Staff are all welcoming and check ID before letting you into the house.”

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were discussed with the staff team and confirmed as available. The agency has revised their policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 (‘Adult Safeguarding Prevention and Protection in Partnership’). The agency’s whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection were knowledgeable in respect of their roles and responsibilities regarding safeguarding. Both staff spoken with were familiar with the new regional guidance and revised terminology but were not completely familiar with the ‘safeguarding champion’ in the organisation. This feedback was shared with the manager during inspection.

The inspector was advised that the agency had no safeguarding matters arising since the previous inspection which were reportable to RQIA. The agency however, had clear procedures in place for alerting matters within the trust internal processes and these were reviewed as appropriate during inspection within two matters which had arisen. Staff spoken with during inspection presented an appropriate understanding of their role in whistleblowing and were able to clearly describe the process.

Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the manager and deputy manager confirmed processes which would be used to address any matters arising. No staff competence matters which had arisen since the previous inspection.

Staff training records viewed for 2016-17 confirmed all staff were completing the required mandatory update training programme. The training records reviewed on the staff training matrix for 2016-17 contained the required mandatory training subject areas and additional training specific to the service needs. Training is facilitated through the trust training processes and includes both online and practical training sessions as required. Review of staff records confirmed mandatory training in line with agency procedures. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Staff confirmed accessibility to additional training as required.

Records reviewed for a range of staff members evidenced mandatory training compliant with agency policy timeframes. The manager and deputy manager confirmed staff supervision and appraisal in accordance with the agencies timeframes and this was confirmed during inspection review of staff files. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The manager and deputy manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of two service users’ records evidenced ongoing review processes in line with policy timeframes. Records had been signed

by service user involved and other involved in reviews where appropriate. Communication with service users, family and two HSCT professionals during inspection supported a process of ongoing review with service user involvement. The manager and deputy manager confirmed that trust representatives were contactable when required regarding service user matters, and communication with HSCT professionals was confirmed during inspection discussions.

Service users, family and the HSCT professionals communicated with by the inspector, and review of agency rotas suggested the agency have appropriate staffing levels at present.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Six service users and three staff questionnaires were received post inspection which supported care provided at Ellis Grove to be of a good standard in respect of safe care.

### Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff recruitment, training, supervision and appraisal. Checking processes in respect of staff NISCC registration annually were also in place. Review of service users' support needs were found to be ongoing. Feedback from service users, one family and the HSCT professionals provided positive feedback in respect of support provided to service users by the agency and this feedback was shared with the manager and deputy manager during inspection.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

### 6.5 Is care effective?

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

The inspector was informed by the two service users', family and HSCT professionals spoken with that there were no matters arising regarding the support being provided by the staff at Clogrennan Supported Living Scheme.

No specific issues regarding communication between the service users, families, staff and professionals were raised with the inspector.

Reviews were discussed with service users and family members who confirmed they were involved in reviewing individuals support needs. The manager and deputy manager confirmed service users and stakeholders receive a questionnaire to obtain their views of the service as part of the annual quality review process. The inspector reviewed the findings from stakeholders in the completed annual review of the service for 2017. The report was well presented and in a user friendly pictorial format but did not fully reflect all of the stakeholder



findings and any areas for follow up as part of the review process; these matters were shared with the manager and deputy manager for further review. Service user feedback has been ongoing over time together with relative and professional feedback through periodic service user reviews, and through monthly monitoring completed in the service. These processes were confirmed during inspection however monthly monitoring did not consistently reflect family and professional feedback; this area was discussed with the manager and deputy manager for review with the monthly monitoring officer.

Examples of some of the comments made by service users, family and two HSCT professionals are listed below:

- "The staff supported us to find this new home and to make decisions regarding where we wished to live."
- "Staff support me well."
- "xxx is very well supported living at Clogrennan."
- "Good communication with and from the staff."
- "When issues arising they are addressed promptly and efficiently."
- "Nothing negative to say."
- "No issues with the service or staff."
- "Staff are very proactive in seeking advice from professionals and open to learning and suggestions for improvement."
- "Communication is very good and they constantly report back to professionals."

Service user records included reviews completed by the agency with the trust reviews taking place periodically; service users views are obtained and incorporated where appropriate. Review of support plans within the agency supported a regular ongoing process involving service users and keyworkers with support plans signed by service users. Involvement in reviews was discussed with service users during inspection and all confirmed involvement in this process. One service user showed the inspector how they had planned their own review documents in pictorial format and discussed how this process which staff supported them with was very meaningful to xxx.

