

# Unannounced Care Inspection Report

## 20 April 2017



## Clondermott House

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

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Clondermott House took place on 20 April 2017 from 10.00 to 14.30.

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

### **Is care safe?**

Indicators of the delivery of safe care were evident on the day of inspection. The agency has in place robust recruitment systems there are training and induction processes in place to ensure that there is at all times an appropriate number of suitably knowledgeable, skilled and experienced staff to meet the assessed needs of individual 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 Health and Social Care Trust (HSCT) representatives and relevant stakeholders. There are systems in place to ensure the identification, prevention and management of risk to promote positive outcomes for service users. Service users and staff indicated that they felt care provided to them was safe. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection

### **Is care effective?**

Indicators of the delivery of effective care were evident on the day of inspection. It was identified that the agency responds appropriately to meet the needs of service users through the development and ongoing review of individualised care plans and engagement with service users. The agency has implemented effective 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 systems in place to promote effective communication with service users and stakeholders. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

### **Is care compassionate?**

Delivery of compassionate care was evident on the day of inspection. The inspector found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and in the provision of individualised care and support. Observations made and discussion with staff and service users indicated that staff value and respect the views and opinions of service users. Service users stated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more fulfilling life. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

## Is the service well led?

Indicators of the delivery of a well led service were evident on the day of inspection. There are management and governance systems in place to meet the individual assessed needs of service users. Agency staff indicated that they have an understanding of their roles and responsibilities within the management structure and confidence in the lines of accountability. There is evidence that the registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. There are supports systems in place that enable service users to engage effectively e.g. advocacy services, user-led groups. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with the person in charge, 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 30 June 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Apex Housing Association/Gerald Kelly	<b>Registered manager:</b> Janice Anderson
<b>Person in charge of the service at the time of inspection:</b> Deputy Manager	<b>Date manager registered:</b> 6 July 2011

### 3.0 Methods/processes

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

- Discussion with the deputy 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:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Training and Development Policy
- Incident Policy
- Recruitment Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Data Protection Policy
- Complaints Procedure
- Statement of Purpose
- Service User Guide

Following the inspection the inspector visited that agency's Human Resources (HR) department to review the agency's individual staff recruitment records.

During the inspection the inspector met with three service users, the person in charge and three staff members.

Questionnaires were distributed by the inspector for completion by staff and service users during the inspection; four staff and three service user questionnaires were returned to RQIA.

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. 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. 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.

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

#### 4.1 Review of requirements and recommendations from the last care inspection dated 30 June 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 9.5  <b>Stated:</b> First time	It is recommended that the agency's policies and procedures are subject to a systematic three yearly review.	<b>Met</b>
	This recommendation relates specifically to the agency's 'Data Protection' and 'Complaints' policies.	
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed a number of the agency's policies and noted that the 'Data Protection' and 'Complaints' policies had been reviewed and updated in accordance with timescales detailed within the minimum standards.	

#### 4.2 Is care safe?

During the inspection the inspector reviewed that agency's processes in place to avoid and prevent harm to service users this included a review of staffing arrangements in place within the agency.

The inspector identified that recruitment of staff is processed by the organisations HR department. Following the inspection the inspector visited the HR department and examined a number of individual staff personnel records; documentation viewed included details of recruitment processes and pre-employment checks completed.

Records viewed indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until all required checks have been satisfactorily completed. The agency's recruitment policy outlines the mechanism for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The person in charge could describe the process for obtaining confirmation that staff are available to commence employment.

The agency's training and development policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with the person in charge that staff are required to attend induction training one day per week for the initial ten weeks of employment to complete the organisations induction programme. In addition staff are required to complete an induction competency workbook and shadow other staff employed by the agency. The inspector noted that the expectation is that staff complete the full induction programme within their six month probationary period.

A record of the induction programme provided to staff is retained by the agency; records viewed by the inspector detail the information provided during the induction period. Staff who spoke to the inspector stated that they felt they had the knowledge and skills to fulfil the requirements of their individual job roles. It was noted that the person in charge is required to sign the induction record to confirm that the staff member has been assessed as competent.

