

Unannounced Care Inspection Report

30 June 2016



Clondermott House

Type of Service: Domiciliary Care Agency
Address: 17 Clondermott Park, Londonderry BT47 2LF
Tel No: 02871312073
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Clondermott House took place on 30 June 2016 from 10.30 to 16.30.

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?

Delivery of safe care was evident on inspection. The agency has in place robust recruitment systems and ensures there is at all times an appropriate number of suitably skilled and experienced staff to meet the needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust; and on occasions other stakeholders. The agency has systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for quality improvement were identified during this inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency consistently responds appropriately to meet the individual needs of service users through the development and review of individualised care plans. The agency has implemented robust systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and, where appropriate, their representatives. There are robust systems in place to promote effective communication with service users and stakeholders. One area for improvement was identified in relation to the review of the agency's data protection policy.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care and support. It was noted from observation and discussion with staff and service users that agency staff value the views of service users and where appropriate their representatives. The inspector identified evidence of positive outcomes for service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a fulfilling life. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are robust management and governance systems in place to meet the needs of service users.

Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective working partnerships with the HSC Trust and other external stakeholders was evident during the inspection. One area for improvement was identified during the inspection in relation to the agency's complaints policy.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, 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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Janice Anderson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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.

2.0 Service details

Registered organization/registered provider: Apex Housing Association/Gerald Kelly	Registered manager: Janice Anderson
Person in charge of the agency at the time of inspection: Janice Anderson	Date manager registered: 06 July 2011

3.0 Methods/processes

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

- Discussion with the registered manager
- Examination of records

- Consultation with staff and service users
- Evaluation and feedback.

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection.

The following records were viewed during the inspection:

- Four service users care records
- HSC Trust assessments of needs and risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Records relating to recruitment process
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Staff Handbook
- Standards for Supported Living Policy, February 2016
- Training and Development Policy, January 2015
- Selection and Recruitment Policy; January 2014
- Supervision Policy, July 2015
- Safeguarding Vulnerable Adults Policy, October 2014
- Risk Assessment Policy, January 2015
- Disciplinary Policy, June 2014
- Confidential Reporting Policy, January 2015
- Data Protection Policy, February 2013
- Complaints Procedure, May 2013
- Statement of Purpose
- Service User Guide
- Accident and Incident Policy.

During the inspection the inspector met with three service users, the registered manager and three staff members.

Questionnaires were distributed for completion by staff and service users during the inspection; five staff and seven service user questionnaires were returned.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Clondermott House is a supported living type domiciliary agency, located in Londonderry. It is situated in the Waterside area of the city and was opened in 1993. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good mental health and maximising quality of life.

The service users have individual rooms and a range of shared facilities which includes a lounge, a number of bathrooms and a kitchen.

Discussion with the registered manager, staff and service users, provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the registered manager, service users and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection dated 9 November 2015

The most recent inspection of the agency was an unannounced care inspection. There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

The agency's selection and recruitment policy outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; it was identified that a checklist detailing checks completed is retained by the agency's human resources department. The manager could describe the process for ensuring that staff are not provided until all necessary checks have been completed.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; from records viewed and discussions with staff it was noted that staff are required to attend induction training one day per week in the initial ten weeks of employment.

The agency maintains a record of the induction programme provided to staff; records viewed detailed the information provided during the induction period and additional supervision and support provided to staff during the six month probationary period. Records examined provided evidence of a comprehensive induction programme.

It was noted that following recent restructuring within the organisation staff have recently completed competency assessments; staff provided positive feedback about this process.

Staff stated that they are provided with the agency's staff handbook and have access at all times to the agency's policies and procedures online and in paper format.

The agency has a process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role; the inspector viewed staff profiles for relief staff provided and noted that they contained information relating to staff training and relevant experience. The agency has a procedure for the induction of short notice/emergency staff and for verifying their identity prior to supply; it was identified from discussions with the registered manager that relief staff are accessed from another domiciliary care agency. Staff could describe the impact to service users of frequent staff changes.

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. The agency's staff rota information viewed reflected staffing levels as described by the manager and staff.

The agency's supervision and appraisal policies detail the frequency and procedures to be followed. The agency maintains a record of staff supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector felt that supervision and appraisal were beneficial.

