

# Unannounced Care Inspection Report 30 April 2018



## 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](http://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 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 28 service users (two void tenancy's on the day of the inspection) living at two locations 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 11 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust  <b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Registered Manager:</b> Mrs Orla McConkey
<b>Person in charge at the time of inspection:</b> Mrs Orla McConkey	<b>Date manager registered:</b> 02 January 2018

### 4.0 Inspection summary

An unannounced inspection took place on 30 April 2018 from 10.00 to 18.00 hours

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

#### Evidence of good practice was found in relation to:

- care reviews
- supervision and appraisal
- recruitment and induction
- incident management
- collaborative working
- professional body regulations

No areas of improvement were identified during this inspection.

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
<b>Total number of areas for improvement</b>	0	0

The 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 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 13 June 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 June 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report and quality improvement plan (QIP)
- record of notifiable incidents
- record of complaints
- correspondence with RQIA

During the inspection the inspector met with three service users, the registered manager, four staff, and a telephone conversation with one service users' representative. The inspector was unable to make telephone contact with Trust professionals on the day of the inspection.

The following records were examined during the inspection:

- three service users' care and support plans
- care review records
- HSC Trust assessments of needs and risk assessments
- recording/evaluation of care records
- monthly quality monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervision
- records relating to knowledge skills framework (KSF)
- complaints records
- incident records
- records relating to safeguarding of adults
- staff rota information
- staff communication records
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding adults in need of protection policy, 2016
- whistleblowing policy
- data protection policy
- Statement of Purpose
- Service User Guide

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency’s registered premises. The poster invites staff to give their views and provides 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 registered manager was also asked to distribute 10 questionnaires to service users/family members. No responses were received prior to the issue of the report.

The inspector requested that the registered manager place a ‘Have we missed you...?’ card in a prominent position in the agency to allow service users, relatives and families 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.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 13 June 2017**

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 13 June 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 16(5) <b>Stated:</b> First time	(5) Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that— (a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days; and (b) during that induction training— (i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably	<b>Met</b>

	<p>qualified and competent person;                  (ii) a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to supervise the new worker;                  (iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty;                  and                  (iv) subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties.</p> <p>Ref: 16(5)(a), (b)(i),(ii),(iii),(iv)</p> <p><b>Action taken as confirmed during the inspection:</b>                  The inspector examined and evidenced documentation outlining a three day induction for new staff which included shadowing of more experienced staff.</p>	
<p><b>Area for improvement 2</b>   <b>Ref:</b> Regulation 15   <b>Stated:</b> First time</p>	<p>The registered person shall—                  (a) make the service users’ plan available to:                  (i) the service user;                  (ii) any representative of a service user who was consulted on its preparation or revision;                  (b) keep the service user plan under review;                  (c) where appropriate, and after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service users’ representative, revise the service user plan;                  and                  (d) notify the service user or, where applicable, the service users’ representative, of any such revision.</p> <p><b>Action taken as confirmed during the inspection:</b>                  The inspector confirmed that support plans were drawn up in collaboration with service users and their family/representatives where appropriate. The inspector also evidenced family/representatives at reviews.</p> <p>Documentation examined evidenced six monthly reviews by the agency. Service users advised the inspector that they can access</p>	<p><b>Met</b></p>

	their support plans if needed.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 6 <b>Stated:</b> First time	<p>6.—(1) The registered person shall produce a written service users' guide which shall include—</p> <p>(a) a summary of the statement of purpose;</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>(c) a summary of the complaints procedure established in accordance with regulation 22; and</p> <p>(d) the address and telephone number of the Regulation and Improvement Authority.</p> <p>(2) The registered person shall supply a copy of the service users' guide to the Regulation and Improvement Authority and every service user and, upon request, to the service users' representative.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed that a satisfactory Statement of Purpose and Service Users' Guide were available and up to date at the time of inspection.</p>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 9.1 <b>Stated:</b> First time	<p>The registered person shall ensure policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.</p> <p>Ref: Staff training policy and procedure</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector evidenced updated policies and received assurances that the agency would be adhering to regional policies and procedures.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12.1 <b>Stated:</b> First time	Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector evidenced NISCC's Induction Standards for new workers in social care incorporated into the agency's induction programme.</p>	
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 14.1 <b>Stated:</b> First time</p>	<p>The procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector evidenced procedures in place for protecting vulnerable adults in line with regional protocols.</p>	
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 12.7 <b>Stated:</b> First time</p>	<p>A record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes:</p> <ul style="list-style-type: none"> <li>• the names and signatures of those attending the training event</li> <li>• the date(s) of the training</li> <li>• the name and qualification of the trainer or the</li> <li>• training agency; and</li> <li>• content of the training programme</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector evidenced records relating to staff training in each staff members file outlining the training agency, the date of training and the name of the course and certificates of attendance.</p>	
<p><b>Area for improvement 5</b>  <b>Ref:</b> Standard 8.12 <b>Stated:</b> First time</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector evidenced an annual quality plan for the agency which involved stakeholders.</p>	



