



The Regulation and
Quality Improvement
Authority

Cedar Court Supported Housing Facility
RQIA ID: 12083
100a Bridge Street
Downpatrick
BT30 6HN

Inspectors: Rhonda Simms
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**Announced Care Inspection
of
Cedar Court Supported Housing Facility**

15 December 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 15 December 2015 from 09.45 to 14.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. 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	2	0

The details of the QIP within this report were discussed with the Mark Baker Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Hugh McCaughey South Eastern Health and Social Care Trust	Registered Manager: Mark Baker
Person in charge of the agency at the time of Inspection: Mark Baker	Date Manager Registered: 8 September 2014
Number of service users in receipt of a service on the day of Inspection: 24	

Cedar Court is supported living type domiciliary care agency providing a personal care service for older people and older people with dementia. The property is owned by Trinity Housing Association, and can cater for both those requiring self-contained single person accommodation and couples. The two storey building has been designed using best practice in dementia design principles. A number of types of assistive technologies have been designed as an integral part of the building, and each individual dwelling and can be adapted to meet the needs

of individual service users. The agency aims to provide a person centred service to promote the independence of each service user.

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: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders/staff/relatives
- Evaluation and feedback.

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incidents
- Correspondence.

As part of the inspection the inspectors met with the registered manager, three staff, five service users, three community professionals, and two relatives. The feedback received by the inspectors is included throughout the report.

At the request of the inspectors, questionnaires were left for completion by staff; ten were returned. Ten questionnaires indicated that staff were either satisfied or very satisfied:

- that service users receive care and support from staff who were familiar with their care needs
- that service users have their views and experiences taken into account in the way service is provided and delivered
- that service users' views are listened to
- that the arrangements for service user involvement within the organisation are effective
- that the induction process had prepared them adequately for their role
- that the agency's whistleblowing policy is accessible to all staff
- that an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users at all times
- that the agency operates in a person centred manner
- that staff would be taken seriously if they were to raise a concern

Comments made by staff:

'This is a great place for service users to live; their needs are always attended by caring staff.'

'The manager is readily available and very approachable.'

'I am very happy with the care and service within my agency.'

'When I started ...in Cedar Court my induction was very well carried out and informative, enabling me to carry out my duties to the best of my ability.'

'As a bank worker the manager has ensured I have access to all mandatory training.'

Questionnaires asking service users' views on the care they receive were left in the agency for completion; four were returned.

Four service users were either satisfied or very satisfied:

- that staff help them feel safe and secure
- that their views and opinions are sought about the quality of service
- that staff know how to care for them and respond to their needs
- with the care and support they receive
- that staffing levels are appropriate

Comments made by service users:

'It's great here, I can come and go as I please.'

'I'm very happy and content here.'

'I will have company for Christmas.'

'The staff are good, friendly, and ask what I like.'

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Tenant meeting minutes
- Monthly monitoring reports
- Staff meeting minutes
- Records relating to staff training
- Supervision policy
- Records relating to staff supervision
- Policy relating to supervision
- Complaints and compliments records
- Recruitment policy
- Induction procedure
- Records of induction
- Staff register
- Staff rota information

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 11 February 2015. 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
<p>Requirement 1</p> <p>Ref: Regulation 23 (1) (5)</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement refers to ascertaining views of service users' representatives, including professionals and relatives, in Monthly Quality Monitoring.</p> <p>Action taken as confirmed during the inspection:</p> <p>The agency has an established system for evaluating the services provided. The system of monthly monitoring visits carried out on behalf of the responsible person is recorded in monthly reports. Reports of monthly monitoring examined included the views of service users' representatives, comprising professionals and relatives.</p>	<p>Met</p>
<p>Requirement 2</p> <p>Ref: Regulation 15 (2) (a) (b)</p>	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>The registered person must ensure that the status of the financial capacity of service users is referred to</p>	

