

Unannounced Care Inspection Report 22 February 2017



Cedar Court Supported Housing Facility

Type of Service: Domiciliary Care Agency
Address: 100a Bridge Street, Downpatrick BT30 6HD
Tel No: 02844617260
Inspector: Lorraine O'Donnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Cedar Court took place on 22 February 2017 from 09:30 to 17:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the agency was found to be competently delivering safe care. The agency ensures there are appropriately trained and supervised staff who understand the needs of service users. During the inspection the inspector was unable to confirm if all pre-employment checks are undertaken as these records are held at the agency's human resources department; however, at the request of the inspector the registered manager provided documentary evidence this department hold all the relevant information for each staff member.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. However, the Adult Safeguarding Policy available at inspection was dated December 2016 did not reflect the most up to date guidance. The manager has confirmed the policy relating to the safeguarding of vulnerable adults, has currently been updated but has not been approved for issue. The arrangements for safeguarding one service user against potential financial abuse were discussed and a requirement was made. The inspector found significant evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users' representatives are closely involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users' representatives, and provide a thorough system of audit and service improvement.

Is care compassionate?

During the inspection the agency was found to be competently delivering compassionate care.

The inspector observed interactions between staff and service users and received feedback from relatives and a community professional which indicated that the human rights, choice and respect of service users are upheld through service delivery.

The agency maintains systems to ascertain the wishes and feelings of service users/their representatives, and to involve them in decision making.

Is the service well led?

During the inspection the agency was found to be competently delivering a well led service. Management and governance systems have been effectively implemented at the agency to ensure that the needs of service users are met and quality improvement is driven. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with the senior support worker, as part of the inspection process and Mark Baker, the registered manager, following the inspection. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 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: Senior Support Worker.	Date manager registered: 8 September 2014

3.0 Methods/processes

Prior to the inspection we analysed the following records:

- Previous inspection report
- Previous returned quality improvement plan

- Record of notifiable events for 2015/2016

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

- Discussion with a senior support worker
- Consultation with three members of staff
- Discussion with three service users
- Discussion with a district nurse
- Examination of records
- File audits
- Evaluation and feedback

The inspector met with three service users to discuss their views regarding care provided by the agency, the feedback is contained within the body of this report.

On the day of the inspection the inspector met with three members of staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The senior support worker was provided with questionnaires to distribute to randomly selected staff members for their completion. Four completed staff questionnaires were returned to RQIA. The senior support worker was also provided with questionnaires to distribute to service users for their completion. Two service users returned completed questionnaires. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Schedule of staff supervision and appraisal dates
- Two induction records
- Complaint log
- Staff training schedule
- Staff duty rotas
- Monthly monitoring reports for November 2016 to January 2017.
- Minutes of staff meetings
- Minutes of tenant meetings
- Policies and procedures relating to: risk management, staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints
- Records of incidents reportable to RQIA in 2015/2016
- The agency's Statement of Purpose
- Annual Report for 2015/16.

4.0 The inspection

Cedar Court is a supported living type domiciliary care agency situated in Downpatrick which provides care and support for 22 individuals. The agency provides a domiciliary care type supported living service to 22 tenants. Staff provide support on a 24 hour basis and are present in the tenants' home at all times.

Discussions with the staff and the three service users provided evidence of positive outcomes for service users; details of which have been included within this report.

4.1 Review of requirements and recommendations from the most recent inspection dated 15/12/2015.

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 15 December 2015.

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 21 (1) (a)(c)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the staff training records which were displayed on a board in the manager’s office. Each staff member spoken with during the inspection stated they also kept their own records and this information was regularly monitored by senior support staff to ensure compliance with training requirements. The inspector also viewed the appraisal records for three staff which confirmed staff had received appraisal as outlined in the agency’s policy.</p>	<p>Met</p>

Requirement 2 Ref: Regulation (23)(4) Stated: First time	Assessment of quality of services 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. 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.	Met
	Action taken as confirmed during the inspection: The inspector viewed the monthly monitoring reports from November 2016 to January 2017 which contained evidence of any improvement measurements required following the monitoring visits.	

4.3 Is care safe?

The agency's registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose.

During the inspection staffing arrangements were reviewed by the inspector. The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Following the inspection the manager forwarded to the inspector a letter from the HSC Trust human resources director confirming the human resources department had all the required information and documentation in place in line with the regulations.

A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

The agency has a structured comprehensive staff induction programme. The inspector viewed induction records for two staff which confirmed that a competency assessment is carried out for each new care worker and subsequent supervision records maintained. The agency has appropriate induction and support mechanisms in place for staff working on a temporary basis. However, the records maintained for the one member of bank staff employed by the agency did not contain evidence they had received the staff handbook as part of their local orientation/induction policy. The manager stated they will ensure that the bank employee completes the local induction pro-forma.