The inspector noted that relief staff are accessed from another domiciliary care agency; the inspector viewed staff profiles retained by the agency in relation to staff provided; it was noted to contain information relating to staff training and relevant experience. The person in charge could describe the process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role; the agency retains details of induction and supervision provided.

Discussions with the person in charge indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. It was identified that all staff were required to complete competency assessments in the previous year following restructuring within the agency; staff who spoke to the inspector felt that this was a beneficial exercise and could describe how it had enhanced their confidence, skills and knowledge.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. It was identified from documentation examined that the agency maintains a record of individual staff supervision and appraisal; records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector confirmed that they had received supervision and appraisal and could describe the benefits; it was noted that newly appointed staff receive additional supervision during their induction and probationary period.

The agency has an electronic system in place for recording staff training; staff could describe the process for identifying gaps in training in conjunction with the organisations training officer and for ensuring that required training updates are completed. It was noted that staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. The person in charge stated that the agency is in the

process of introducing a new E- Learning programme for staff and that all staff will be required to complete a relevant training module on a monthly basis.

The inspector viewed that agency's staff training matrix and noted that the record indicated that staff had completed relevant training. Staff who spoke to the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has updated their policy and procedures to reflect information contained within the policy and it is currently in draft form. It was noted that the agency plans to provide information sessions for staff in relation to the updated procedures.

The agency has identified an Adult Safeguarding Champion (ASC); the policy details the role of the ASC and their key areas of responsibility which includes the completion of an annual report relating to adult safeguarding. It was noted that the agency have developed information booklets for staff and service users in relation to adult safeguarding and that the policy and procedures clearly detail the procedure for staff in reporting concerns.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and records viewed it was identified that the agency maintains a record of referrals made to the HSCT safeguarding team relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that a record of the outcome of any investigations are retained.

Discussions with staff demonstrated that they had a clear understanding of safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults; the person in charge described the plans to provide updated training to all staff.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The inspector noted that the agency's risk management policy outlines the process for assessing and reviewing risk; it outlines that risk assessments and management plans are required to be completed in conjunction with service users and where appropriate their representatives. It was noted that service users are supported to participate in an annual review involving their HSCT keyworker and that care and support plans are reviewed six monthly or as required. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive. Staff stated that there are currently no restrictive interventions in place.

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

Four staff and three service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were very satisfied that care provided is safe.

### Service users' comments

- 'I like it here; this is the longest I have been in any place.'
- 'We get choices.'
- 'This is a great place.'
- 'We have enough staff.'

### Staff comments

- 'We have a full complement of staff; the levels of need can change.'
- 'This is a happy house; service users are content.'
- 'Staff complement each other and work well as a team.'
- 'Service users feel safe, happy and protected; it's a big part of their recovery.'
- 'Training is good.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed both during and following the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely and that the agency's registered offices are accessed via a keypad system. The inspector noted that staff have received training relating to record keeping, confidentiality and data protection. The agency's staff personnel records were retained securely and in an organised manner.

Staff could describe the methods used to ensure that service users are supported to be involved in the development of their care plans. Service users who met with the inspector stated that they are involved in the development of their individual care plans and that their choices are reflected. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a senior manager and a detailed action plan developed. The organisation is currently in the process of reducing the quality monitoring visits to three monthly; additional processes have been implemented to ensure that relevant information continues to be collated and audited on a monthly basis.



Records of quality monitoring visits viewed provide evidence of a robust system; they include comments made by service users, and where appropriate their representatives. The records include details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation and financial management arrangements. The inspector noted that this process includes a review of any practices which may be deemed as restrictive.

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 observations of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting concerns or complaints; the agency provides service users with an information booklet containing a comprehensive list of advocacy services available.

The agency facilitates monthly service user meetings; service users who met with the inspector indicated that they are encouraged to attend and supported to express their views and choices. The agency has a list of standard items that are discussed at all meetings it includes safeguarding and health and safety. Bi monthly staff meetings are facilitated; it was noted that staff are required to sign the minutes of the meetings to indicate that they have read and understood the areas discussed and the information provided.

The person in charge could describe a range of ways in which the agency seeks to maintain effective working relationships with the HSCT representatives and other stakeholders.

Four staff and three service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were very satisfied that care provided is effective.