	the HSC Trust for clarification. This relates to service users whose financial capacity is unclear.	Met
Requirement 3 Ref: Regulation 7	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager provided evidence of consultation with the HSC Trust regarding clarification of the matter of financial capacity.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The information provided in the statement of purpose and service users' guide satisfactorily informs service users of the choices they can make regarding care providers.</p>	Met
Requirement 4 Ref: Regulation 23 2 (a) (b)	<p>At the request of the Regulation and Quality Improvement Authority; the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> (a) Arranges the provision of good quality services for service users; (b) Takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> (i) What services to offer them, and (ii) The manner in which such services are to be provided <p>The registered person must ensure that the ongoing assessment of restrictive practice is included in the monthly monitoring reports.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The reports of monthly monitoring are completed on a template which includes a section for recording an assessment of any restrictive practices.</p>	

<p>Requirement 5</p> <p>Ref: Regulation 14 (b)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>The registered person must ensure that records of financial transactions are maintained, including signatures of the service user and one member of staff, or two members of staff.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector examined records of financial transactions which included appropriate staff and service user signatures.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 15 (2) (a) (b) (c)</p>	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>The registered person must ensure that restrictive practices are undertaken when risks and needs have been identified and assessed by the HSC Trust, and after consultation with service users if practicable.</p> <p>This refers to restrictive practices which are included in the care and support plan without evidence of assessment and evaluation by the HSC Trust.</p>	

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector examined documentation which showed appropriate assessment and evaluation with the HSC Trust of practices which could be regarded as restrictive.</p>	Met
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Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 2.4</p>	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This relates to the registered manager's assurance that update training regarding handling service users' monies will be provided to staff within two weeks of the inspection.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager provided evidence to the inspector that update training regarding handling service users' monies had been provided to staff. The inspector saw evidence that the agency is further developing financial procedures and training in relation to the changing needs of service users.</p>	Met

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained; this includes permanent and bank staff. The inspectors were advised that the agency covers all shifts with its own permanent and core bank staff.

The agency has a structured induction programme which includes onsite learning and shadowing experienced staff for a supernumerary period of two weeks. The agency maintains a record of the induction provided to staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency of twice yearly supervision and the processes to be followed: 'Supervision Policy for Social Care Workers in the South Eastern Health and Social Care Trust' 2012. On

the day of the inspection the registered manager described an expectation from senior managers within the agency that supervision should be completed four times per year.

From the records available to the inspectors on the day of inspection, it was not possible to ascertain that all staff had received supervision four times in the last year. Records examined indicated that the majority of staff had received supervision twice within the last year, and a minority of staff had received an additional supervision session as part of annual appraisal.

Subsequent to the inspection, and within a timeframe specified by the inspector, the registered manager provided written confirmation of supervision and appraisal dates provided to agency staff. This written information confirmed that the registered manager had taken action to ensure that all agency staff had received quarterly supervision within the last year.

Is Care Effective?

The registered manager described support staffing levels effective to meet the needs of service users. Overall, discussions with staff indicated that an appropriate number of skilled and experienced persons are available to meet the assessed needs of service users at all times. Examination of staff rotas reflected appropriate staffing levels described by the staff.

The inspectors noted that staff who took part in the inspection could describe their roles and responsibilities. The registered manager discussed a range of verbal and written communication methods used within the agency including verbal shift handovers, a diary, and daily service user notes. The inspectors viewed staff meeting minutes which included discussion on a range of subjects relevant to staff roles.

Feedback from staff indicated that an effective induction is provided prior to staff giving care and support to service users. The registered manager described how the induction is evaluated via observation, informal discussion with the staff member, and supervision.

Records showed that training needs are discussed with staff routinely as part of supervision. Staff provided good feedback regarding the quality of specific dementia training provided through the agency.

On the day of inspection individual staff training records were not available for examination by the inspectors. It was not possible for the inspectors to ascertain if staff had attended mandatory training. The registered manager was asked to provide information regarding staff training to RQIA within one month of the date of the inspection. A requirement has been included regarding the maintenance of records for inspection.