It was identified that the agency has an electronic system in place for recording staff training completed; there is a process for highlighting when training is required to be updated. The manager could describe their role in conjunction with the training officer in identifying gaps and planning training. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users'. Staff stated that they can request additional training and that individual training needs are discussed during supervision and appraisal.

Staff stated that they had the required knowledge, skills and experience to carry out their roles. They described how their induction which involved shadowing other staff members; meeting service users and becoming familiar with their care needs equipped them for their role. Staff described the importance of respecting the privacy, dignity and choices of service users.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was noted that the organisation is currently reviewing their policy and procedures to reflect information contained within the guidance. The manager stated that training had been provided to managers' in relation to the information detailed within the guidance.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults.

From discussions with the registered manager it was identified that the agency has made three referrals in relation to alleged or actual incidents of abuse; records viewed indicated that the agency had acted in accordance with their procedures.

It was noted that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete an annual

update. Staff demonstrated that they had a good understanding of safeguarding issues and could clearly describe the procedure for reporting concerns.

The manager described an awareness raising event recently organised by the agency to raise the awareness of adult safeguarding; they stated that a number of service users and their relatives attended.

Staff could describe the detail of the agency's whistleblowing policy and their responsibility in highlighting and raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk; it details the requirement that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. It was noted from records viewed and discussions with staff that risk assessments are reviewed initially six months after the tenancy commences and then annually. The agency's governance arrangements include audit of risk assessment and any restrictive practices in place.

The agency's registered premises are located within the same building as the service users' accommodation; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Five staff and seven questionnaires were returned to the inspector; responses received indicated that both staff and service users were satisfied that care provided is safe.

Service user comments

- 'I have never had any trouble living here in 15 years.'
- 'Staff are grand.'
- 'I like it here; I don't go out much I feel safer here.'
- 'I am happy here.'

Staff comments

- 'Training is good.'
- 'We have enough staff.'
- 'We support service users to stay safe and live as independently as possible.'
- 'I get supervision and appraisal.'

Areas for Improvement

No areas for improvement were identified during the inspection.

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency's data protection policy relating to management of records details the procedures for the creation, storage, retention and disposal of records was required to be reviewed and updated in accordance with timescales detailed within the minimum standards. It was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The inspector viewed a number of individual service user care plans; service users stated that they are involved in the development of their individual care and support plans. It was noted that staff record daily the care and support provided to service users; the inspector discussed with the manager the need for staff to ensure that gaps are not left between entries made by staff. Documentation viewed indicated that risk assessments and care plans are reviewed and updated six monthly. It was noted that HSC Trust representatives participate in the annual review process.

It was identified in discussions with staff and from documentation viewed that the agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

Monthly quality monitoring visits are completed by a senior manager within the organisation and an action plan developed. It was noted from records viewed that the views of service users, their relatives and where appropriate relevant professionals had been recorded. The documentation includes details of the review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed. The manager stated that they are required to complete monthly and quarterly returns to senior management

The agency facilitates bi-monthly tenants' meetings; service users stated that they are encouraged to express their views and opinions. Service users were aware of the agency's complaints procedure; it was noted that the agency maintains a record of all compliments and complaints.

It was noted that the agency provides service users with human rights information issued by the Ministry of Justice; details of advocacy services are provided to service users.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting issues or complaints and stated that they can speak to staff at any time.

The manager stated that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies and could describe examples of ongoing liaison with HSCT professionals in relation to a number of service users.

Five staff and seven questionnaires were returned to the inspector; responses received indicated that both staff and service users were satisfied that care provided is effective.

Service users' comments

- 'The care is very good.'
- 'I am happy with everything.'
- 'I attend the tenant's meeting; it is good.'
- 'Sometimes I get bored at the tenants meeting.'
- 'I speak to my keyworker if I am worried.'
- 'Staff are all great.'

Staff comments

- 'Care plans are reviewed six monthly.'
- 'Service users' are treated with respect.'
- 'Service users are supported to live as independently as possible.'
- 'Service users are involved in their care planning and have a review every year.'

Areas for improvement

One area for improvement was identified in relation to the review of the agency's data protection policy.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care compassionate?

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care, support and life choices.

Staff training records viewed indicated that staff receive Human Rights training during their initial induction. Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation.

The inspector viewed a range of information provided to service users in an alternative format to facilitate clearer understanding of the information being communicated.

Staff clearly described how the views and wishes of service users are central to service provision; they provided examples of positive risk taking to enable service users to live a meaningful life and promote independence.