### **Service users' comments**

- 'Staff are good to you'
- 'Staff work hard.'
- 'I have no problems; I talk to staff.'
- 'Staff listen to me.'
- 'Tenant's meetings are good; you can say what you want.'

### **Staff comments**

- 'We have a good mix of staff on duty; staff complement each other.'
- 'Service users have choice; there is a monthly service users meeting.'
- 'All staff completed competency assessments; staff are a lot more confident.'
- 'We have good processes in place; good policies and procedures.'
- 'We do reflective practice at the team meeting.'

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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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 and support.

Observations made during the inspection and discussions with service users and agency staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. It was noted that staff have been provided with training and information in relation to human rights and confidentiality during their induction programme.

It was identified from observations of staff interactions with service users during the inspection that staff endeavour to provide care in an individualised manner and to ensure that service users are encouraged and supported to make informed choices. It was identified that the agency has provided a range of information in an alternative format to support service users to meaningfully engage in decisions about their individual care and support.

Service users who spoke to the inspector stated that staff encouraged them to be involved in making decisions regarding the care and support they receive. Records of service user meetings and care review meetings reflected the involvement of service users and were noted to contain comments made by service users.

The inspector noted that comments made by service users and/or their representatives were recorded throughout a range of the agency's documentation. Processes to effectively engage and respond to the comments and views of service users and were appropriate representatives are maintained through the agency's complaints process; monthly quality monitoring visits; annual care review meetings; annual stakeholder and service user satisfaction surveys and tenants meetings. It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided, required learning outcomes and in identifying areas for improvement.

Observations made by the inspector during the inspection indicated that service users are supported and encouraged to make choices regarding their daily routine and activities. The inspector noted that service users could speak to staff at any time.

Four staff and three service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were very satisfied that care provided is compassionate.

#### Service users' comments

- 'Staff look after me.'
- 'I go to the day centre; we had a party at Easter.'
- 'I can choose what I want to buy.'
- 'I go out to the shops; staff go with me.'
- 'I am going on a bus run today; I will get my tea out.'

## Staff comments

- 'We promote independence.'
- 'This is the most homely of places I have ever worked.'
- 'Service users have a lot of choice.'
- 'Service users are listened to.'

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 implemented robust systems of management and governance. The agency is managed on a day to day basis by a registered manager and a deputy manager.

It was identified that the agency has in place a range of policies and procedures as outlined within the minimum standards; they are retained both in an electronic and a paper format; staff could describe the process for accessing policies. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales details within the minimum standards.

The inspector noted that the agency has a systematic approach in reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the person in charge that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Service users who spoke to the inspector could describe the process for making a complaint. It was identified from records viewed that the agency has managed complaints received in accordance with their policy and procedures.

There was evidence that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints on a monthly basis. During the inspection process the inspector viewed evidence of appropriate staff induction, training, supervision and appraisal. Staff could describe the benefits of reviewing the quality of the services provided and of identifying areas for improvement.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with stakeholders, including HSCT representatives and relatives. The inspector noted positive feedback from the HSCT representatives regarding the ability of the agency to work in partnership; and their commitment to develop and implement strategies to ensure the best possible outcomes for individual service users.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff could describe the responsibilities and requirements of their job roles; service users who met with the inspector were aware of staff roles and knew who to talk to if they had a concern. Staff who spoke to the inspector had knowledge of the agency's whistleblowing policy and could describe the process for obtaining guidance and support including arrangements for out of hours. Staff stated that the manager and deputy manager are approachable.

The person in charge stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate; it was noted that a record is maintained by the agency and the HR department detailing registration details and expiry dates. Discussions with the HR manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not registered.

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 were noted to have been reviewed and updated.

Four staff and three service user questionnaires were returned to RQIA; responses received indicated that both staff and service users were very satisfied that the service is well led.

### Staff comments

- 'The manager is approachable.'
- 'We can speak to the manager and deputy at any time.'
- 'There is good communication here; we are encouraged to discuss issues or concerns.'
- 'I have a good working relationship with the registered manager.'

### Service users' comments

- 'The manager and deputy are good.'
- 'Staff discuss the help I need.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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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