

Unannounced Care Inspection Report 9 March 2020



Clare House

Type of Service: Domiciliary Care Agency
Address: 51 Chanterhill Road, Enniskillen, BT74 6DE
Tel No: 02866326361
Inspector: Kieran Murray

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

This is a domiciliary care agency supported living type which provides services to 27 service users (one void tenancy on the day of the inspection) living at two locations within the Western Health and Social Care Trust (WHSCCT) and who require care and support with mental health wellbeing. Service users live in their own homes and have the use of communal indoor and outdoor space. The service users are supported by 13 staff.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Mrs Orla McConkey
Person in charge at the time of inspection: Mrs Orla McConkey	Date manager registered: 2 January 2018

4.0 Inspection summary

An unannounced inspection took place on 9 March 2020 from 09.55 to 13.15.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 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 Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and 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.

All service users, relatives, WHSCT community professionals and staff spoken with said they were very happy with the care and support provided.

No areas requiring improvement were identified during the inspection.

Evidence of good practice was found in relation to AccessNI and staff registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC).

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 Mrs Orla McConkey, Registered 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 30 April 2018

No further actions were required to be taken following the most recent inspection on 30 April 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, notifiable events, and 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 also spoke with WHSCT community professionals involved with the service.

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

- Recruitment records specifically relating to Access NI and NISCC/NMC registrations.

Ten questionnaires were also provided for distribution to the service users and their relatives; no responses were returned prior to the issue of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

The inspector requested that the manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the 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 in the setting.

During the inspection the inspector met with six service users, manager, three staff members, WHSCT community professional and a telephone conversation with two service users' relatives and a further one WHSCT community professional.

The inspector would like to thank the manager, service users, service user's relatives, SHSCT community professionals and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 Inspection findings

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the Business Services Organisation (BSO). Discussion with the manager and review of five staff records identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to AccessNI.

A review of 13 staff records confirmed that all staff were currently registered with NISCC/NMC as required. The inspector noted that the manager had a system in place each month for monitoring registration status of staff with the relevant regulatory body and confirmed that all staff are aware that they are not permitted to work if their NISCC/NMC registration had lapsed.

Service user comments:

- "We have a residents meeting where we make out a menu."
- "Clare House is supportive."
- "I have my freedom to come and go as I like."
- "This is the best of a place."
- "We get very luxurious dinners."
- "I have birds in my bedroom which I let out at night."
- "The staff are good to me."
- "We go on outings."

The inspector spoke to three staff members, who were knowledgeable in relation to their responsibility in reporting concerns. The staff members spoken to were confident that management would take them seriously and act upon their concerns. Some comments received are detailed below:

Staff comments:

- "We are always doing training."
- "Some or most of the service users are very assertive."
- "We have an excellent relationship with the Community Mental Health Team (CMHT)."
- "Service users are given choice who they want at their reviews."
- "My concerns would be listened to."
- "Service users are given choice who they want at their reviews."
- "We get trust and respect from managers."

The inspector also spoke to two service users' relatives and two WHSCT community professionals. Some comments are detailed below:

Relative's comments:

- "XXXX's human rights are protected."
- "XXXX gets a lot of respect and dignity."
- "If I had concerns I would go to the manager."
- "I know XXXX is safe and in a good environment."
- "I have been to reviews, they are very informative."

WHSCT community professional:

- “Service users attend community clinics.”
- “Staff are never afraid to ask for help.”
- “The staff are friendly and compassionate.”

Areas of good practice

Areas of good practice were identified in relation to the completion of AccessNI checks in conjunction with BSO and staff’s registrations with NISCC and NMC.

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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