



The Regulation and
Quality Improvement
Authority

Clondermott House
RQIA ID: 10849
17 Clondermott Park
Londonderry
BT47 2LF

Inspector: Joanne Faulkner
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**Unannounced Care Inspection
of
Clondermott House**

9 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 9 November 2015 from 10.30 to 14.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total Requirements and Recommendations Made	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Apex Housing Association/Gerald Kelly	Registered Manager: Janice Anderson
Manager of the Agency at the Time of Inspection: Janice Anderson	Date Manager Registered: 6 July 2011
Number of Service Users in Receipt of a Service on the Day of Inspection: 16	

Clondermott House is a supported living type domiciliary agency, located in Londonderry; it is situated in the Waterside part 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, bathrooms and kitchen. The rooms are unfurnished as each tenant is encouraged to bring with them furnishings that are familiar to them and to decorate to their own taste.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - Service users are involved in the care they receive

4. Methods/Process

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

- Discussion with the registered manager;
- Examination of records;
- Consultation with service users/staff;
- File audit; and
- Evaluation and feedback

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

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Care and support plans of three service users
- Daily and monthly recording/evaluation of care records
- Monthly quality monitoring reports
- Minutes of tenants' meetings
- Minutes of staff meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Staff induction records
- Complaints register
- Recruitment policy (January 2014)
- Training and development policy (January 2015)
- Supervision policy (July 2014)
- Disciplinary procedure (June 2014)
- Risk assessment policy (January 2015)
- Staff handbook (June 2015)
- Staff register/information
- Agency's staff rota information
- Whistleblowing policy

Staff questionnaires were completed by three staff following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are fully satisfied that the induction programme prepared them for their role.
- Staff are satisfied that care is delivered in a person centred manner.
- Staff are satisfied that concerns raised are taken seriously and are aware of the agency's whistleblowing policy.
- Staff are satisfied that at all times there is an appropriate number of suitably skilled and experienced persons to meet the service users' needs.

A service user questionnaire was completed by one service user following the inspection; it indicated that:

- Service users are very satisfied with the care and support they receive.
- Service users are very satisfied that they are consulted in relation to the quality of the service.
- Service users feel safe.
- Service users are satisfied that staffing levels are appropriate.
- Service users are satisfied that staff have the skills to care for them.

The inspector would like to thank the service users and staff for their support and co-operation during the inspection.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 19 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 14.(d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted and the prescribed services arranged by the agency, are provided –</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes.</p> <p>This requirement is in relation to the registered person ensuring that the agency maintains a register of safe contents.</p> <p>Action taken as confirmed during the inspection: From records viewed it was identified that the agency maintains a register of safe contents.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 6.- (1)(b)</p>	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b)the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that the service user's guide is updated to include information relating to restrictive practice.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the agency's statement of purpose which is provided to all service users as part of the service user guide; it was noted that it included information relating to restrictive practice.</p>	Met

5.3 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's recruitment policy, January 2014, outlines the mechanism used to ensure that appropriate pre-employment checks are completed prior to employment; a record is retained by the organisations Human Resources department. The agency maintains an alphabetical index of domiciliary care workers supplied by the agency. The registered manager could describe the process for ensuring that staff supplied are physically and mentally fit for the

purposes of their job role; staff are required to complete a health declaration prior to commencement of employment and in addition may be required to undergo a medical assessment. The agency's absence management policy outlines the process for supporting staff to return to work.

The agency's Training and Development Policy outlines the induction programme lasting at least three days; the manager stated that staff are required to shadow another staff member. The agency had a buddy system where staff are allocated a staff member to support them during their induction period. Staff stated that they had received a structured induction and training; it was noted that the format of the induction has recently been reviewed and staff will be required to attend training weekly for the initial 10 weeks of their employment.

The agency maintains a record of the induction programme provided; records viewed indicated evidence of a comprehensive induction programme focusing on six key areas. Staff are required to sign the induction documentation to indicate that they have received and understood the information provided. Agency staff are provided with a staff handbook and have access to the agency's policies and procedures.

The agency has a procedure for verifying the identity of all staff prior to their supply; documentation viewed contained a photographic profile.

The agency has a process for ensuring that staff supplied from another domiciliary care agency have the appropriated knowledge, skills and training to fulfil the requirements of the role. From staff rota information viewed it was noted that there is minimal use of staff from another domiciliary care agency.

The agency's policy and procedures for staff supervision and appraisal outline the frequency and processes to be followed. It was identified that staff are provided with a supervision contract and that records of individual staff supervision and appraisal are maintained. The agency maintains a matrix recording when staff have received supervision and appraisal; it was viewed by the inspector and indicated that staff have received supervision and appraisal in accordance with the agency's policy and procedures. It was noted that the person completing the monthly quality monitoring visit monitors the agency's supervision and appraisal compliance with the policy.

Is Care Effective?

Discussions with the manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times to meet the needs of the service users. The agency's staff rota information reflected staffing levels as described by the manager. From records viewed it was identified that staff rota information detailed the full name and role of staff provided and included an abbreviation list.

The agency's staff handbook outlines the roles and responsibilities of staff; the agency provides staff with a job description during their induction; this was confirmed by staff who spoke to the inspector.

Staff stated that they had received an appropriate induction and could describe the content of the induction programme provided; it was identified that the agency's induction process takes six months to complete.

