



The Regulation and
Quality Improvement
Authority

Clare House
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BT74 6DE

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**Announced Care Inspection
of
Clare House**

03 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 03 March 2016 from 10.30 to 15.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. 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 number of requirements and recommendations made at this inspection	0	0

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

2. Service Details

Registered Organisation/Registered Person: Elaine Way	Registered Manager: Ann Marie Dolan
Person in charge of the agency at the time of Inspection: Ann Marie Dolan	Date Manager Registered: 11 May 2012
Number of service users in receipt of a service on the day of Inspection: 9	

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:

- Previous inspection report/QIP dated 20 March 2015.
- Discussion with the registered manager
- Consultation with staff/service users and one visiting professional
- File audit
- Ten staff and ten service user questionnaires were provided.
- Evaluation and feedback.

The following records were viewed during the inspection:

- Agency RQIA registration certificate
- Three care and support plans
- Care records
- Monthly quality monitoring reports
- Minutes of service users' meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Recruitment policy
- Pre- employment checklist
- Induction policy/procedure
- Induction records
- Staff Handbook (March 2015)
- Supervision policy
- Staff register/information
- Disciplinary policy
- Agency's staff rota information.

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 20 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 Recommendations	Validation of Compliance
<p>Recommendation 1 Ref: Standard 1.1</p> <p>The values underpinning the standards inform the philosophy of care and staff of the agency consistently demonstrate the integration of these values within their practice.</p> <ol style="list-style-type: none"> 1. It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan. 2. It is recommended that arrangements are put in place to promote the service users' independence with regard to their receipt and management of household bills. This relates to the amount which service users pay for utility bills. <p>Action taken as confirmed during the inspection: Reference to service user's Human Rights Act was reflected within three service user care plans examined. Details included the 15 basic Human Rights Act.</p> <p>The manager confirmed that arrangements with regard to each service user's management of household bills had been addressed through discussion with the service user/representative, where appropriate, and care manager. Recorded evidence was reflected within service user agreements examined.</p>	<p>Met</p>
<p>Recommendation 2 Ref: Standard 4.2</p> <p>The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none"> • The terms and conditions of the service provision with reference to relevant policies. <p>The registered manager should ensure that documentation used in service users' files reflects the current nature of service provision and tenancy agreement.</p> <p>Action taken as confirmed during the inspection: The manager confirmed that the agreements had been reviewed and revised as recommended. Service user files examined reflected service provision and tenancy agreements.</p>	<p>Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 8.15</p>	<p>There are written accounting and financial control procedures that meet professional standards of good practice and legislative requirements and provide safeguards against errors or fraud.</p> <p>In the interests of safeguarding service users' monies, the agency should review the arrangements for recording financial transactions. Each transaction should be signed by two members of staff or one member of staff and the service user.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed that the arrangements for recording the handling of service users' finances had been addressed. A robust procedure is now in place. All transactions made are signed by witness, service user and the manager. There was also evidence of regular reconciliation of service users finance records.</p>		

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 (April 2015) contained information to ensure that appropriate employment checks are completed: the manager confirmed that the agency's staff employment records are retained in the HSC Trust Human Resource Department. The manager described the mechanisms in place to ensure appropriate pre-employment checks are completed and satisfactory with a record maintained. Prior to employment all staff is required to have an occupational health medical. Care staff employed holds a registered nurse qualification in mental health. Job descriptions are issued to all new employees.

The agency maintains an alphabetical index of all staff employed by the agency.

All new agency staff is required to undertake a period of induction in keeping with the agency's induction policy/procedure dated March 2015. Staff confirmed that the initial induction of three days had a focus on policies/procedures, introduction to the philosophy of the service as reflected within the statement of purpose (March 2015) and service user guide. The induction programme can last up to at least one month but can be longer to ensure that all areas are covered and objectives met. In general the agency's induction programme includes mandatory training, reading/reflecting on policies/procedures, communication systems understanding their role and function within the care/support environment, multi-professional collaboration and various emergency procedures. Staff also confirmed they were provided with a handbook and receive regular supervision during their induction period with an evaluation record maintained. Newly appointed staff are shadowed by a mentor with experience and skills until they have been assessed as being competent and capable to undertake unaccompanied duties.

