

Unannounced Care Inspection Report 21 February 2017



Clare House

Domiciliary Care Agency/Supported Living
51 Chanterhill Road, Enniskillen, BT74 6DE
Tel no: 028 6632 6361
Inspector: Rhonda Simms

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Clare House took place on 21 February 2017 from 10.30 to 16.00.

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

Is care safe?

During the inspection the inspector found a range of evidence to indicate that the agency was delivering safe care. The agency maintains a stable provision of appropriately trained and supervised staff who understand the needs of service users. The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. It was noted that agency staff know how to identify safeguarding concerns and refer appropriately to the HSC Trust. There are established systems of person centred assessment, and review of needs, wishes, and risks which contribute to the safety of care delivered to service users. There were no recommendations or requirements made as a result of the inspection.

Is care effective?

During the inspection the inspector found a range of evidence to indicate that the agency was delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users are involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The quality monitoring arrangements include consultations with service users/their representatives, and provide a system of audit and service improvement. The agency maintains effective communication with service users, relatives and key stakeholders including the HSC Trust. The inspector received feedback which indicated that service provision had resulted in positive changes in the lives of service users. There were no recommendations or requirements made as a result of the inspection.

Is care compassionate?

During the inspection the inspector observed interactions between staff and service users and received feedback from service users and relatives which indicated that the dignity and promotion of independence of service users are upheld through service delivery. There was evidence of the agency's maintenance of systems to ascertain service users' wishes and feelings, and involve them in decision making. There were no recommendations or requirements made as a result of the inspection.

Is the service well led?

During the inspection the agency was found to be delivering a well led service where clear management and governance systems are maintained to meet the needs of service users. The inspector found that staff are aware of their roles, responsibility and accountability within the organisational structure. There are effective working relationships with key stakeholders including service users, relatives and the HSC Trust. There were no recommendations or requirements made as a result of the 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
Total number of requirements and recommendations made at this inspection	2	0

This inspection resulted in one requirement being made. Findings of the inspection were discussed on the day of the inspection with the person in charge that day. Subsequent to the inspection, the findings of the inspection were discussed with the acting manager, as part of the inspection process, and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: WHSCT Elaine Way	Registered manager: Acting manager in place
Person in charge of the service at the time of inspection: Band 5 registered nurse	Date manager registered: No application received

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA.

During the inspection the inspector spoke with the person in charge, two support staff, five service users, one relative, and one visitor.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; five were returned. At the request of the inspector, questionnaires were distributed for completion by service users; five were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- A range of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Records relating to the 'Pay as You Eat' scheme
- Monthly monitoring reports
- Service users' meeting minutes
- Service user survey information
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Incident records
- Induction records
- Staff rota information
- Records relating to recruitment processes
- Recruitment policy 2015
- Supervision policy 2013
- Operational Guidelines for Adult Safeguarding 2014 (Draft guidelines pending inclusion of regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015)
- Risk management strategy 2012 and policies relating to risk management
- Incident policy 2014
- Whistleblowing Policy 2015
- Policy relating to data management 2015
- Complaints procedure 2016
- Statement of Purpose 2015
- Service User Guide 2015.

4.0 The inspection

Clare House is a domiciliary care agency of a supported living type which provides services to 28 service users across two locations who need care and support care with mental health wellbeing. Service users live in their own homes and have the use of communal indoor and outdoor space. The registered manager leads a team of seventeen support staff who provide personal care services and support to maintain a tenancy.

4.1 Review of requirements and recommendations from the last inspection dated 3 March 2016

The last inspection was a care inspection on 3 March 2016; no requirements or recommendations were made as a result of this inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process. The inspector found that the human resources department ensures that pre-employment checks are completed in accordance with regulations; an example of the checklist used was seen by the inspector prior to the inspection.

The inspector discussed staffing ratios with staff. Examination of staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The inspector noted that flexibility of staff allows vacant shifts to be covered by the current staff team, or a small pool of bank staff who have previously worked in the agency. The inspector found that the staffing arrangements enable the agency to provide familiar staff to provide care and support to service users.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with Regulations. A completed induction record seen by the inspector indicated that the induction programme had been provided in accordance with Regulations. The inspector received feedback from experienced staff which indicated that the induction programme is effective in preparing new staff for their roles and responsibilities within the agency. The inspector was informed that new staff shadow experienced staff initially; this allows staff time to learn their role and enables service users to get to know new staff.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users had been attended by staff. Some agency staff have received training in the management of challenging behaviour.

Examination of records indicated that a number of staff had not received supervision and annual appraisal in accordance with the agency's policy. No records of annual appraisal were provided to the inspector either during or following the inspection. The inspector took into account that since the last inspection in March 2016, the registered manager had retired from their role within the agency and that interim management arrangements have been put in place. The acting manager advised the inspector that they had identified deficits in the provision of supervision and appraisal and notified a senior manager. Records seen by the inspector during the inspection indicated that the acting manager had provided staff supervision to some individual and groups of staff. The acting manager verbally assured the inspector that a programme of supervision was underway and provided a schedule of planned supervision and appraisal to the inspector within a specified timescale.

