



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Cedars Community Care
Establishment ID No: 11030
Date of Inspection: 18 July 2014
Inspector's Name: Caroline Rix
Inspection No: 16563

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Cedars Community Care
Address:	130 Upper Knockbreda Road Belfast BT6 9QB
Telephone Number:	(028) 9079 9517
E mail Address:	michele@cedarsni.co.uk
Registered Organisation / Registered Provider:	Selkirk Investments Ltd / Ms Jane Anne Hurley
Registered Manager:	Mrs Michele Jackson
Person in Charge of the agency at the time of inspection:	Mrs Michele Jackson
Number of service users:	185
Date and type of previous inspection:	15 October 2013, Primary announced inspection
Date and time of inspection:	18 July 2014 from 9.45am to 5.15pm Primary unannounced inspection
Name of inspector:	Caroline Rix

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	5
Staff	0
Relatives	4
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25	0 plus one after closure date

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Cedars Community Care is a domiciliary care agency which is based on Upper Knockbreda Road, Belfast and serves the Belfast area of Northern Ireland. Under the direction of the registered manager Ms Michele Jackson, a staff team of 42 provide a range of services to 185 people living in their own homes. They provide personal care assistance, social support and domestic duties to service users. The majority of service users are older people, but they also provide services to those with a learning disability and / or a physical disability that require assistance to maintain an independent lifestyle. The Belfast HSC Trust commissions their services and one self-funding service user.

Cedars Community Care had two requirements and six recommendations made during the agency's previous inspection on 15 October 2013. Both of the requirements were found to be 'compliant'. Five of the six recommendations were found to be 'compliant' with the remaining recommendation found to be 'moving towards compliance', and will be carried forward and included within the attached quality improvement plan (QIP).

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Cedars Community Care was carried out on 18 July 2014 between the hours of 09.45 and 17.15. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the user consultation officer (UCO) during the inspection on 18 July 2014, and a summary of findings is contained within this report. Findings following these home visits were discussed with the manager.

Three requirements and six recommendations (one restated) have been made in respect of the outcomes of this inspection.

Staff survey comments

Twenty five staff surveys were issued but only one was received (after the closure date) which was a disappointing response. The manager confirmed that all surveys were distributed to staff as requested.

One staff comment was included on the returned survey;

'The manager is knowledgeable about our individual clients and their needs which is helpful to maintain a good standard of care'.

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with five service users and four relatives on 18 July 2014 to obtain their views of the service being provided by Cedars Community Care. The service users interviewed have been using the agency for a period of time ranging from approximately two months to three years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. The majority of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be advised by the agency if their carer had been significantly delayed, this is good practice.

The majority of the people interviewed had no concerns regarding the quality of the service being provided by the carers from Cedars Community Care; however one service user felt that it would be beneficial for carers to receive additional training in the use of hoists. It was good to note that only one service user had made a complaint, which was in relation to timekeeping; and all of the people interviewed were aware of whom they should contact if any issues arise. All of the people interviewed were able to confirm that management from the agency visits to ensure satisfaction, however no one was able to advise that observation of staff practice had taken place in their home. The matter was discussed with the registered manager as part of the inspection.

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

- "No problems with them; all very good."
- "I'm quite happy with them."
- "Nothing to complain about."
- "It's great that the carers are consistent; my XXX is very comfortable with the girls."
- "If I need to change my call time for appointments etc, it's no problem."

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of five service users. On review of the files, it was noted that one file had no care plan or risk assessment available for review and one care plan contained out of date information. The registered manager has been requested to address the matter appropriately.

Review of the available risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO.

During the home visits, the UCO was advised that two service users are receiving assistance with medication by the carers from Cedars Community Care and it was good to note that it was being recorded on the service users' records consistently.

All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets, it was noted that there were some calls for one service user had not been recorded or call times were not being recorded. The UCO also noted that the call times for two clients can vary significantly; the above matters were discussed with the registered manager and are to be kept under review.

Summary

Theme one - Management and control of operations

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency's 'Operational' policy and 'Statement of Purpose' viewed contain details of the organisational structure, the qualifications and experience of senior staff. However the 'Statement of Purpose' needs expanded to include the current staffing and the respective roles and responsibilities of each grade of senior staff.

Discussions with the registered manager and deputy manager during inspection and review of records for the manager and management staff supported a process in place for some but not all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

Review of appropriate appraisal processes for management staff were confirmed during inspection along with the supervision processes in place. However the supervision procedure is recommended to be expanded to include the area of direct observation of care staff practice.