Discussions with staff and service users and observations of staff interaction with service users indicated that care is provided in an individualised manner. Care plans viewed were written in an individualised manner; service users stated that they are consulted about the care they receive and involved in making decisions regarding their care and support. Records of tenant meetings reflected the involvement of service users and recorded choices made by service users in relation to shared living.

The views of service users and/or their representatives were recorded throughout a range of agency documentation. Processes to record and respond to service users and relatives are maintained through the complaints and compliments process, monthly quality monitoring visits, annual review meetings, suggestion box, annual stakeholder surveys, keyworker meetings, annual family meeting and tenants meetings.

During the inspection the inspector observed that service users were able to make choices regarding their daily routine and activities; service users who spoke to the inspector confirmed that they could make choices about all aspects of their care and that staff treat them with respect. Records viewed and discussions with staff and service users indicated that service users and where appropriate their relatives are involved in decision making on a wide range of matters such as care needs, meals, activities and shared facilities.

Five staff and seven questionnaires were returned to the inspector; responses received indicated that both staff and service users were satisfied that care provided is compassionate.

Service users' comments

- 'My care is compassionate.'
- 'I enjoy living here.'
- 'Staff talk to me.'
- 'Staff go out with me.'
- 'I can choose what I want.'

Staff comments

- 'Service users and their families are involved in making decisions about their lives.'
- 'Tenants' can do what they want.'
- 'There are no restrictions here.'

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 the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a comprehensive range of policies and procedures; it was noted that the agency's data protection and complaints policies are required to be reviewed in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained on an electronic system which all staff have access to, and additionally in paper format stored within the agency's office.

From records viewed and discussions with the registered manager the inspector noted that the agency's governance arrangements promote the identification and management of risk; these include relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals, incidents notifiable to RQIA, and restrictive practices.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received five complaints for the period 01 April 2015 to 31 March 2016. Records viewed indicated that the agency had handled complaints in accordance with their policies and procedures. Discussion with the registered manager and staff indicated that staff are familiar with the process for dealing with complaints.

It was identified that the agency has in place management and governance systems to drive quality improvement. Arrangements for managing incidents and complaints include mechanisms for identifying trends and reducing the risk of recurrences. During the inspection the inspector viewed evidence of appropriate staff induction, training, supervision and appraisal. The registered manager could describe the importance of identifying areas for learning and development, improving the quality of the service provided to promote better outcomes for service users.

The organisational and management structure of the agency is clearly outlined; it denotes lines of accountability and roles and responsibilities of staff. Staff are provided with a job description at the commencement of employment which outlines the role and responsibilities of their job role. Staff could describe their roles and responsibilities; service users were aware of staff roles and knew who to talk to if they had an issue or concern.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussion with the registered manager indicated that there are effective collaborative working relationships with external stakeholders, including where appropriate HSCT representatives.

Discussions with the registered manager and staff provided assurances that there were effective working relationships maintained by the registered person with staff. Staff stated that they can access support from the registered manager at any time and could clearly describe the process for obtaining guidance and support out of office hours. Staff stated that the registered manager is very supportive.

Staff could describe lines of accountability and knew who to contact if they required support or guidance. Staff stated that their views and opinions are listened to and felt that the agency seeks to address issues raised.

It was noted that there are systems in place to support the manager in their role i.e. quarterly meetings with managers from the organisations other facilities; regular contact with their line manager.

Five staff and seven questionnaires were returned to the inspector; responses received indicated that both staff and service users were satisfied that the service was well led.

Service user comments

- 'Staff are great.'
- 'The manager is good.'

Staff comments

- ‘The manager is great.’
- ‘We have good teamwork here.’
- ‘We have all completed the competency framework; it was a bit daunting but worthwhile.’
- ‘The manager is approachable.’

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency’s complaints policy.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Janice Anderson, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to

confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and 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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 9.5

Stated: First time

To be completed by:
30 September 2016

It is recommended that the agency's policies and procedures are subject to a systematic three yearly review.

This recommendation relates specifically to the agency's 'Data Protection' and 'Complaints' policies.

Response by registered person detailing the actions taken:

A three yearly review timetable is in place and the Data Protection and Complaints policies are included within this timetable. Both policies were reviewed in May 2016 and all staff have now been made aware of the availability of the reviewed policies.

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



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