

Unannounced Care Inspection Report 14 September 2020



Clondermott House

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

www.rqia.org.uk

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Clondermott House is a supported living type domiciliary agency, located in Londonderry. The agency's aim is to provide care and support to up to 16 service users, who have mental health needs. 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. Staff are available to support tenants 24 hours per day.

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

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager: Ms Janice Anderson
Person in charge at the time of inspection: Ms Janice Anderson	Date manager registered: 6 July 2011

4.0 Inspection summary

An unannounced inspection took place on 14 September 2020 from 09.45 to 12.45.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the last inspection on 05 November 2018, RQIA was notified of one notifiable incident; no other correspondence had been received. Whilst RQIA was not aware that there was any specific risk to the service users within Clondermott House, it had been some time since the last care inspection. Therefore, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 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 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 Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC). Good practice was also found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance and the use of PPE guidelines.

Service users spoken with stated that they were very happy with the care and support provided.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Janice Anderson, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 5 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 November 2018.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, any notifiable events, written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users.

- Recruitment records specifically relating to Access NI, NISCC and NMC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 16 June 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided for service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for care givers detailing how they could complete an electronic questionnaire. Three responses were received prior to the issue of the report. The detail of the responses is included within the report.

Ten questionnaires were also provided for distribution to the service users and their representatives, no responses were received prior to the issue of this report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately.

During the inspection the inspector spoke with four service users and three staff members.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 05 November 2018		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 21. (1) Schedule 4 Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained. This relates specifically to staff induction records.	Met
	Action taken as confirmed during the inspection: The requested staff induction records were retained in the manager's office and were deemed to be satisfactory.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 15.10 Stated: First time	The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action plan.	Met
	Action taken as confirmed during the inspection: The review of the complaints records confirmed that sufficient detail had been recorded in relation to the actions the staff had taken in response to concerns raised.	

6.1 Inspection findings

Service User Experience:

During the inspection the inspector spoke with three staff members, who indicated that they were very happy working in Clondermott House. The inspector also spoke with four service users. Comments are detailed below:

Service users

- "The staff are very good. If I had any problems, the manager would sort it out."
- "They are all very good to me here."
- "I love it here."
- "No complaints at all."

Three staff members provided feedback via the electronic survey. All respondents indicated that they felt 'very satisfied' that the care was safe, effective and compassionate; and that the service was well-led. No written comments were received.

Recruitment:

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. The review of the recruitment records (matrix) identified that recruitment was managed in keeping with the regulations and minimum standards. Access NI checks were completed before staff commenced employment.

A review of the staff records confirmed that all staff are currently registered with NISCC and with the NMC, as relevant to their roles and responsibilities. The inspector noted that there was a system in place each month for monitoring staff' registrations. Staff are not permitted to work if their NISCC registration lapses.

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI staff registrations with their professional body.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19:

The manager advised the inspector that there had been no service users had Covid-19 since the beginning of the pandemic.

Service users spoken with advised the inspector that they had been advised to keep a distance of 2 metres from other people and seating in communal areas had been spaced in a way to make this easier to comply with. Hand sanitisers were placed in different areas throughout the agency for service users, staff and visitors to use to ensure good hand hygiene. Staff were observed changing PPE between service users and appropriately disposing of PPE. Enhanced cleaning schedules were in place, to minimise the risks of cross contamination.

The staff spoken with stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Those spoken with were able to describe the protocol for self-isolation, should they or the service users display symptoms of Covid-19. Staff were also aware of the period of self-isolation and testing requirement for service users who return to the agency after a holiday period.

Visiting protocols were in place, which ensured that all visitors completed a Declaration of Good Health, prior to visiting the agency. The inspector reviewed records that indicated that service users and staff had their temperatures monitored daily. Advice was given in relation to the need for temperatures checks to be done twice daily in keeping with the current guidance dated (updated 16 June 2020). The manager immediately put a system in place to address this. The new monitoring records also included asking about and looking out for an

elevated fever of 37.8C or above, a persistent cough, loss of or change in sense of smell or taste.

The manager discussed the procedures that both she and senior staff monitor the use of PPE by staff.

Care plans had also been developed for the service users in respect of their risk of getting Covid-19.

Information in relation to Covid-19 was available to staff on a notice board and in a Covid-19 folder. This included information on:

- Safer shopping during Covid
- Resuscitation guidance
- The StopCovidNI App
- Psychological support helpline
- A symptom Checklist
- How and when to use face coverings
- Guide to donning and doffing PPE
- Guidance for managing an outbreak
- Covid-19 and Diabetes
- Easy-read information on Covid-19
- Admission policy and contingency plan.

Advice was also given in relation to sourcing the updated Covid-19 Guidance document (16 June 2020) and to ensure that Table 4 of the Guidance was appropriately displayed for staff reference.

Staff had been completed training in relation to infection, prevention and control and had been shown a video on the correct procedures for donning (putting on) and doffing (taking off) of PPE. In addition, training had been provided specific to Covid-19. Three staff members had not completed the coronavirus awareness training. This was raised with the manager, who confirmed to the inspector, by email on 15 September 2020, that the training had been completed.

Areas of good practice

Good practice was found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance and the use of PPE guidelines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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