

Unannounced Care Inspection Report 3 October 2018



Cedar Court Supported Housing Facility

Type of Service: Domiciliary Care Agency
Address: 100a Bridge Street, Downpatrick BT30 6HD
Tel No: 02844617260
Inspector: Joanne Faulkner

www.rqia.org.uk

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

Cedar Court Supported Housing Facility located in Downpatrick, is a domiciliary care agency supported living type that provided domiciliary care and housing support to individuals. The agency's aim is to provided care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life. Staff are available to support service users 24 Hours per day.

The agency's office is located at the entrance to the homes of the service users and accessed form a shared entrance.

3.0 Service details

Registered organisation/registered person: South Eastern HSC Trust Hugh McCaughey	Registered manager: Mark Baker
Person in charge of the service at the time of inspection: Mark Baker and a senior support worker	Date manager registered: 8 September 2014

4.0 Inspection summary

An unannounced inspection took place on 3 October 2018 from 10.00 to 16.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- engagement with service users and relevant stakeholders
- staff appraisal
- provision of care in a person centred manner
- quality monitoring process

One area for improvement was identified during the inspection in relation to information retained in respect of domiciliary care workers. An area for improvement identified at the previous inspection was assessed as partially met and will be stated for a second time.

The comments of service users, a relative and staff have been included within the report.

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.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mark Baker, 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 13 December 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 December 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous inspection report and QIP
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the registered manager and senior support worker
- examination of records
- consultation with staff and service users
- evaluation and feedback

During the inspection the inspector met with the manager, a senior support worker, six service users, two staff and the relative of one service user.

The following records were viewed during the inspection:

- service users' care records
- risk assessments
- monthly quality monitoring reports
- minutes of service user meetings
- minutes of staff meetings
- staff induction records
- staff training records
- records relating to staff supervision and appraisal
- complaints records
- incident records
- records relating to adult safeguarding
- staff rota information
- Statement of Purpose
- Service User Guide

A number of policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; two questionnaires was returned to RQIA. Responses received indicated that they were satisfied or very satisfied that care provided was safe, effective, and compassionate and that the service was well led.

Comments received from returned questionnaires

- “Caring levels are excellent.”

At the request of the inspector, the manager was asked to display a poster within the agency’s office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that the manager display ‘Have we missed you’ card within the premises. No responses were received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

One area for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met; it will be stated for a second time.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 December 2017

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 13 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 13.3	The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures.	Partially met

<p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>Action taken as confirmed during the inspection:</p> <p>It was identified that a number of staff had not received supervision in accordance with the timescales as outlined within the agency's policies and procedures. This was assessed as partially met and will be stated for a second time.</p>	
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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 inspector reviewed the agency's systems to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The organisation's recruitment policy details the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation's Human Resources (HR) department co-ordinates the recruitment process in conjunction with the Business Services Organisation (BSO).

It was noted that email confirmation is received by the manager indicating that all pre-employment checks have been satisfactorily completed for any new staff. The manager stated that staff are not provided for work prior to the completion of pre-employment checks and induction.

It was identified that the agency does not currently have in place a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3. An area for improvement has been identified.

The agency's induction policy details the induction programme provided. It was identified that no new staff had been employed since the previous inspection. It was identified that staff are required to complete initial induction and to shadow other staff employed by the agency at the commencement of employment for a period of time determined by the manager. Staff could describe the details of the induction provided; they indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The manager described the process for ensuring that staff provided at short notice had the knowledge and skills for the roles and appropriate induction. It was identified that staff provided at short notice are from staff employed by the SEHSCT or currently working within the agency.

Discussions with the manager, senior support worker and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of the service users. The manager stated that staff levels had been adjusted to account for a reduction in the number of service users requiring care and support; they stated that this was currently being reviewed as the number of service users receiving care was due to increase.

The agency's staff rota information was presented in an organised format and reflected staffing levels as described by the manager. The inspector discussed with the registered manager the need to develop an abbreviation list; following the inspection evidence was provided to RQIA that this had been actioned. The inspector discussed staff levels with staff and the manager it was identified that additional staff were to be provided to meet the needs of the service users following new service users moving into the service.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The agency retains a record of staff supervision and appraisal; records reviewed indicated that staff had received appraisal in accordance with the agency's policies. It was noted that a number of staff had not received supervision in accordance with the agency's policies and procedures; the manager stated that this was due to recent changes in staffing arrangement relating to senior support staff. An area for improvement as identified at the previous care inspection was assessed as partially met and will be stated for a second time.