The agency's Disciplinary Policy/Procedure (2015) outlines the process for addressing unsatisfactory performance of staff.

The manager confirmed that staffing levels were appropriate to meet the care and support needs of service users. Some staff is currently working additional hours to cover for one vacant post. It is anticipated that a new staff appointment will be made within the near future. Staff confirmed that were willing to work additional hours until an appointment is made. No agency staff is commissioned by the agency.

Ten service user satisfaction questionnaires returned to RQIA following the inspection showed that respondents were satisfied with staffing levels and that staff helps them to feel safe and secure. No issues or concerns were raised or indicated during the inspection.

Four of the ten staff satisfaction questionnaires issued on the day of inspection were completed and returned to RQIA. Three respondents indicated they were satisfied that there is at all times an appropriate number of suitably skilled and experienced persons to meet service user needs; satisfied that they and the agency operates in a person centred manner and satisfied that they would be taken seriously if they were to raise a concern. One respondent indicated they were not satisfied there was at all times an appropriate number of suitably skilled and experienced persons to meet service users' needs.

Is Care Effective?

Discussions with the manager and staff confirmed that an appropriate number of skilled and experienced persons are available to meet the assessed needs of service users at all times. The manager confirmed that appropriately trained staff was included on each shift, with waking staff provided at night as required. The provision of mandatory staff training was discussed with the manager who confirmed that certificates of attendance were held within individual staff files.

Staff who met with the inspector was clear about their roles and responsibilities and demonstrated knowledge of the service users' care and support. It was noted that staff receive a verbal handover at the commencement of shift and can access written records to update their knowledge of the service user.

Staff described how on successful completion of the induction programme they received formal one to one supervision every three months and sometimes group supervision at team meetings. Records of supervision were retained within individual staff files.

Staff could describe the process for highlighting concerns and were aware of the agency's whistleblowing policy (July 2015).

Ten service users' questionnaires were completed and returned to RQIA following the inspection. All respondents indicated that they felt staff knew how to care for them and that staff responds to meeting their needs.

One visiting professional staff from the WHSC Trust afforded time to meet with the inspector. Feedback was positive in regard to the provision of care and support provided by staff; that that a caring approach was evident with holistic care provided and reflected within care/support plans.

Four of the ten staff satisfaction questionnaires issued on the day of inspection were completed and returned to RQIA. All respondents indicated they were satisfied that the agency's induction process prepared them for their role and that the whistle blowing policy was accessible to all staff. All respondents indicated that care provided was effective.

Is Care Compassionate?

The manager confirmed that staffing arrangements and any associated issues or concerns raised by service users or their representatives are discussed at the service users meetings which are held every two weeks. Minutes of meetings held were retained on file with a copy distributed to staff.

The manager explained that the agency endeavours to provide continuity of staff to service users and that they are provided with details of any new staff being provided to support them. Service users who spoke with the inspector confirmed they are always introduced to new staff. Staff could describe the impact of staff changes on service users and the benefits in providing continuity of care.

The manager described the process for new staff meeting with service users and becoming familiar with their needs and described the importance of respecting the privacy, dignity and choices of service users. Service users confirmed that staff respects their privacy, wishes and dignity at all times. Core values were reflected within the statement of purpose (2015) and care records examined.

Induction and staff training records viewed reflected mandatory training provided and where required specific training to ensure the needs of individual service users are met. Staff stated that they had the appropriate knowledge and skills to fulfil the requirements of their role. Service users confirmed that they felt staff who care for them had the knowledge and skills to provide the care and support to meet their needs.

The agency's disciplinary policy and procedures outlines the process for addressing unsatisfactory performance of staff.