The service has introduced no new service users since the previous inspection. The manager and deputy manager confirmed the statement of purpose and service user guide would be provided to new service users at introduction to the service and a signed service user agreement completed.

The service maintains recording sheets for each service user on which support staff record their daily input. The inspector reviewed two completed records and found the standard of recording to be good.

Staff spoken with during inspection demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users' needs are identified. Staff discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Six service users and three staff questionnaires were received post inspection. All responses supported effective service delivery. One service user commented, 'I am happy with the way it is'.

**Areas of good practice**

There were examples of ongoing support and review provided by staff and communication between service users, family, support staff and other key stakeholders. Feedback from service users, one family and HSCT professionals was positive regarding the effectiveness of service support.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 service users, family member and HSCT professionals spoken with by the inspector felt that care was compassionate.

Views of service users are sought through periodic review processes and during monthly monitoring. Examples of some of the comments made by the service users, families and professionals during the inspection are listed below:

- “The staff are great.”
- “Staff have gone on holidays with me.”
- “It’s all about the clients in Clogrennan.”
- “Staff are constantly checking and mindful of SU’s needs.”
- “Very homely environment and very much person centred.”
- “They’re approach is very person centred.”

The agency implements service user quality review practices periodically. Quality monitoring from contacts during monthly quality visits evidenced positive feedback from service users alongside HSCT professionals, family and staff feedback. As detailed in the section above, consistent family and professional feedback is required during monthly review of the service; the manager and deputy manager agreed to take this matter forward.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users’ wishes, dignity and respect. Observations made by the inspector during the inspection day supported a compassionate staff team who endeavour to meet varying service users’ needs in a supportive manner.

Six service users and three staff questionnaires were received post inspection. All indicated that care and support provided was compassionate.

**Areas of good practice**

There were examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, a family, the HSCT professionals and staff on the day of inspection.

**Areas for improvement**

No areas for improvement were identified during the inspection in respect of regulations and standards.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Positive feedback received during inspection has been referenced under the previous three sections and further detailed below. Comments made by staff, families and the HSCT professionals and information obtained during annual service user review processes include:

- “xxx is very happy and content in their new home, staff are very good and helpful to my family and xxx, I would have no complaints.”
- “xxx is very happy with living at Clogrennan, therefore the family are happy also.”
- “the staff member was very knowledgeable about all service users and all their needs were fully met, keep up the good work!.”
- “I enjoy working here and have good management support and a good supportive staff team.”
- “xxx now has a life of their own where they take responsibility for things good and bad”.
- xxx gets to make up their own mind about things.”
- xxx is well cared for, if only xxx mother could see xxx now and the things xxx is doing.”

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current manager and deputy manager, the agency provides domiciliary care/supported living to seventeen adults living within Clogrennan supporting living scheme. The agency’s complaints information viewed was found to be appropriately detailed and included reference to independent advocacy services.

The policies and procedures are maintained on the service information system and in hard format as necessary and the contents discussed with the manager and deputy manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within policies reviewed during inspection. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures.

The complaints log was viewed for 2016-2017, with seven complaints arising in 2016-2017. Records of two complaints were reviewed during inspection and supported appropriate processes in place.

Discussion with the manager and deputy manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. No incidents had arisen since the previous inspection which were reportable to RQIA.

The inspector reviewed the monthly monitoring reports for September, November and December 2017. The reports evidenced that the monthly monitoring is carried out by the head of services manager. Monthly monitoring was found to be in accordance with minimum standards regarding input from service users and staff members but did not consistently reflect feedback from family members and professionals; this matter was discussed with the manager and deputy manager during inspection and assurances were provided that the matter would be shared with the head of services manager.

Discussion with two support staff during inspection indicated that they felt supported by their manager, deputy manager and within the staff team at Clogrennan supported living scheme. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved with the service were evident during the inspection and supported an open and transparent process in respect of appropriately meeting service users need. Communication with one family member and two HSCT professionals during inspection supported an open communication process with staff at Clogrennan supported living scheme.

Six service users and three staff questionnaires were received post inspection. All responses supported a service which is well led.

### Areas of good practice

There were examples of good practice found during the inspection and supported during discussions with service users, family and the HSCT professionals. Monthly monitoring of services and maintaining relationships with key stakeholders were also evident.

### Areas for improvement

No areas for improvement have been identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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