<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 2.2</p> <p><b>Stated:</b> First time</p>	<p>The service users' guide contains information on the following:</p> <ul style="list-style-type: none"> <li>• a summary of the statement of purpose and the services provided</li> <li>• the name of the registered manager and the general staffing arrangements;</li> <li>• the amounts and method of payment of fees for services (relevant to self-referred service users only)</li> <li>• general feedback from service users and/or their carer/representatives about the quality of the service</li> <li>• the general terms and conditions for receipt of the agency's services</li> <li>• the arrangements for the inspection of the agency by the Regulation and Quality Improvement Authority and how to access inspection reports</li> <li>• the agency, its structure and the name of the registered person</li> <li>• how to access the service</li> <li>• a summary of the complaints procedure and how to access it; and</li> <li>• the address and telephone number of the Regulation and Quality Improvement Authority</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed that a satisfactory Service Users' Guide was available and up to date at the time of inspection.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p>	<p>Each service user and, if appropriate, his or her carer/representative is provided with a written individual service agreement before the commencement of the service. If it is not possible to provide this agreement before the commencement of the service, it is provided within five working days of such commencement. The agreement is made available, if required, in a format and language suitable for the service user or his or her carer/representative.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector evidenced a written individual service agreement in service user's files.</p>		

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and that these are satisfactory.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations; it was noted that staff should attend the Trusts Corporate Induction programme ideally within six months of commencement of employment. Staff stated that they are required to shadow other staff members during their induction and probation period. The inspector spoke to four staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the manager.

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 registered manager and staff advised the inspector that the agency uses a small number of bank staff who currently employed by the Trust. The bank staff who spoke to the inspector outlined an induction programme by the agency.

#### **Service user comments:**

- "I am very happy here."

#### **Staff comments:**

- "The rota is devised through e-rostering which means it's the same staff you work with means you have limited contact with our other colleagues."
- "Training and induction are better now."

#### **Relative comments:**

- "Staff are very pleasant and professional."

Examination of records indicated that a system to ensure that staff supervision and appraisal are planned in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards and the Trusts mandatory training. There was

evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Mindfulness, Wellness Recovery Action Plan training.

The registered manager provided the inspector with a policy and training needs analysis for Clare House 2018 which was drawn up in conjunction with other supported living registered managers.

Training schedules were also available in the agency which enabled staff could book themselves on courses.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted that records relating to staffs safeguarding training were not up to date. The agency forwarded updated records of safeguarding training and planned dates to RQIA within a specified time scale following the inspection. The inspector reviewed the updated records and found them to be satisfactory.

The staff who spoke to the inspector were able to name the Adult Safeguarding Champion for the agency/Trust.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that the agency had made a number of safeguarding referrals to the Trust since the last inspection 13 June 2017. The referral was made appropriately and management plans were made in conjunction with the HSC Trust as evidenced by the inspector.

The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection there were no restrictive practices in place.

The inspector noted that evidence of review of service users' needs took place annually or as required.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been a number of notifiable events to RQIA since the previous inspection 13 June 2017. The inspector evidenced that these notifiable events were completed appropriately by the agency and in accordance with the agency's procedure and policy.

The inspector noted that the agency had received no complaints since the last inspection 13 June 2017.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, adult safeguarding referrals and risk management.

No areas for improvement was identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

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 (2018) and Service User Guide (2018).

The inspector reviewed three service users’ care and support plans. The inspector was informed that care and support plans are reviewed on a six monthly basis or sooner if required. These records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined annual reviews in place and the records were satisfactory. The agency maintains daily contact records for each service user.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and service users’ indicated that service users: have a genuine influence on the content of their care plans.

**Relative’s comments:**

- “I am able to talk freely at reviews, very informal which puts XXX and myself at ease.”
- “If I wasn’t happy I would chat to the manager.”

**Staff comments:**

- “Team work well together.”

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users’, staff, relatives as appropriate and community keyworkers, and progress on improvement matters.

The inspector noted the following comments made by community professionals during quality monitoring visits:

**Community professional comment:**

‘I can phone in anytime to talk to staff and they always have time for me.’

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users’. The staff described effective verbal and written communication systems with the staff team, including the use of a diary and verbal handovers.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that team meetings took place on a regular basis; the staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions. The inspector noted that service users were updated on renovations, night-time security and environmental issues.

The inspector noted and examined the following surveys carried out by Clare House, Annual Quality Plan 2017/2018 and the Resident Satisfaction Survey Questionnaire 2017/2018 with positive results.

The name and contact details of advocacy services were available on the agency noticeboard.

The staff interviewed informed the inspector that desktop computers are available in the agency office for staff to use to access policies and request on-line and face to face training.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

On the day of the inspection the inspector was invited to meet with service users in the communal sitting room area of their home. The inspector was informed by service users that they had enjoyed day trips to local seaside resorts where they got to spend the day enjoying social activities. The inspector observed photographs of service users enjoying social events inside and outside of the agency supported by staff.

### Relative comments:

- "Staff are very happy to see you."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection 13 June 2017. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its procedure and policy.

The agency operates a robust training system available for staff to request training to meet the needs of service users.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are maintained on an electronic system and file accessible to all staff. On the day of the inspection the inspector noted that a number of policies were out of date. Following the inspection and within a specified timescale, the registered manager forwarded evidence and assurance to the inspector that the Trust would be reviewing policies to run alongside regional policies and procedures. The inspector reviewed the information received and found it to be satisfactory.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy

- equal care and support
- individual person centred care
- individual risk assessment.

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the Trust referral information.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection it was noted that no complaints had been received since the last inspection 13 June 2017.

There are effective systems of formal supervision and appraisal within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered manager has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

#### **Relative comments:**

- "I am not unhappy about any aspect of care."

#### **Staff comments:**

- "XXX is a good manager."
- "XXX is very straight laced."
- "There is consistency."

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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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