Monthly monitoring processes are currently in place and operational.

Records regarding two medication incidents were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

One requirement and three recommendations have been made in relation to this theme.

The registered manager is required to expand their 'Statement of Purpose' to reflect the current staffing grades and include their roles and responsibilities.

The registered manager and deputy manager are recommended to complete all relevant mandatory training updates in line with RQIA training guidelines (September 2012).

The registered manager is recommended to expand their staff supervision procedure to include direct observation of practice as one of the quarterly types staff will receive annually.

The registered manager is recommended to expand their training and development procedure to include all mandatory subject areas and update frequency.

Theme 2 - Records management

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has a policy and procedure in place on 'Record Keeping' which was found to be satisfactory and in line with standard 5 and contains guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported general compliance in these areas.

The agency has a policy and procedure in place on use of 'Restraint' dated August 2011 which was reviewed and is recommended to be expanded. The agency currently provides care to a number of service users that require some form of restraint. However the care plans and risk assessments in relation to this area were not all fully detailed. This area was discussed with the registered manager and is to be addressed.

The agency has a policy and procedure on 'Handling Clients Money'. This was reviewed and discussed with the registered manager to be expanded.

One requirement and two recommendations have been made in relation to this theme.

The registered manager is required to expand their 'Handling Clients Money' procedure to include their recording and monitoring system.

The registered manager is recommended to expand their procedure on 'Restraint' to include the use of various types of restraint; their management plans/risk assessments and the frequency of review of same and ensure that, where relevant, these records are maintained.

The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily log records.

Theme 3 – Recruitment

The agency has achieved a level of **substantially compliant** in relation to this theme.

Review of the agency's 'Staff Recruitment' policy and procedure was found to be partially compliant with Regulation 13 and schedule 3. All the points listed within schedule 3 are to be included within their procedure.

Records confirmed that, with the exception of the statement from the registered manager that the person is physically and mentally fit for the work he is to perform, information had been obtained for staff as required.

One requirement has been made in respect of this theme.

The registered manager is required to expand their 'Staff Recruitment' procedure to ensure full information and documents are obtained in respect of domiciliary care workers as listed within schedule 3.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 15(6)(a)	<p>The registered manager must ensure that the procedure for protecting vulnerable adults and young people is further expanded to include actions to be taken if an allegation is made against a staff member. It is also recommended that the addition of a flowchart of key steps staff should follow with in the reporting process should be included.</p> <p>(Restated from 31 July & 2 August 2012)</p>	<p>The Protection of Vulnerable Adults and Young People policy and procedure dated November 2013 was reviewed. This has been expanded to include actions to be taken if an allegation is made against a staff member. The agency has developed a flowchart of key steps staff should follow if suspect abuse, with their reporting process included.</p>	Three	Compliant
2	Regulation 17	<p>The registered manager must ensure that the staff handbook is fully compliant with Regulation 17. It should include their updated protection of vulnerable adult's procedure. The manager is recommended to develop a system to verify that all staff receives a copy of their revised handbook.</p> <p>(Restated from 31 July & 2 August 2012)</p>	<p>The staff handbook viewed dated October 2013 has been expanded to include their updated protection of vulnerable adult's procedure and flowchart. A system has been introduced to verify that staff has received an updated copy of the handbook.</p>	Twice	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Minimum Standard 8.11	<p>The responsible person is recommended to complete monthly monitoring reports as detailed within standard 8.11.</p> <p>(Restated from 31 July & 2 August 2012)</p>	<p>Records evidenced that the responsible person has completed monthly monitoring reports in line with standard 8.11.</p>	Twice	Compliant
2	Minimum Standard 1.7 & 9.2	<p>The registered manager is recommended to develop a process for inclusion of service users and staff within policy and procedure reviews.</p> <p>(Restated from 31 July & 2 August 2012)</p>	<p>The agency has developed a process for service user and staff involvement when policies and procedures are being reviewed. The staff training procedure review included consultation with their training organisation and staff.</p>	Twice	Compliant
3	Minimum Standard 3.5	<p>The registered manager is recommended to provide service users with the names of staff coming to his or her home in a written format.</p> <p>(Restated from 31 July & 2 August 2012)</p>	<p>Records viewed in service user files now have a page which contains the names of staff who will be visiting each service user's home in large print.</p>	Twice	Compliant