Supervision is provided by the registered manager, who has training and experience in the role. Staff described the registered manager as 'approachable', and having open access to him during shifts. On call senior management rota is available out of hours.

The records available to the inspectors on the day of inspection did not provide satisfactory evidence that staff had received quarterly supervision. As requested, the registered manager provided additional information to RQIA within two weeks of the inspection. This information confirmed that the registered manager had taken action to ensure that all agency staff had received quarterly supervision within the last year. This has been discussed under the previous section 'Is Care Safe?'

The inspectors noted that an audit of supervision is included in the reports of monthly quality monitoring. Three reports examined described supervision as 'current' and 'up to date'. The report template provides space to state the number of supervision files audited; no numbers were stated.

Staff interviewed by the inspectors were satisfied that their concerns would be taken seriously, and knew how to access the whistleblowing policy.

Is Care Compassionate?

The agency uses a range of methods to record comments made by service users/representatives, including monthly monitoring reports, tenants' meetings and a tenants' survey. The inspectors noted that the agency had recently commissioned work to establish service users' views on a range of issues, including staff support. Discussion regarding staffing arrangements was included in tenant meeting minutes seen by the inspector.

The agency can demonstrate that the provision of domiciliary care workers ensures service users receive continuity of care. It was noted that the agency's own staff cover the majority of shifts, with a core of bank staff being used to provide additional cover when required.

Examination of induction records showed that the agency provides an induction specific to the needs of service users. The inspectors were informed that the two week shadowing period allows staff an opportunity to learn about the needs of service users alongside an experienced member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Agency staff who took part in the inspection confirmed that they have the knowledge and skills to carry out their roles and responsibilities. Relatives and service users provided positive feedback regarding the knowledge and skills of the staff team.

The agency has procedures in place to address the unsatisfactory performance of a domiciliary care worker.

Areas for Improvement

A requirement has been included regarding the maintenance of records for inspection.

Number of Requirements:	1	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments seen by the inspectors reflected the views of service users and/or their representatives. The inspectors reviewed a range of care and support plans devised with service users which reflected assessments of need and risk assessment. A relative described the care plan provided to a service user as reflecting the views and wishes of the service user and family.

The model of service provided by the agency is based on promoting the independence of service users in a least restrictive setting. This entails positive risk taking on a daily basis including: providing service users freedom of movement around their accommodation, promoting independence in the community, respecting service users' privacy to be alone within their home. The inspectors received feedback which included examples of positive risk taking in response to the views of service users, in conjunction with assessment by the HSC Trust and provision of safeguards where appropriate.

The registered manager discussed safeguarding referrals and co working with the HSC Trust. The inspectors were satisfied that an appropriate system of safeguarding is in place supported by effective working relationships with HSC Trust professionals.

Is Care Effective?

The inspectors examined records which showed evidence of regular evaluation and review of care. It was noted that records of reviews included the views of service users and/or their representatives. The registered manager informed the inspectors of a review of services provided which has been undertaken within the wider agency in response to the changing needs of service users.

The inspectors viewed a range of care and support plans which were written in a person centred manner, included the service users' views throughout, and showed evidence of updating. Staff described a process of three monthly evaluations of care and support plans along with service users; this was supported by documentation viewed by the inspectors.

The agency has processes in place to ascertain and respond to the views of service users and their representatives, including through a recent survey, monthly monitoring, and tenants' meetings. It was noted that the views of service users were clearly recorded in the monthly monitoring records.

Feedback from staff indicated that the delivery of the service is responsive to the views of service users on a day to day basis. Relatives provided feedback that staff listen to and respond to their views appropriately. A relative provided positive feedback regarding how the staff had worked with the family to establish ways of meeting the needs of a service user following their transition to the agency. An inspector noted that records of a significant number of compliments had been made to the agency by service users and relatives. The inspectors received consistently positive feedback regarding the responsiveness of staff, including the registered manager, from service users, relatives and professionals.

