Inspection Report

20 April 2023

Clondermott House

Type of service: Domiciliary Care Agency
Address: 17 Clondermott Park, Londonderry, BT47 2LF
Telephone number: 028 7131 2073

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Apex Housing Association **Responsible Individual:** Ms Sheena McCallion	**Registered Manager:** Mrs Bridgeen McCloskey **Date registered:** Acting
Person in charge at the time of inspection: Mrs Bridgeen McCloskey	
Brief description of the accommodation/how the service operates: Clondermott House is a supported living type domiciliary care agency, which provides care and support services for up to 16 service users, who have mental health needs. Service users have individual rooms and a range of shared facilities which includes a lounge, a number of bathrooms and a kitchen.	

2.0 Inspection summary

An unannounced inspection took place on 20 April 2023 between 10.45 a.m. and 2.55 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also reviewed.

An area for improvement identified related to Dysphagia training.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

The feedback from service users confirmed that they were satisfied with the care and support in Clondermott House.

Clondermott House uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "The manager is first class and the staff are all brilliant."
- "Everyone is approachable and if you had a problem they would listen and try and help you."
- "I can't think of anything to make the place better. I have all I want here."
- "I am treated very well here. Staff support me and take good care of me."
- "I can talk to staff and they listen to what I have to say."

Staff comments:

- "Apex offers good training and if there was any training you were interested in completing you would be supported to do so."
- "We all work well as a team and we have regular team meetings. We also have a handover at every shift."

- "We have a focus on dysphagia and ensure the tenant gets their meal in line with speech and language therapist's guidelines. There is a dysphagia folder available to all staff."
- "Detailed care and support plans are in place and these are reviewed regularly."

No questionnaires were returned and no responses were received to the electronic staff survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 15 September 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the Health and Social Care Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

There was an effective incident/accident reporting system in place. A review of a sample of accident/incident records evidenced that these were managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included health and safety, money management and the complaints procedure.

Discussion with the staff and service users provided assurance that the staff had responded to service users' wishes, feelings, opinions and concerns with the aim of ensuring service users received an effective service.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that a number of staff had not completed training in Dysphagia. An area for improvement was identified in this regard.

It was positive to note that staff had received training in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC); there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured induction programme which also included shadowing of a more experienced staff member.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs).

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The review of records and discussion with the manager confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

There is a system in place that clearly directs staff from the agency as to what actions they should take if they are unable to gain access to a service user's home.

We discussed the acting management arrangements which have been ongoing since 27 April 2022; RQIA will keep this matter under review.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP were discussed with Mrs Bridgeen McCloskey, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021

Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	The training needs of individual staff for their roles and responsibilities are identified, and arrangements are in place to meet them. This relates to Dysphagia training. Ref: 5.2.3
	Response by registered person detailing the actions taken: All Dysphagia now complete for all staff members.

Please ensure this document is completed in full and returned via Web Portal

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