

Unannounced Care Inspection Report 19 April 2018



Cedars Community Care

Type of Service: Domiciliary Care Agency

Address: 130 Upper Knockbreda Road, Belfast, BT6 9QB

Tel No: 02890799517

Inspector: Aveen Donnelly

User Consultation Officer: Clair McConnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Cedars Community Care is a domiciliary care agency. The agency provides care and support to 180 people living in their own homes who have their services commissioned by the Belfast Health and Social Care Trust (BHSCT). Services provided include personal care, medication support and meal provision.

3.0 Service details

Organisation/Registered Provider: Selkirk Investments Ltd	Registered Manager: Mrs Michele Jackson
Responsible Individual: Jane Anne Hurley	
Person in charge at the time of inspection: Mrs Michele Jackson	Date manager registered: 18 September 2009

4.0 Inspection summary

An unannounced inspection took place on 19 April 2018 from 09.45 to 14.45 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.

There were examples of good practice found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. Care records were generally well maintained. Communication between service users, agency staff and other key stakeholders was well maintained. The culture and ethos of care in the agency, promoted treating service users with dignity and respect, where service users and their representatives were listened to and valued. There were good governance and management arrangements in relation to the day to day operations of the service.

One area for improvement previously stated was not met and has been stated for the second time. Action required to ensure compliance with another standard was not reviewed as part of this inspection and has been carried forward to the next care inspection. There were no new areas for improvement identified during this inspection.

Service users and relatives spoken with by the User Consultation Officer (UCO), provided feedback regarding the service provided by the agency in regards to safe, effective, compassionate and well led care. Some examples of good practice were highlighted and complimented and have been detailed within the body of this report.

The staff members and Health and Social Care (HSC) representatives spoken with during inspection provided valuable feedback in terms of the performance of the agency.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Michele Jackson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 28 November 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 November 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 reports
- all correspondence received by RQIA since the previous inspection

As part of the inspection the User Consultation Officer (UCO) spoke with three service users and five relatives, by telephone, on 3 May 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with personal care and meals.

The following records were examined during the inspection:

- three staff recruitment records
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- records relating to adult safeguarding
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- daily logs returned from the service users' homes
- three service user records regarding review, assessment, care planning and quality monitoring
- RQIA registration certificate
- a selection of governance audits
- a selection of policies and procedures
- complaints and compliments records
- service user guide/agreements
- statement of purpose
- monthly quality monitoring reports.

During the inspection the inspector spoke with the manager, three care staff and four Health and Social Care (HSC) representatives.

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 provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff feedback was returned.

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 manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 November 2017

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 28 November 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
Area for improvement 1 Ref: Regulation 16 (2) (a) Stated: First time	The registered person shall ensure that each employee of the agency receives training which is appropriate for the work he is to perform	Met
	Action taken as confirmed during the inspection: A review of training records confirmed that this area for improvement had been met. Refer to section 6.4 for further detail.	

Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.10 Stated: First time	The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures.	Not met
	Action taken as confirmed during the inspection: A review of the care records did not evidence that the agency had been conducting annual reviews of the service users' needs, in keeping with the policies and procedures. This area for improvement was not met and has been stated for the second time. Refer to section 6.5 for further detail.	
Area for improvement 2 Ref: Standard 8.12 Stated: First time	The registered provider is recommended to expand their annual quality review process to include staff and service commissioners' views.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Standard 13.3 Stated: First time	The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures	Met
	Action taken as confirmed during the inspection: A review of the staff personnel records confirmed that formal supervisions had commenced and a plan was in place to ensure that these continued on a rolling basis. Refer to section 6.4 for further detail.	

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 agency's registered premises are located at 130 Upper Knockbreda Road, Belfast and were suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of two senior carers and a team of carers. The agency's staffing arrangements were discussed and the inspector was advised that there were sufficient staff employed, to meet the current level of care provision. No concerns were raised in relation to the staffing provision.

There were no concerns regarding the safety of care being provided by Cedars Community Care raised with the UCO. The majority of the service users and relatives interviewed were unable to confirm that new carers had been introduced to the service user by a regular member of staff; however confirmation was received that new carers had knowledge of the required care.

All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns.

Examples of some of the comments made by service users or their relatives are listed below:

- "They're always willing to help if I ask for something."
- "No bother with any of them."
- "They're all very nice."

Three recruitment records were reviewed, relating to recently appointed staff, which confirmed that pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. The recruitment policy required to be updated to include the procedure to follow for staff who had broken their service. Following the inspection, the manager submitted the updated policy, by email to RQIA on 25 April 2018. RQIA was satisfied with the updated policy.

There was a system in place to monitor the registration status of staff in accordance with NISCC. The manager discussed the system in place to identify when staff are due to renew their registration.

A review of records confirmed that all staff, had received a structured induction programme in line with the timescales outlined within the regulations.

As discussed in section 6.2, there were systems in place to monitor staff performance and to ensure that they received support and guidance. Staff consulted with confirmed that this included mentoring through formal supervision meetings, observation of practice and completion of annual appraisals. Advice was given to the manager in relation to developing a matrix that would give her better oversight of when supervisions were due to be completed.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling and application of medical stockings. As discussed in section 6.2, a review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. It was disappointing to note that the training had only recently been completed, in response to concerns raised by the HSC Trust, as part of their quality monitoring processes. This was discussed with the manager and will be monitored at future inspection.