4	Minimum Standard 3.3	The registered manager is recommended ensure service user home files include appropriate documentation in accordance with standard 3.3. (Restated from 31 July & 2 August 2012)	Records evidenced during home visits that full and up to date documentation was not in place for all service users.	Twice	Moving towards compliance
5	Minimum Standard 1.9	The registered manager is recommended to develop a system to verify a summary of their annual quality report has been provided to service users and their carers / representatives. (Restated from 31 July & 2 August 2012)	The agency's annual quality report for 2013 and summary report viewed. The manager indicated that service users are asked during their review meeting 6 monthly if they would like a copy of their summary report or full report. To date only one service user has requested the summary report and same was provided.	Third	Compliant
6	Minimum Standard 14.4	The registered manager is recommended to expand their staff competency assessments following protection of vulnerable adults training.	The agency has a staff competency assessment tool in place. Records viewed of completed assessments by staff following protection of vulnerable adults training.	Once	Compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Regulation 11 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The registered manager undertakes training relevant to her position. The registered manager has NVQ Diploma Level 5 in Management and BA (Hons) degree in Administration.</p>	<p>Provider to complete</p> <p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The ‘Operational policy’ dated February 2013 was reviewed as compliant. The ‘Statement of Purpose’ dated January 2014 was reviewed and is recommended to be expanded to reflect the current staffing grades and include their roles and responsibilities. The agency management structure includes one registered manager, a deputy manager, two supervisors, and one administrator and care staff.</p> <p>Training records for the registered manager were found to be in place regarding some areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). However all mandatory training subjects have not been updated in line with RQIA guidelines. In discussion with the registered manager, she</p>	<p>Moving towards compliance</p>

explained that the wording of the guidelines issued by RQIA in September 2012 was not fully understood to include the registered manager. The registered manager is recommended to complete the relevant mandatory training updates in line with the RQIA guidelines. The manager had completed the ILM Diploma level 5 in management with The Beeches Management Centre in May 2011 which included staff performance assessments.

Supervision and appraisal training for the registered manager and deputy manager is planned 31/07/14.

Some areas of training reviewed included a competency assessment element however these had not been consistently signed off by the assessor; this is to be implemented across all mandatory areas. Review of all training records and competency assessments is recommended to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers.

The registered manager is not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development.

It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from September 2013 to 2016.

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Medication errors are reported to the service users Trust representative, their family and the RQIA in accordance with procedures. Policies and procedures are regularly reviewed to ensure they are consistent with work practice and the effect of training is evaluated through staff questionnaires and measured against the number of care issues, incidents, complaints and compliments that are received. Staff have regular supervision and appraisals to evaluate performance and discuss personal development.</p>	<p>Provider to complete</p> <p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency 'Supervision and Appraisal' policy and procedure dated July 2013 viewed referenced their processes for all care staff and reflected the processes for management staff supervision and appraisal. This procedure needs expanded to include direct observation of staff practice as one of the types of supervision care staff will receive annually.</p> <p>Appraisal for the manager currently takes place on an annual basis and the record was reviewed for the most recent appraisal in December 2013. Supervision records were viewed for September 2013 and April 2014 which contained appropriate details.</p> <p>The inspector reviewed the agency log of two medication incidents reported through to RQIA over the past year. Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the medication matters</p>	<p>Substantially compliant</p>

within the specified timeframes and appropriate follow up measures taken.

Monthly monitoring reports completed by the registered person were reviewed during inspection for January to May 2014 and found to be compliant although they did contain only brief information.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>If necessary specific training for named care workers is provided by either the Trust's district nursing services or the Cedars Residential Home qualified care staff. New staff are required to have relevant care experience, they are given a job description which clarifies their roles and responsibilities. Their induction programme is designed to meet their training needs and an initial and ongoing observations of their work practice helps identify further training needs. Management staff have undertaken supervision and appraisal training.</p>	<p>Provider to complete Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency holds a 'Training and Development' policy and procedure dated February 2010 which was reviewed. This procedure needs expanded to include all mandatory subject areas and frequency updates required in line with RQIA mandatory training guidelines (September 2012), as currently does not include all subject areas.</p> <p>Training records for the deputy manager viewed confirmed she had completed some of the mandatory subjects, and is required to complete all update training in line with mandatory training guidelines. The deputy manager confirmed she has enrolled on the QCF level 5 in Health & Social Care course starting in September 2014 which is to be commended. Supervision and appraisal training for the registered manager and deputy manager is planned for 31 July 2014.</p>	<p>Substantially compliant</p>

The registered manager confirmed that they have recently appointed a supervisor to assist with monitoring visits and service user review meetings. Induction training for this staff member is due to commence during July 2014 and will include the supervision and appraisal training planned for the registered manager and deputy manager.