Staff who provided feedback to the inspector commented on the accessibility of senior staff (a registered nurse) or the acting manager for appropriate consultation. In the absence of the acting manager, staff can seek consultation with the acting registered manager of another agency, an appropriate senior manager, or the regional emergency out of hours social work service.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults. Safeguarding training provided by the Western Health and Social Care Trust includes the most up to date regional guidance and 'Adult Safeguarding Operational Procedures' September 2016.

A safeguarding champion has been appointed within the agency's senior management team, and staff have access to the adult safeguarding professionals within the HSC Trust. Records showed that staff are provided with safeguarding guidance during induction and safeguarding training at appropriate intervals to ensure best practice thereafter. Staff who provided feedback to the inspector showed a good understanding of safeguarding issues and were clear regarding agency procedures. It was noted by the inspector that staff were booked to attend safeguarding training within timescales stated in regulations and minimum standards.

Staff who spoke with the inspector as part of the inspection were aware of a range of safeguarding issues which could potentially affect service users and provided examples of how to practically support service users to improve their own safety. Staff were aware of their responsibilities and knew how to report safeguarding concerns appropriately. The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The agency operates within a risk management strategy and range of policies relating to risk management. The inspector examined appropriate risk assessments completed with individual service users in conjunction with the HSC Trust, which are regularly evaluated and reviewed. It was noted that the review arrangements with the HSC Trust multidisciplinary teams allow for flexible and regular review of service users as indicated by their level of need. Discussion with agency staff and examination of records indicated that the agency engages in positive risk taking and promotion of independence in conjunction with service users.

Of questionnaires returned by staff, two were 'very satisfied' that care is safe and three were 'satisfied'. Of questionnaires returned by service users, four were 'very satisfied' that care is safe and one was 'satisfied'.

Areas for improvement

Two areas for improvement were identified during the inspection:

- The maintenance of a system of appropriate supervision.
- The provision of annual appraisal for all staff.

Number of requirements	2	Number of recommendations	0
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4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2015) and Service User Guide (2015).

The inspector reviewed a range of service users' care and support plans. Staff informed the inspector that care and support plans are developed with service users in conjunction with assessment information provided by HSC Trust professionals. Records and staff feedback indicated regular reviews of care and support plans by the key worker and service user, and at least annual review with the HSC Trust. The inspector noted that care and support plans were updated accordingly in response to changes in service users' needs or wishes.

The inspector examined a range of records maintained by agency staff in accordance with agency policy, legislation and standards. It was noted that records are clear, professionally written and include contribution from service users.

The agency maintains a system of quality monitoring to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by appropriate individuals who have knowledge of the service. The quality monitoring system provides a good standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters. The inspector noted that feedback from service users and their representatives included in quality monitoring reports was of a positive nature and provided assurance of a good standard of service provision.

Comment from a community professional:

- ‘Clare House provides a high level of care and support.’

Comments from relatives:

- ‘**** is happy living at Clare House.’
- ‘**** has always received excellent care.’
- ‘**** has very good support.’

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 a relative indicated that staff are approachable and open to communication. Service users and a relative indicated that they know who to go in the agency to discuss an issue or complaint, and were confident of an appropriate response. A relative discussed the ease with which they can speak to staff by phone and during visits to their family member. In the course of the inspection the inspector observed effective communication between staff, a relative, and a service user.

During the course of the inspection the inspector observed that service users appeared to have good relationships with the agency staff. Service users commented positively about their relationships with staff and ease of access to staff support. The inspector noted that staff who took part in the inspection had known some service users over a period of many years, and had developed effective methods of communication with them.

Service users’ comments:

- ‘The staff are good.’
- ‘I get good support.’
- ‘They’re brilliant.’
- ‘Professional help is provided to me.’

Maintenance of a system to record complaints and compliments, quality monitoring reports, care records, and the service user evaluation survey provided evidence of how the agency maintains records of comments made by service users and/or their representatives. Records of service users’ meetings indicated that service users are encouraged to contribute their views, have been involved in decision making processes, and were informed of changes in staffing. Examples of service user involvement included decisions about activities, holidays, areas of concern, and preparation for the retirement of the former registered manager.

The inspector noted that the permission of service users was sought regarding the involvement of a student professional in their care.

The inspector discussed the provision of a 'Pay as You Eat' scheme with service users and staff, and viewed documentation in relation to the scheme. Feedback from service users indicated that they can choose whether or not to participate in the scheme, and can be supported to provide individual meals if they wish. The inspector found that service users are involved in menu choices and that there is flexibility for individual preferences or dietary requirements.