The agency has a matrix for recording training completed by staff; records viewed indicated that the majority of staff had received appropriate training. It was identified that staff were due to completed infection control training; the senior support worker stated that this has been requested. The senior support worker and manager and staff could describe the procedure for identifying and ensuring that training updates are completed as required. Staff are required to complete training in a range of mandatory areas and in addition training specific to the individual needs of service users. Information viewed during and following the inspection indicated that staff had completed required training. Staff indicated that their training was effective and that it had provided them with the knowledge and skills for their job.

The agency has a process for managing staff registration status with NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The senior support worker stated that the registration status of staff is monitored by a monthly basis; they stated that staff would not be supplied for work if they are not appropriately registered. Staff were aware of their responsibility for ensuring that they remain appropriately registered; records viewed indicated that all staff were appropriately registered.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC).

Staff had a clear understanding of the procedure for reporting adult protection concerns. It was noted that staff are required to complete safeguarding training during their induction programme and two yearly updates thereafter. Training records viewed provided evidence that staff had received training in relation to safeguarding adults. Service users could describe how to raise concerns in relation to their safety or the care they received.

The inspector viewed the agency's records maintained in relation to safeguarding adults; it was noted that records are retained electronically. Discussions with the senior support worker and records viewed indicated that the agency has a process for recording details of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager evidenced that referrals made by the agency had been managed in accordance with policy and procedures.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. Service users are supported to participate in the development of their care and support plans and in annual reviews involving their HSCT community keyworker. The inspector viewed a range of risk assessments in place relating to individual service users. It was noted that prior to receiving care the agency receives a range of assessments and a HSCT care plan. Staff record daily the care and support provided to service users.

The agency's office is located in the same building as the home of the service users the service users and accessed from a shared entrance. It was identified that an area at the entrance of the facility is used by staff as an additional office area. The inspector discussed with the manager the need to ensure privacy and confidentiality of information retained in this area and the other staff areas. Immediately following the inspection the manager provided assurance that the current arrangements had been reviewed an additional measures implemented to ensure that information is retained securely and in accordance with GDPR. The manager stated that they will continually monitor this arrangement.

Comments received during inspection.

Service users' comments

- "I like living here; I have no worries."
- "I am happy here."
- "The staff are great; they are so helpful."

Relative's comments

- "Excellent establishment and set up."
- "Staff are Excellent."
- "Mother can come and go as she pleases; she can do what she wants."
- "Very happy with the care and support my mother receives."

Staff comments

- "I feel that the service users are safe; they are well looked after."
- "I like my work with the service users."
- "I feel we help them to be as independent as possible and they have choice."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff, appraisal, training and adult protection processes.

Areas for improvement

One area for improvement was identified during the inspection in relation to the information retained in respect of domiciliary care workers. An area for improvement identified at the previous inspection relating to staff supervision was assessed as partially met and will be stated for a second time.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

The inspector reviewed the agency's arrangements for responding to, assessing and appropriately meeting the needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's record keeping policy outlines the process for the creation, storage, retention and disposal of records. Staff stated that they had received information relating to good record keeping. Records viewed during the inspection were noted to be well organised in accordance with legislation, standards and the organisational policy.

Discussions with staff and service users indicated that staff support service users to be involved in risk assessment and care planning processes. It was noted that risk assessments and care plans are reviewed at least annually.

The agency has processes for monitoring, auditing and reviewing the effectiveness and quality of care provided to service users; it includes monthly monitoring visits by a manager from another of the organisation's registered services.

The quality monitoring reports viewed indicated that the process supports in identifying areas for improvement and an action plan is developed. Reports viewed were noted to include comments from service users, staff, and where appropriate service user representatives. The reports included details of the review of complaints, accidents and incidents; including those reportable to RQIA. In addition safeguarding matters, staffing arrangements, training, care records are reviewed as part of the process. The inspector discussed with the senior support worker the need to ensure that details of documentation audited is consistently recorded.

The agency's processes to effectively communication between service users, staff, relatives and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and a relative provided evidence that staff communicate effectively with service users.

The agency's Service User Handbook includes details of information relating to advocacy services that service users can access if required.

The manager could describe the methods used to develop and maintain effective working relationships with other HSCT representatives and relevant stakeholders.

The agency facilitates staff meetings. Service user meetings are facilitated and chaired by service users.

Comments received during inspection.

Service users' comments

- "I love living here; I can do what I want."
- "The girls are great; they help me tidy up."
- "I enjoy my crafting."
- "I go out to the wool shop, I enjoy getting out."