Most areas of training reviewed included a competency assessment element however these had not been consistently signed off by the assessor.

As described at criteria 1 above, a review of all training records and competency assessments is recommended to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers.

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>Responded to this on page 5.</p>	<p>Provider to complete</p>
<p>Inspection Findings:</p>	
<p>Appraisal for the deputy manager currently takes place annually. The inspector reviewed the most recent appraisal record dated December 2013 which included a training and development section. Supervision records viewed confirmed the process had been completed in line with their procedure.</p> <p>The current monthly monitoring reports do not provide comment on management staff matters and competence should they arise and this was discussed during inspection with the registered manager for future consideration (as required).</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>The agency provide all service users with a book to record all visits from care workers, which includes arrival and departure times, the date, details of the care delivered and admin of medication if applicable. Staff are required to notify the office of any changes to services users' behaviour, needs or routines. This contact and any other communication such as incidents or requests for additional care is discussed with their Trust representative and is recorded in the service users file. Any requests for additional care is agreed by both parties before commencement. All incidents are recorded in both an incident file and the service users file. Staff undertake training in Recording and Reporting as part of their induction.</p>	<p>Provider to complete Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policies on 'Recording and Reporting Care Practices' dated August 2012 and the 'Restraint' policy dated August 2011 were reviewed during inspection as mostly compliant. The procedure on 'Restraint' is recommended to be expanded to include the use of various types of restraint; their management plans/risk assessments and the frequency of review of same.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications. • The agency hold a money agreement within the service user agreement • Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping • Staff spot checking template which includes a section on adherence to the agency recording policy • Staff group supervision template includes records management (recording and reporting) <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of four staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising.</p>	<p>Substantially compliant</p>

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for four staff members during inspection and found to be compliant.

The registered manager and deputy manager included records management as a regular topic for discussion during staff meetings/group supervision, review of the most recent staff meeting minutes dated March 2014 evidenced this topic. Staff training records for November and December 2012 confirmed staff training on recording procedures had been updated.

Review of five service user files during home visits confirmed appropriate recording in the medication records.

On review of the log sheets in service users homes, it was noted that there were some calls for one service user had not been recorded or call times were not being recorded. The UCO also noted that the call times for two service users can vary significantly; the above matters were discussed with the registered manager. The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily log records.

Review of service user records during the inspector visits and discussion with registered manager during inspection confirmed that restraint is in place for a number of service users in respect of bedrails. Review of one service user file during inspection evidenced the use of restraint on the care plan but not fully documented on the risk assessment and this was discussed during inspection. The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.

<p>Criteria Assessed 2: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>Where the Agency receives money from a service user they have a written and signed agreement, and receive a 4 weekly invoice for those services.</p>	<p>Provider to complete Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency’s policy and procedure on ‘Handling Clients Money’ was reviewed and is required to be expanded to include their recording and monitoring system in place. Review of the care plans during the home visits advised that these service users were not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the inspector.</p> <p>Records relating to one service user viewed in the agency office confirmed that weekly shopping is provided as part of their care plan, with records in place to support agreed process and a system to audit this arrangement is in place.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

**THEME 3
Regulation 13 - Recruitment**

Criteria Assessed 1:

COMPLIANCE LEVEL

Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—

- (a) he is of integrity and good character;
- (b) he has the experience and skills necessary for the work that he is to perform;
- (c) he is physically and mentally fit for the purposes of the work which he is to perform; and
- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

Standard 8.21 The registered person has arrangements in place to ensure that:

- all necessary pre-employment checks are carried out;
- criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and
- all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .

Standard 11.2 Before making an offer of employment:

- the applicant’s identity is confirmed;
- two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer;
- any gaps in an employment record are explored and explanations recorded;
- criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);
- professional and vocational qualifications are confirmed;
- registration status with relevant regulatory bodies is confirmed;
- a pre-employment health assessment is obtained
- where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and
- current status of work permit/employment visa is confirmed.

Provider's Self-Assessment:	
As part of its recruitment policy and procedures, the Agency requires 2 references, an Enhanced Disclosure with barred List check from AccessNI where their identify is confirmed through photographic ID. The applicant's employment history is established at interview as are any relevant qualifications, which are confirmed on the reference. A completed pre-employment health questionnaire is also obtained as part of the application, and copies of their drivers licence, tax and insurance are held on file as applicable.	Provider to complete Compliant
Inspection Findings:	
<p>Review of the ' staff recruitment' policy and procedure dated November 2011 indicated partial compliance with regulation 13 and schedule 3. The staff recruitment procedure is required to be expanded to ensure all information and documents are obtained regarding each point listed within schedule 3 for domiciliary care workers. The procedure should include the steps required if reference requests are not received, details of their AccessNI application process and information review(where relevant) and a statement by the registered manager that the person is physically and mentally fit for the work which he is to perform.</p> <p>Review of four files for staff recruited since September 2013 found general compliance with Regulation 13, Schedule 3 and standard 11 with exception of a statement by the registered manager that each person was physically and mentally fit for the work which he is to perform. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.</p>	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory with fourteen complaints received during this period. The inspector reviewed three of the fourteen complaints during the agency's inspection and confirmed each had been appropriately managed and resolved.

The agency had received five complaints during 2014 to date, records of two received were reviewed, these confirmed each complaint had been appropriately managed and resolved to the complainants satisfaction.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with manager Michelle Jackson and deputy manager Joanna Norden, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Unannounced Primary Inspection

CEDARS COMMUNITY CARE

18 JULY 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with registered manager Michelle Jackson and deputy manager Joanna Norden during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 5 (1) Schedule 1 (7)	The registered manager is required to expand their 'Statement of Purpose' to include their current staffing structure and the roles and responsibilities of each grade of staff within the organisation.	Once	The Statement of Purpose has been updated to include the current staff structure with roles and responsibilities of each grade, within the recommended timescale.	Within two months of inspection date.
2	Regulation 13 Schedule 3	The registered manager is required to expand their 'Staff Recruitment' procedure to ensure full information and documents are obtained in respect of domiciliary care workers as listed within schedule 3.	Once	The Staff Recruitment procedure has been expanded to ensure full information and documents are obtained. This was completed within the recommended timescale.	Within two months of inspection date.
3	Regulation 15(6)(d)	The registered manager is required to expand their 'Handling Clients Money' procedure to include their recording and monitoring system.	Once	The Handling Clients Money procedure has been expanded to include our recording and monitoring system and has been completed within the timescale.	Within three months of inspection date.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 3.3	The registered manager is recommended to ensure service user home files include appropriate documentation in accordance with standard 3.3. (Restated from August 2012 and October 2013)	Three	Distribution of service users' home files with the appropriate documentation will be completed within the recommended timescale.	Within two months of inspection date.
2	Minimum Standard 8.17	The registered manager and deputy manager are recommended to complete all mandatory training updates in line with RQIA mandatory guidelines (September 2012).	Once	The Registered manager will complete all mandatory training within the recommended timescale. The Deputy manager will complete within six months on her return from maternity leave on October 1 st 2015.	Within six months of inspection date.
3	Minimum Standard 13.2	The registered manager is recommended to expand their staff supervision procedure to include direct observation of practice as one of the quarterly types staff will receive annually.	Once	The staff supervision procedure has been expanded to include direct observation of practice as part of the annual supervisions within the recommended timescale.	Within three months of inspection date.
4	Minimum Standard 12.3	The registered manager is recommended to expand their staff training and development procedure in line with RQIA mandatory guidelines (September 2012).	Once	The staff training and development procedure has been expanded in line with RQIA mandatory guidelines.	Within three months of inspection date.

				This has been completed within the recommended timescale.	
5	Minimum Standard 5.2	The registered manager is recommended to expand their procedure on 'Restraint' to include the use of various types of restraint; their management plans/risk assessments and the frequency of review of same. The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.	Once	The procedure on Restraint has been expanded to include all areas as detailed in the recommendation and relevant care plans will be audited to ensure management plans are in place. This will be completed within the recommended timescale.	Within three months of inspection date.
6	Minimum Standard 5.6	The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily log records.	Once	As part of the service user review process, files will be checked to ensure they are accurate. This will be completed within the recommended timescale and ongoing.	Within two months of inspection date and on-going.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Michele Jackson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jane Hurley

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Caroline Rix	15/09/14
Further information requested from provider			