The inspector received feedback from staff, and saw documentation which indicated that the agency maintains effective methods of relevant communication and partnership working with key stakeholders including relatives and the HSC Trust. The agency has good relationships with the multi-disciplinary team and can facilitate ready access when needed by service users. The inspector noted evidence of referral and assessment by relevant HSC Trust professionals.

Of questionnaires returned by staff, two were 'very satisfied' that care is effective and three were 'satisfied'. Of questionnaires returned by service users, four were 'very satisfied' that care is effective and one was 'satisfied'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users in decisions affecting their care and support. In the course of the inspection, the inspector found indications that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were present in service delivery at Clare House.

The inspector observed staff interacting with service users in a manner which showed respect and promoted choice. Positive relationships between staff and service users were evident to the inspector; service users provided good feedback about how well they are treated by staff.

Service users commented:

- 'They look after me well.'
- 'They look after me, they like me to go into town, it helps me.'
- 'We have our ups and downs, I talk to the nurses if I have a problem.'

A relative commented:

- '**** is comfortable with the staff.'

The inspector noted that service users were able to exercise choice regarding a range of daily decisions.

Service users who spoke with the inspector described how they make their own decisions regarding their daily routine and where they choose to go. The inspector found that service users were involved in a range of different activities and facilitated to pursue varying interests; some service users have been supported to look after pets. The inspector visited a service user in their own home, which was decorated in a warm and cosy manner to reflect their individual preferences. The service user provided positive feedback to the inspector regarding their ability to choose how to spend their day, including the choice to remain in bed if that was their wish.

The inspector noted how a service user's relationships with their family had been facilitated and supported by staff at the agency. A relative commented, 'We call it home from home, it's a great benefit'. The inspector noted that agency staff had built positive working relationships with a service user's relative, the relative commented on good communication with staff.

The inspector found evidence to indicate that the independence of service users has been promoted through the provision of service at Clare House. For example, service users have been encouraged and facilitated to participate in the community, and use modes of transport which reflect the ethos of a supported living environment. The inspector found that the equality and diversity of service users is promoted appropriately through respect for privacy and control over who enters their own home.

The inspector found that the agency seeks the views of service users and representatives on the standard and quality of care through the course of daily service provision, in addition to formally through monthly quality monitoring, service user meetings and review meetings.

Service users commented:

- 'The staff are very good to me.'
- 'They (the staff) are like family I couldn't do without.'

Staff comments:

- 'We never tell them what to do, we encourage.'
- 'We ask, what do you think of that, is that alright?'
- 'We are not prescriptive, all have a different day.'
- 'Anyone can approach any of us, at any time.'
- 'Every person is different, you get to know the personalities rather than the illness.'
- 'Staff have different ways of building relationships (with service users).'

Of questionnaires returned by staff, two were 'very satisfied' that care is compassionate and three were 'satisfied'. Of questionnaires returned by service users, four were 'very satisfied' that care is compassionate and one was 'satisfied'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that the agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and policies are retained in the office used by staff daily. The Statement of Purpose and Service User Guide are kept under review (2015).

The agency maintains and implements policy relating to complaints and compliments. The inspector noted that no complaints were recorded during the reporting period of 1 April 2015 to 31 March 2016.

The inspector saw evidence of review of information with the aim of improving quality of life for service users at the agency. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit and learning from adverse incidents including safeguarding incidents and incidents notifiable to RQIA.

The management structure of the agency is clearly defined and was well understood by staff and service users. Staff who provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to roles and responsibilities were available to staff on a daily basis. There was evidence of a commitment by the acting manager to provide regular and effective staff supervision and appraisal. Staff who provided feedback to the inspector commented on supportive working relationships within the staff team.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders which are valued by staff. The inspector noted positive feedback from HSC Trust professionals recorded in quality monitoring reports regarding the quality of service provision at the agency.

Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that the acting manager would listen to and address their concerns. Staff could describe how they would respond to concerns about performance of a colleague. Staff have access to consultation with on call senior management outside of normal working hours.

Of questionnaires returned by staff, two were 'very satisfied' that the service is well led and three were 'satisfied'. Of questionnaires returned by service users, four were 'very satisfied' that the service is well led and one was 'satisfied'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the acting manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the domiciliary care agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 16 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: 21 May 2017</p>	<p>(2) The registered person shall ensure that each employee of the agency –</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform</p> <p>This requirement relates to the provision of appraisal for all staff.</p> <p>Response by registered provider detailing the actions taken: All appraisals completed and up to date ongoing training booked where available.</p>
<p>Requirement 2</p> <p>Ref: Regulation 16 (4)</p> <p>Stated: First time</p> <p>To be completed by: 21 May 2017</p>	<p>(4) The registered person shall ensure that each employee receives appropriate supervision.</p> <p>This requirement relates to the provision of supervision for all staff.</p> <p>Response by registered provider detailing the actions taken: Supervision all up to date at present and meeting set guidelines.</p>

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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