Ten service users' questionnaires completed and returned to RQIA following the inspection indicated that service users were satisfied with the care and support provided by staff and that their views and opinions are sought about the quality of the service. No issues or concerns were recorded.

Four of the 10 staff satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated satisfaction that the provision of care was compassionate; staff indicated satisfaction that service users receive care and support from staff who are familiar with their care needs; that service users have their views and experiences taken into account in the way service is provided and delivered and that service users views are listened to.

Areas for Improvement

No areas for quality improvement were identified from this Theme.

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?

The manager explained that prior to providing care to individual service users the agency receives a range of multi-disciplinary assessments from the referring HSC Trust. Assessments of need and risk assessments viewed reflected the views and choices of service users and where appropriate their representatives.

Six service users who spoke with the inspector stated that they are involved in developing their care and support plans; that they are encouraged to express their views and that they have choice in the care they receive.

The manager described the benefits of positive risk taking and their role in supporting service users to live as full a life as possible; they could describe a range of positive risks that service users are supported to take. Risk assessments are completed in conjunction with service users and their representatives.

Four staff questionnaires were completed and returned to RQIA. Respondents indicated satisfaction that the care provided operates in a person centred manner and that staff would be taken seriously if they were to raise a concern.

Ten service user satisfaction questionnaires were completed and returned to RQIA. Respondents indicated that they were satisfied that their views and opinions are sought about the quality of the service.

Is Care Effective?

The manager confirmed that service users and where appropriate their relatives/representative are encouraged to participate in an annual review of their care and support involving representatives from the HSC Trust. Care/support plans are reviewed and revised if required following the annual review; staff also completes a monthly evaluation report on each service user. Service users stated that they meet with their keyworker regularly to discuss their care needs. Care and support plans viewed detailed the wishes and routines of service users and contain information specific to individual service users.

The agency facilitates two weekly service user meetings; records of meetings viewed indicate that service users are encouraged to express their views and opinions and that their wishes and choices are respected. Staff described instances where it is necessary to liaise with service users' relatives/representatives when service users are unable to contribute their views and opinions.

Service users and their relatives are informed of the agency's complaints procedure. Monthly quality monitoring visits were undertaken by facility managers within the WHSC Trust; documentation viewed reflected engagement with service users and staff.

Is Care Compassionate?

Care/support plans viewed were written in a person centred manner and service users confirmed that they are consulted about the care they receive; they stated that they can refuse any aspect of their care and support.

The manager described the agency's process for engaging with service users and their representatives where necessary. Staff described examples of responding to service users' wishes; records of service user bi-weekly meetings reflected the involvement of service users and where appropriate their representatives.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. The agency provides service users with human rights information in a suitable format. Information was displayed on the notice board. Reference to the 15 basic Human Rights Act was contained within service user care support plans examined.

The manager and staff could describe the process of liaising with the HSC Trust and relatives regarding best interest practices for service users who are identified as having capacity issues.

The agency's response to comments made by service users and/or their representatives indicated that their views are taken into account and action taken where necessary.

The agency conducts annual service user satisfaction surveys which are analysed and where required action plans developed to address areas where improvement was required.

Areas for Improvement

No areas for improvement were identified from this Theme.

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 monthly monitoring reports. From records viewed it was noted that visits were unannounced and at varying times of the day; the views of service users, their relatives and where appropriate relevant professionals were recorded. The reports detail any accidents or safeguarding concerns with action plans where necessary.

5.5.2 Complaints

The agency retains a record of any complaints received. Examination of the records maintained showed that one complaint had been appropriately managed, recorded and resolved.

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 service. 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.

No requirements or recommendations resulted from this inspection.

RSI

I agree with the content of the report. Inspection ID IN023231			
Registered Manager	Orne Marie Dolan	Date Completed	19/5/15
Registered Person		Date Approved	
RQIA Inspector Assessing Response	<i>[Signature]</i>	Date Approved	27/6/16

Please provide any additional comments or observations you may wish to make below:
 This was a unannounced care inspection of Clare House not announced.

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