Staff comments

- "We support the tenants to live a good life and be as independent as possible."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with service users and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

The inspection assessed the agency's ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

It was identified that staff had received training relating to equality, diversity and human rights during their induction period. Staff who spoke to the inspector could describe how they provide care and support to services users in a person centred manner. Discussions with service users and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed by the inspector contained information in relation to their individual needs, choices and preferences.

Discussions with staff and service users and observations made indicated that staff provide care and support in a person centred manner; staff discussed a range of methods used for effectively supporting service users in making informed choices. Service users indicated that staff support them to be involved in discussions relating to their care, support and individual daily routines; they stated that they can make choices about their everyday lives.

The inspector discussed with the manager the arrangements in place relating to the equality of opportunity for service users and the importance of and awareness of equality legislation, whilst identifying and responding to the diverse needs of individual service users, in a safe, effective and compassionate manner. Staff described how their training and experience has equipped them with knowledge and skills to engage with a diverse range of service users.

It was noted that service users had been provided with information relating to the agency's complaints process.

Discussions with the service users and staff highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user choice
- equity of provision of care and support
- provision of care in a person centred manner

Records viewed by the inspector provided evidence that the agency has systems for recording comments made by service users and where appropriate their representatives. Records of service user meetings included evidence of engagement with service users and where appropriate relevant stakeholders. It was positive to note that service user meetings were facilitated and chaired by the service users.

Engagement with service users and their representatives is maintained through the agency's complaints process, tenant's meetings and care review meetings. During the inspection the inspector met with a number of service users enjoying afternoon tea in a shared area; service users appeared to be relaxed and stated that they enjoyed meeting together. Discussions with service users indicated that they are encouraged to make choices regarding their daily routines and activities. Service users could describe some of the activities they enjoy such as shopping trips.

Comments received during inspection.

Service users' comments

- "The staff are good; they look after us well."
- "We get out and about regularly on wee trips; it's great to get out."

Relative's comments

- "My mother could decorate her apartment to her pleasing."
- "Staff are approachable, helpful and caring."
- "Always an open door, can speak to staff at any time."

Staff comments

- "Service users have choice; we support them to be safe and to stay as independent as possible."
- "We are always available for the service users; we help them with anything they need."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care to meet the diverse needs of individual service users and the effective engagement with service users and where appropriate other relevant stakeholders.

Areas for improvement

No areas for improvement were identified 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.

The inspector reviewed management and governance systems in place within the agency to meet the individual assessed needs of service users.

The agency is managed on a day to day basis by the manager supported by a senior support worker and a team of support workers and an administrator. Staff could describe the process for obtaining support including out of hours arrangements. Information provided to the inspector in relation to support provided to domiciliary care staff and staff dynamics within the staff team was discussed with the manager and details were provided of the action taken to date to address the issues raised. Following the inspection the manager provided assurances that this matter had been discussed with their line manager and an action plan agreed.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; they are retained electronically. The majority of policies and procedures viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards. It was identified that the complaints policy is currently being reviewed.

The agency's complaints policy details the processes for managing complaints. It was noted that staff are provided with complaints awareness information during their induction programme; staff who spoke to the inspector had a clear understanding of the actions to be taken in the event of a complaint being received. Service users who spoke to the inspector indicated that they had the knowledge of how to raise concerns. It was positive to note that the agency provided feedback forms for completion by service users, and any person visiting the agency.

The agency maintains a record of complaints received and outcomes of investigation are clearly recorded. It was identified from records viewed that complaints received since the previous inspection had been managed in accordance with the agency's policy and procedures. Complaints received are reviewed on a monthly basis by the person completing the quality monitoring.

The agency has a system for monitoring the quality of the service; these include arrangements for the monthly auditing of staffing arrangements, incidents, accidents, safeguarding referrals and complaints.

There was evidence of collaborative working with relevant stakeholders, including relatives and other HSCT representatives. The inspector viewed evidence which indicated appropriate staff recruitment, induction and appraisal.

The agency maintains a record of all accidents and incidents including those reportable to RQIA; records viewed were noted to be comprehensive and include details of the incident and the actions taken. Incidents are reviewed by the manager and the person completing the quality monitoring audit.

The organisational and management structure of the agency and lines of accountability are outlined in the Statement of Purpose. Staff had a good understanding of the responsibilities of their job roles.

On the date of inspection the RQIA certificate was displayed appropriately.

Comments received during inspection.

Staff comments

- “The manager is approachable.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the effective management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mark Baker, 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 Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13.(d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>(1) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3</p> <p>This relates specifically to the agency having a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager will complete a record for all staff validating that they are both physically and mentally fit for their work having successfully completed the recruitment process.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 13.3</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has revised staff supervision procedures to ensure this standard will be met.</p>

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



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