Service users have been provided with information relating to human rights and advocacy in a suitable format.

Is Care Compassionate?

Feedback from service users indicated that care is delivered in an individualised manner; this was supported by discussions with service users and observation on the day of inspection. An inspector visited two service users in their own homes; each person's home was individually decorated to reflect their personal preference and interests.

Service users discussed their individual interests and how they choose to spend their time. Service users who spoke with the inspectors valued the independence and choice they could exercise in their everyday lives. Relatives commented positively on the agency's efforts to maintain the individuality and independence of service users.

Services users who spoke with the inspectors were able to express their views and choices. Records relating to reviews of care and support plans and tenants' meetings demonstrated that service users have their views considered in relation to service delivery. Relatives who spoke with the inspectors felt listened to and respected by the agency staff.

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery. Having received feedback from a range of sources, the inspectors noted that the agency was able to demonstrate ongoing promotion of human rights and the values underpinning the Minimum Standards.

Comments made by service users:

'This is a good place to live.'

'The staff are always friendly and ask me what I like.'

'I can come and go as I please.'

'I feel secure here.'

'The staff are friendly and kind.'

'I try to be as independent as possible, staff are available if I need them.'

'It's a good place to live. The staff are nice and friendly. I do what I want to do.'

Comments made by relatives:

'The staff are delightful, there is never any difference in their attitude.'

'I can speak to staff anytime.'

'The manager is very helpful.'

'The staff deal with situations as they arise.'

'We couldn't have found anywhere better.'

Areas for Improvement

No areas for improvement were identified in relation to Theme 2.

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

5.5.1 Quality monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The reports progress on improvement issues identified by the RQIA Quality Improvement Plans. In general, the reports of monthly monitoring have improved significantly in quality since the inspection of 11 February 2015. To ensure sustained quality, the reports of monthly monitoring should consider and monitor the progress of service improvements apart from those stated in RQIA Quality Improvement Plans.

A requirement has been included regarding quality monitoring.

5.5.2 Complaints

The inspector examined records of complaints which showed that no complaints were received from 1 January 2014 - 31 March 2015, or subsequent to this reporting period.

5.5.3 Safeguarding Referrals

The inspector was advised of safeguarding referrals made since the previous inspection and the process completed to safeguard vulnerable adults. Records examined showed that the safeguarding process had been appropriately followed.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mark Baker, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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 (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 21 (1) (a)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 15 January 2016</p>	<p>21.—(1) The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>This refers particularly, but not exclusively, to details of staff training, and annual staff appraisals.</p> <p>The registered manager was asked to provide written information regarding frequency of staff appraisals within two weeks of inspection; this was satisfactorily provided.</p> <p>The registered manager was asked to provide written information regarding staff training within one month of inspection.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The Registered Manager will ensure that records are available for inspection at all times in a format that allows efficient audit to be performed. The staff training records as requested were forwarded to RQIA within the agreed timeframe and found to be compliant.</p>
<p>Requirement 2</p> <p>Ref: Regulation (23)(4)</p> <p>Stated: First time</p> <p>To be Completed by: 15 March 2016</p>	<p>Assessment of quality of services</p> <p>23. (4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>This requirement refers to the quality monitoring reports which are undertaken on a monthly basis on behalf of the registered person. The registered person shall ensure that reports include all improvement measures identified as necessary, including measures outside of those stated in the RQIA Quality Improvement Plan.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The Registered Manager will ensure that individuals performing monthly monitoring visits include comment regarding all improvement measures deemed necessary.</p>

Registered Manager Completing QIP	Mark Baker	Date Completed	26.01.16
Registered Person Approving QIP	Hugh McCaughey	Date Approved	29.01.16
RQIA Inspector Assessing Response	Rhonda Simms	Date	03/02/16

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