The Regulation and Quality Improvement Authority

Inspection Report

2 September 2024

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 2 September 2024 between 9.50 a.m. and 2.45 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 were also reviewed.

No areas for improvement were identified.

Good practice was identified in relation to service user involvement, staff training and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC). There were good governance and management arrangements in place.

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 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 they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "This is a very good place to live. Staff are lovely and help me when I need help. They are helping me plan my birthday party. I choose what activities I do and the outings I go on."
- "I like living here. I am going out for the morning and I have the freedom to come and go as I please."
- "I moved here recently and I like it."

Staff comments:

- "I got a very good induction and was very well supported by all when I started working here."
- "We encourage the service users to be independent and make their own choices."
- "Care and support is of a high standard. I have access to all care plans and risk assessments."

- "All my mandatory is up to date."

No questionnaires were returned, and there were no responses from staff to the electronic 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 24 April 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 24 April 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of training records evidenced that this area for improvement had been addressed.	

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. The safeguarding champion was known to the staff team.

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.

There were no recent or current adult safeguarding referrals or investigation records to examine.

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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. The review of information relating to incidents indicated that they had been managed appropriately.

Staff had been provided with moving and handling training appropriate to the requirements of their role. 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.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control and basic life support. It was positive to note that the agency provided training in regard to food safety and handling service users finances.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required liquid medicine to be administered orally 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 (Northern Ireland) 2016 (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 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 positive to note that service users had been supported to have 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 service 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 facilitated regular service users' meetings. This supported service users to discuss the provisions of their care and support. Some matters discussed included activities, menu planning, advocacy arrangements and complaints and compliments procedures.

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

A number of service users had been 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 staff had completed training in Dysphagia and 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. Staff 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; this included administrative staff.

Checks were made to ensure that staff were appropriately registered NISCC; there was a system in place for professional registrations, including staff provided by a recruitment agency, to be monitored by the manager and a record of checks retained. A spot check completed during the inspection indicated that staff were registered appropriately. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager stated that there were no volunteers supporting 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 structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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; this included staff that were supplied by recruitment agencies. The training information was retained electronically in a well organised manner.

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 and staff. The reports included details of a review of service user care records; accident/incidents; finance; safeguarding matters; staff recruitment and training, and staffing arrangements. There was a detailed action plan for any matters requiring attention which was reviewed by the monitoring officer during the next monthly monitoring visit.

The Annual Quality Report was reviewed and was satisfactory.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. 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.

Our discussion with staff revealed they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future

outcomes. They identified staff training, policies and procedures, staff support mechanisms and the management team supported them to provide safe, effective and compassionate care in this setting.

We discussed the acting management arrangements which have been ongoing since 22 April 2022. The manager advised that they had recently been recruited as permanent and will submit a new manager application to RQIA.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Bridgeen McCloskey, Manager, as part of the inspection process and can be found in the main body of the report.

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