The agency's training and development policy outlines the responsibilities of the registered manager and staff in highlighting and addressing training needs. The agency maintains an electronic record of staff training which highlights when training is required; staff stated that they can discuss individual training needs or during supervision or appraisal.

Staff stated that they are currently completing competency assessments due to restructuring within the organisation.

It was identified that person providing supervision has received appropriate training. Staff stated that they receive quarterly supervision and annual appraisal; this was confirmed by records viewed. Staff are required to complete mandatory training and in addition training specific to the needs of individual service users.

Staff were aware of their responsibility in highlighting concerns and had knowledge of the agency's whistleblowing policy.

Is Care Compassionate?

Service users stated that they are familiar with staff provided to support them and are introduced to new staff. Staff could describe the impact of staff changes on service users and the benefits in providing continuity of care.

Induction records viewed indicated that staff receive training specific to the needs of service users. Staff stated that during induction they are supported to familiarise themselves with the needs of service users; they stated that they are currently completing competency assessments.

Staff could describe the importance of respecting the privacy, dignity and choices of service users; service users who met with the inspector stated that their privacy and dignity is respected.

The agency has a procedure for addressing unsatisfactory performance of staff; the agency's staff handbook outlines the agency's disciplinary policy and procedures.

Service User Comments:

- "Staff are great."
- "If I have any concerns I speak to the manager."
- "I am happy with everything."
- "I have lived here for eight years, I am very happy."
- "There is enough staff."
- "There is no better place."
- "The staff are very kind, I am very happy."
- "The staff are good to me."
- "Staff help me with everything."

Staff Comments:

- “I get supervision; it is beneficial.”
- “The induction and training is excellent.”
- “I feel supported in my job.”
- “This is a nice team; the communication is great.”
- “There is good team working.”
- “The manager is very supportive.”
- “I am still in my probation; my induction was excellent.”
- “All staff are completing a competency booklet at present due to the restructuring within the organisation.”
- “There are enough staff.”
- “This is a nice place to work.”

Areas for Improvement

There were no areas for improvement identified within Theme 1.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive**Is Care Safe?**

Assessments of need and risk assessments viewed indicated that the views and choices of service users and where appropriate their representatives had been included. Service users stated that they are involved in the assessment process and developing their individual care plans and that their views and choices are reflected. The agency uses the ‘Star Outcomes’ assessment tool to facilitate service users in having a clearer understanding of their needs and the care and support required.

From discussions with staff and records viewed there was evidence of positive risk taking in collaboration with the service user and/or their representative. Staff stated that they complete a risk assessment in conjunction with service users and their representatives; assessments viewed provided examples of positive risk taking. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible.

Is Care Effective?

Staff stated that they record weekly or more frequently if required the care provided to service users; it was noted that risk assessments and care and support plans are reviewed six monthly or as required; in addition staff complete a monthly report for individual service users. Care plans viewed were written in an individualised way and outline the individual routines of service users; it was noted that they are signed by service users. Service users stated that they are encouraged to participate in an annual review of their care and support involving the agency’s staff.

Staff could describe the methods used to capture the views and opinions of service users and their representatives. The agency facilitates monthly tenants meetings; service users stated that they are encouraged to participate and express their views. The agency issues an annual

survey to service users and their relatives to ensure that they are given the opportunity to comment on the quality of the service provided. Service users stated that they can make their own choices and can choose what care and support they receive.

Service users are provided with information relating to the agency's complaints procedure; a record of all compliments and complaints is maintained. Monthly quality monitoring visits are completed and documentation viewed indicates engagement with service users and their representatives.

Service users have been provided with human rights information in a suitable format and the tenants guide details the process of accessing an independent advocacy service.

Is Care Compassionate?

Discussions with staff and service users indicate that care is provided in an individualised manner. Care plans viewed are written in a person centred manner and service users stated that they are involved in developing their care and plans.

Staff could describe the process for engaging with service users and where appropriate their representatives; they stated that service users are encouraged to attend tenant's meeting and that they are given opportunity to express their views. Service users stated that they can speak to staff about their concerns at any time and that their views and choices are respected.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Relevant reference to human rights was outlined in care plans viewed; it was noted that the agency provides service users with information on human rights in an easy read format.

Staff could describe the process of engaging with HSCT representatives regarding best interest practices for service users where there may be capacity issues.

Service User Comments:

- "I can do what I want."
- "I can go out on my own; but sometimes I like the staff to go out with me."
- "I go to the shops alone."
- "Staff listen to me; I can speak to them at any time."
- "I go to the tenants meeting; I am listened to."
- "My social worker comes to visit me."

Staff Comments:

- "Service users are encouraged to make their own decisions."
- "Service users are involved in developing their care plans."
- "Service users are given choice about what they eat and what they want to do."
- "Service users attend tenants meetings."

Areas for Improvement

There were no areas for improvement identified within Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring records; it was identified that unannounced monthly quality monitoring visits are completed by the Housing and Care Services Manager. Records viewed record the views of service users, their relatives and where appropriate relevant professionals. It was identified that the documentation contained information relating to incidents, safeguarding concerns, staffing issues, staff supervision and training needs and contained an action plan.

5.5.2 Complaints

The agency has had eight complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the manager. The agency's complaints policy, May 2013 outlines the procedure in handling complaints.

6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Janice Anderson	Date Completed	23.11.2015
Registered Person	Ellen Hall	Date Approved	23.11.15
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	24/11/15

Please provide any additional comments or observations you may wish to make below:

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.