Additional training in areas such as oral health care, dementia awareness, customer engagement, diet and nutrition, continence care, flu awareness and equality and diversity training had been provided.

Staff spoken with were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. Discussion with the manager and a review of records evidenced that safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager holds this responsibility and ensures that the agency's safeguarding activity is in accordance with the regional policy and procedures.

A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols. Discussion with the manager identified that there was good management oversight of incidents which occurred within the agency.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that Trust risk assessment and care plans were in place. Refer to section 6.5 for further detail regarding provider monitoring and review of risk assessments.

The inspector observed the records management arrangements within the agency and concluded that appropriate storage and data protection measures were being maintained in respect of archived records.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The inspector examined three service users' care records and found these to be detailed, personalised and reflective of the individuals' preferences.

Care reviews with the HSC Trusts were noted to be held annually or as required. Discussion with the manager indicated that they were not always invited to attend Trust reviews and that they attended, when invited. As discussed in section 6.2, the agency's annual reviews of service users' needs had not been undertaken in keeping with the agency's policy and procedures. This was discussed with the manager who provided assurances that this was in the process of being addressed. RQIA was satisfied that updated Trust risk assessments were in place and that the service user plans reviewed were also up to date and reflective of the care provided.

Service User Agreements were discussed with the manager, who was aware that these were not consistently provided to service users within five working days, in keeping with the minimum standards. The manager explained that this had been the responsibility of an identified staff member, who was no longer working for the agency; and provided assurances that this matter was being addressed.

The agency had quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. A review of the audits pertaining to daily logs returned from the service users' homes, identified that where deficits were identified, these were dealt with appropriately.

Quality monitoring reports indicated consultation with a range of service users, relatives and staff. Advice was given to the manager in relation to ascertaining the views of HSC Trust representatives.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding timekeeping, rushed calls or missed calls. The majority of the service users and relatives interviewed were unable to confirm that new carers had been introduced to the service user by a regular member of staff.

No issues regarding communication between the service users, relatives and staff from Cedars Community Care were raised with the UCO. Some of the service users and relatives advised that home visits or phone calls have taken place to obtain their views on the service. One relative interviewed was also able to confirm that they had received a questionnaire from the agency.

Examples of some of the comments made by service users or their relatives are listed below:

- "First class."
- "They're excellent. Couldn't complain."

- “Best of the three packages we’ve had.”

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. Staff consulted with stated that they felt that there was effective communication between all grades of staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency’s engagement with the service users.

Areas for improvement

An area for improvement, previously made in relation to the annual review of service users’ needs, was not met and has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls or questionnaires to ensure satisfaction with the care that has been provided by Cedars Community Care. Examples of some of the comments made by service users or their relatives are listed below:

- “They’re always bright and breezy.”
- “All lovely girls.”
- “XXX enjoys a laugh with them.”

The agency carried out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs.

Observation of staff practice carried out within service users’ homes on a regular basis was confirmed during inspection through records viewed in the agency office. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks and this was confirmed by the manager.

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

A review of the compliments records evidenced that the staff treated service users with respect and dignity. Comments included ‘we are very happy with all the care’ and ‘they all treated (my relative) with care and respect’.

During the inspection, the inspector spoke with three staff members and four HSC representatives. No concerns were raised. Some comments received are detailed below:

Staff

- “It is good, I have never had any problems.”
- “It is great here.”
- “It is a great team to work with.”

Trust Representatives

- “I have no concerns.”
- “They are quite good at coming back to us over any issues.”

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. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The organisational and management structure of the agency were outlined in the Statement of Purpose; it details lines of accountability. Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency had a range of policies and procedures which had been updated in line with the domiciliary care agency minimum standards. It was noted that many of the policies were due to be reviewed later this year. This was discussed with the manager, who described the systematic process in place to ensure that this would be done.

There was a process in place to ensure that complaints would be managed in line with the regulations and minimum standards. A review of the complaints records identified that they had been managed appropriately.

All those consulted with were confident that staff/management would appropriately manage any concern raised by them. The complaints procedure was included in the service users' guides.

There had been no incidents which required to be notified to RQIA since the last inspection. Discussion with the manager evidenced that she was aware of the guidelines for notifiable events.

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 manager confirmed that staff had received training in equality and diversity which enabled them to engage with a diverse range of service users. The agency collected data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011. Advice was given in relation to ascertaining the views of HSC Trust representatives.

As discussed in section 6.2, the annual quality review report for 2017 was in progress of being completed and as such was not reviewed on the day of the inspection. An area for improvement previously made in this regard has been carried forward for review at the next inspection.

The staff members consulted with indicated that the manager and management team were supportive and approachable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with key stakeholders.

Areas for improvement

An area for improvement, previously made in relation to the annual quality review report was not reviewed and has been carried forward for review at the next inspection. No new areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michele Jackson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 8.10</p> <p>Stated: Second time</p> <p>To be completed by: 17 June 2018</p>	<p>The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures.</p> <p>Ref: 6.2 and 6.5</p>
	<p>Response by registered person detailing the actions taken: The agency has been conducting service users reviews over the past few months and is on schedule to complete the process by 17th June 2018.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2018</p>	<p>The registered provider is recommended to expand their annual quality review process to include staff and service commissioners' views.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.2 and 6.7</p>
	<p>Response by registered person detailing the actions taken: The annual review process has been expanded and will include staff and Trust views. We aim to complete this process by 29 June.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews