



The **Regulation** and
Quality Improvement
Authority

Cedars Community Care
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Belfast
BT6 9QB

Inspector: Jim McBride
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Announced Care Inspection
of
Cedars Community Care

7 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 7 March 2016 from 09.30 to 12.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Cedars Community Care. Jane Anne Hurley	Registered Manager: Michele Jackson
Person in charge of the agency at the time of Inspection: Michele Jackson	Date Manager Registered: 18 June 2009
Number of service users in receipt of a service on the day of Inspection: 180	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Records of notifiable events
- User Consultation Officer (UCO) report

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

- Discussion with the registered manager
- Examination of records
- File audits
- Evaluation and feedback

The following records were examined during the inspection:

- Fifteen service user records in respect of referral, assessment, care plan and review
- Fifteen service user records in respect of the agency quality monitoring
- Six staff quality monitoring records
- Complaints log
- Monthly monitoring reports from August 2015 to January 2016
- Staff Rotas for weeks ending 27/2/16 and 5/3/16
- Staff daily contact log records in fifteen care plans

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and five relatives, on 3 and 4 March 2016 to obtain their views of the service. The service users interviewed receive assistance with the following:

- Management of medication
- Personal care
- Meals

Some individual concerns were raised by service users and relatives. The inspector discussed these with the registered manager who has in place an action plan to resolve the following issues:

- Call times.
- Change of call time.
- 1 x missed call not reported to the agency.

During the inspection the inspector spoke with the registered manager and the deputy manager.

At the request of the inspector the manager was asked to distribute a number of questionnaires to staff for return to RQIA. Three questionnaires were returned.

The questionnaire indicated that the staff member was either satisfied or very satisfied with the following:

- The training provided by the agency in safeguarding adults.
- Individual care plans are appropriate to meets services user's needs.
- The times allocated to meet the service user's needs.
- The information provided to service users regarding delayed calls.

Staff written comments:

- "Training will be given if required."
- "15 Min calls are not long enough"

5. The Inspection

Cedars Community Care is a domiciliary care agency. Under the direction of the registered manager Ms Michele Jackson, a staff team of 35 provide a range of services to 180 people living in their own homes. They provide personal care assistance, social support and domestic duties to service users. The Belfast HSC Trust commissions their services.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 18 July 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: 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.	Met
	Action taken as confirmed during the inspection: The agency's statement of purpose was updated on the 23 July 2014 and reviewed again on the 6 October 2015. The document includes the requirement outlined.	
Requirement 2 Ref: 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.	Met

	<p>Action taken as confirmed during the inspection: The procedure was updated on the 3 September 2014 and reviewed again on the 20 October 2015. The document in place was satisfactory.</p>	
<p>Requirement 3 Ref: Regulation 15(6)(d)</p>	<p>The registered manager is required to expand their 'Handling Clients Money' procedure to include their recording and monitoring system.</p> <p>Action taken as confirmed during the inspection: The procedure was updated on the 4 September 2014 and reviewed again on the 22 May 2015. The document in place was satisfactory.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1 Ref: Standard 3.3</p>	<p>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)</p> <p>Action taken as confirmed during the inspection: The documents required are in place in service user's home files.</p>	Met
<p>Recommendation 2 Ref: Standard 8.17</p>	<p>The registered manager and deputy manager are recommended to complete all mandatory training updates in line with RQIA mandatory guidelines (September 2012).</p> <p>Action taken as confirmed during the inspection: The inspector examined a number of training records in place in line with the recommendation and mandatory training requirements. The documents in place were satisfactory.</p>	Met
<p>Recommendation 3 Ref: Standard 13.2</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: The inspector examined a number of supervision records as well as observed practice. The records in place were satisfactory and have been highlighted within the body of this report.</p>	Met

Recommendation 4 Ref: Standard 12.3	The registered manager is recommended to expand their staff training and development procedure in line with RQIA mandatory guidelines (September 2012).	Met
	Action taken as confirmed during the inspection: This procedure was updated on the 3 September 2014 and reviewed again on the 20 October 2015.	
Recommendation 5 Ref: 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.	Met
	Action taken as confirmed during the inspection: The procedure was updated on the 4 September 2015 and reviewed again on the 11 November 2015. The procedure in place is satisfactory.	
Recommendation 6 Ref: Standard 5.6	The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily log records.	Met
	Action taken as confirmed during the inspection: The inspector examined a number of care records within the agency offices. The records in place were satisfactory and in line with the recommendation.	

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users and/or representative's views had been obtained and incorporated.

Is Care Effective?

The UCO was informed by all of the people interviewed that they are aware of whom they should contact if any issues arise. Two relatives advised that they had made a complaint to the service and that they were satisfied with the outcome. This was verified by the inspector on examination of the complaint records available during the inspection.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. Management visits are taking place on a regular basis to discuss their care as well as observation of staff practice. Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis. No staff practice issues were identified during the spot checks which the inspector viewed in staff files.

On site supervision/observation included the following observations:

- Appearance uniform, ID and footwear
- Communication with service users, family, colleagues and recording of information
- Health and safety, manual handling, medication, Infection control and risk assessments
- Lack of access to service users homes
- Good practice re: Choice, respect, independence and NISCC standards.

The inspector discussed with the registered manager and deputy manager the details of the direct observations that take place within the service users homes. The records of observations/supervision were examined by the inspector. Service user records viewed in the agency office evidenced regular visits and feedback received had been followed up. These records evidenced that the agency carries out care reviews with service users if changes to their needs are identified. The agency maintains a communication log for each service user where details of requests for changes are noted. The manager confirmed that staff were provided with details of care planned for each new service user. The most recent monthly monitoring reports reviewed evidenced that working practices are being systematically reviewed.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Cedars Community Care. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect; however one relative stated that care can seem rushed on occasions. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "The girls are excellent."
- "Very bright and cheerful".
- "My XXX has developed a great relationship with them."

- “No concerns.”
- “No complaints with them at all.”

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included Multiple Sclerosis, Parkinson’s and working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or surveys for the agency.

Areas for Improvement

There were no areas for improvement identified in this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and late calls. The agency has in place a procedure for the management of missed calls.

The inspector discussed on call arrangements with the registered manager and deputy manager who confirmed that the on call arrangements outside of office hours cover all designated working times and there is an on call service provided to ensure continuity.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed. A number of care review records were examined by the inspector. Comments made by service users during their reviews included:

- “Always good with communication and conversation.”
- “Chatty staff.”
- “Never late.”
- “Happy with calls.”
- “It feels comfortable.”
- “I could not fault the care.”
- “We have no concerns.”
- “Staff are all very nice.”
- “Great continuity of staff.”

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there can be some issues regarding the carer's timekeeping and there were mixed results regarding the agency contacting the service user if their carer has been significantly delayed. One of the people interviewed also advised that they had experienced one missed call from the agency. Both these issues were discussed with the registered manager who has in place an action plan relating to the service users involved.

The inspector examined staff rotas for weeks ending 27 February 2016 and 5 March 2016 and was satisfied that the agency had taken appropriate steps to manage staffing resources to meet service user needs.

Is Care Compassionate?

During UCO contacts, no concerns were raised regarding the length of calls; Records examined by the inspector did show evidence of service being provided in a person centred manner and in line with individual care plans. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users. A number of Individual training records examined included:

- Manual handling 6 November 2015
- First aid 6 November 2015
- Vulnerable adult training 9 November 2015
- Medication training 12 October 2015
- Fire safety 26 November 2015
- Challenging behaviour 30 September 2015.

A number of planned training events and dates were made available for inspection.

It was noted by the inspector that all training completed by staff requires a reflective learning record including answers to the following questions:

- What did you hope to achieve from the session?
- What do you feel you have learned from this course?
- What further learning do you feel you would like or need in relation to the subject/s covered?
- How has your practice changed as a result of implementing the learning from this session?

The inspector noted a number of completed reflection records and has also noted the positive comments provided by staff.

Areas for Improvement

There were no areas for improvement identified in this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

Complaints:

The agency returned to RQIA a summary of any complaints received between 1 January 2014 and 31 March 2015. The agency had received a number of complaints during this period which had been resolved satisfactorily.

Quality Monitoring:

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring provide assurance of quality monitoring and service improvement.

Induction:

Induction records examined show clear evidence that staff are encouraged to promote independence and choice to service users. It was noted that the induction programme lasts three days and also includes shadowing of another staff member. The induction procedures cover the following topics:

- Challenging behaviour
- Safeguarding
- Handling service users money
- Fire safety
- Food hygiene
- Health and safety
- Infection control
- Restraint
- NISCC good practice guidelines.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

6.0 No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Michele Jackson	Date Completed	19/04/16
Registered Person	Jane Hurley	Date Approved	19/4/16
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	22/4/16

Please provide any additional comments or observations you may wish to make below:

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