The Regulation and Quality Improvement Authority

Inspection Report

Name of Service:	**Clearwater House**
Provider:	**Threshold (Richmond Fellowship NI Ltd)**
Date of Inspection:	**18 November 2024**

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:	Threshold (Richmond Fellowship NI Ltd)
Responsible Individual:	Mrs Fiona Mc Cabe (Applicant)
Registered Manager:	Mrs Vicki Guiney (Acting)
Clearwater House, located in Belfast, is a supported living type domiciliary care agency provided by Threshold (Richmond Fellowship NI Ltd). The agency provides support to service users who are recovering from mental health issues. The support focuses upon the promotion of good mental health and independence, with the aim of each individual moving towards independent living.	

2.0 Inspection summary

An unannounced inspection took place on 18 November 2024 between 9.10 a.m. and 2.10 p.m. and was conducted by a care Inspector.

The inspection was undertaken to evidence how the domiciliary care agency is performing in relation to the regulations and standards, and to assess progress with the area for improvement identified by RQIA during the last care inspection on 27 November 2023.

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 reviewed.

Two areas for improvement were identified; these were in relation to the security of the premises and to recruitment. As a result of this inspection, the area for improvement previously identified by RQIA was assessed as having been addressed by the provider.

Good practice was identified in relation to service user involvement.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

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.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of the agency.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users spoke positively about their experience of the agency; they said they liked the accommodation and that the staff were supportive.

Staff spoke very positively in regard to the care delivery and management support in the agency. One told us that they loved their job, while another stated that if they had any concerns, they would feel confident to raise these. One member of staff responded to the electronic survey. The respondent indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led.

No questionnaires were returned.

The information provided indicated that there were no concerns in relation to the agency.

3.3 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 27 November 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.

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 27 November 2023</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 25

Stated: First time

To be completed by: Immediately from the date of inspection</td><td>The registered person shall ensure the premises are suitable for the purpose of achieving the aims and objectives of the agency set out in the statement of purpose. This relates specifically to the door closure mechanism</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The door closure mechanism had been replaced.</td></tr>
</table>

3.4 Inspection findings

3.4.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI) were completed and verified before staff members commenced employment and had direct engagement with service users. The recruitment records, however, did not consistently show that full employment histories and reasons for leaving previous positions were recorded. An area for improvement has been identified.

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 robust, structured, induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

3.4.2 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.

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 and their understanding of the agency's policy and procedure with regard to whistleblowing.

Staff were provided with training appropriate to the requirements of their role. The manager confirmed that no service users required the use of specialised equipment to assist them with moving.

All staff had been provided with training in relation to medicines management. A review of medication errors found that appropriate action was taken. The manager advised that no service users required their oral medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be completed before staff undertook this task.

The Mental Capacity Act (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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

Care and support plans are kept under regular review.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

The agency had proactively communicated the need to the landlord for further improvement to security in relation to windows following an incident. This remains unresolved. An area for improvement has been identified.

3.4.3 The arrangements for promoting service user involvement

From reviewing service users' care records and through discussions with service users, it was good to note that service users had 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. Person centred support plans were reviewed and found to involve the service user. Weekly meetings were available for the service users.

The agency had undertaken an evaluation of the service and produced a report which included feedback from service users with recommendations and actions.

3.4.4 The arrangements to ensure robust managerial oversight and governance

There were monitoring arrangements in place. A review of the reports of the agency's quality monitoring established that there was engagement with service users, staff and HSC Trust representatives. The reports included details of a review of accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

RQIA is aware of a Serious Adverse Incident (SAIs) that has been investigated by the Belfast HSC Trust. The management team have created an action plan to reduce the risk of recurrence. The actions will be reviewed at future inspection to ensure that any recommendations are embedded into practice.

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.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Vicki Guiney, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 13 (d) schedule 3

Stated: First time

To be completed by:
Immediately from the date of inspection</td><td>The Registered Person shall ensure that full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

Ref: 3.4.1</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The registered manager shall work with People Manager to ensure that full and satisfactory information is available to him in respect of each of the matter specified in Schedule 3</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 25

Stated: First time

To be completed by:
Immediately from the date of inspection</td><td>The registered person shall ensure the premises are suitable for the purpose of achieving the aims and objectives of the agency set out in the statement of purpose. This relates specifically to the security of windows

Ref: 3.4.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The registered manager shall ensure the premises are suitable for purpose of achieving the aims and objectives of the agency set out in the statement of purpose. Specifically to the security of windows</td></tr>
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Please ensure this document is completed in full and returned via the Web Portal