The inspector examined the agency's provision for the welfare, care and protection of service users. The Adult Safeguarding Policy available at inspection was dated December 2016. The manager stated this policy was in the process of being updated to ensure it was in line with regional guidance "Adult Safeguarding Prevention and Protection in Partnership July 2015". Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse. The senior support worker discussed the agency's response to safeguarding concerns and their role in working with the HSC Trust during the completion of an investigation. However, the records were not available during the inspection. Following the inspection the manager confirmed there had been six safeguarding concerns raised since the last inspection which had all been closed by the HSC Trust. The manager informed the inspector the agency had recently employed two senior support workers who would have access to these records therefore ensuring they would be available for inspection in the future.

The agency's whistleblowing policy and procedure was found to be satisfactory. The care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

Records of training and staff feedback indicated that staff attended a range of training necessary to meet the needs of service users.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained.

Service user referral information received from the HSC Trust staff contained information regarding the service user and/or their representatives. The inspector examined three support plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users' and/or representatives' views had been obtained and incorporated. Records of risk assessments are completed with each service user, regularly evaluated and reviewed. The inspector noted that some of these records were not person centred and during the inspection the senior support worker commenced work to rewrite these records to ensure they were person centred.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The service users interviewed by the inspector stated that they felt safe and secure in their home. The inspector noted financially sensitive information in one service user's records and discussed the potential this had to compromise the safety of the service user's finances with the senior support worker who removed the information. The inspector was advised that this matter had been brought to the attention of the HSC Trust. The inspector found the care provided was of a high standard; response to the questionnaires received from the members of staff and the service users would indicate a high level of satisfaction.

Areas for improvement

One area for improvement was identified during the inspection. This relates to the safe storage of service users' financial details.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. It was noted that the Statement of Purpose and Service User Guide provide a comprehensive overview of the full nature and range of current service provision and are provided to service users and/or their representatives.

The inspector reviewed a range of care plans which are provided to service users. Staff provided feedback about how care plans are developed alongside service users and/or their representatives, to fully incorporate the views and wishes of service users. Service user records evidenced that the agency had carried out care reviews with service users in line with the agency procedure.

The registered manager confirmed annual questionnaires were issued to staff and service users to obtain feedback on services provided. The inspector viewed the annual report for 2015/16 which contained information relating to these questionnaires.

It was evident that staff had developed a good understanding of service users, which was reflected in the care plans and in the discussions the staff and service users had with the inspector. During discussions with staff and in responses contained in the returned staff questionnaires staff raised dissatisfaction relating to the current staffing levels as the service users' needs had changed. This information was discussed with the registered manager who confirmed that the agency had on going meetings with the HSC Trust as service users' needs changed to ensure they had the resources to meet the care needs of service users.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, relatives, and staff and as appropriate HSC Trust professionals; and progress on improvement matters. The inspector noted that quality monitoring reports documented positive feedback regarding the quality of service provision.

Minutes of tenant meetings clearly documented communication processes between agency staff and tenants, including tenant views and how the agency has responded to them. Discussions with the service users indicated that they have open lines with communication with staff. The service users provided feedback and stated they are aware how to raise concerns or complaints.

In the questionnaires returned by the staff and service user, they indicated they were 'very satisfied' and "satisfied" that care was effective.

Areas for improvement

One area for improvement was identified during the inspection. This relates to keeping staffing levels under review and responding to feedback from staff in relation to staffing levels.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The staff spoken to on the day of inspection described to the inspector that values including privacy, dignity, independence and choice, form an important part of care provision.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. The inspector noted that service users were able to exercise choice regarding a range of daily decisions. The service users who spoke with the inspector valued their independence and the ability to take part in activities of their choosing in their home and the local community. The tenant meeting minutes viewed by the inspector reflected opinions being sought in respect of choices regarding outings.

The service users informed the inspector that they felt that the staff are appropriately trained and knowledgeable regarding their care and support needs.

Service User comments

- “Happy here.”
- “Staff there when you need them.”
- “No complaints

The inspector noted that service users’ care plans were not consistently person centred; during the inspection the senior support worker commenced work on these records to ensure they were person centred. These records appeared to reflect the service users’ wishes and/or needs. The likes and dislikes of each service user were noted in detail in their file, alongside information about preferred means of communication and delivery of care.

The questionnaires returned by the staff members and the service users indicated they were either “very satisfied” or ‘satisfied’ that care was compassionate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. The senior support worker stated the policy folders were being updated to ensure they contained the most recent version available for staff online. The agency maintains and implements a policy relating to complaints and compliments. The service users interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. Staff that provided feedback to the inspector

were aware of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis.

Staff described the manager as approachable. It was noted that staff available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated that they have concerns relating to staffing levels. The views of staff should be used to shape the quality of service provision.

The registered person has worked effectively with RQIA; the inspector viewed the agency's records of notifiable events and these records indicated that incidents had been reported to RQIA within the specified time frame.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders which are valued by staff. The inspector spoke with a district nurse during the inspection. They stated the agency staff communicate effectively, reported any changes relating to service users' needs to them and kept records updated.

The questionnaires returned by staff and service user indicated they were 'very satisfied'/'satisfied' that the service is well led.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

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

The registered provider/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 provider 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 the Domiciliary Care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 14 (b) Stated: First time To be completed by: Immediate from the date of inspection.	<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>(b) so as to safeguard service users against abuse or neglect;</p> <p>Response by registered provider detailing the actions taken: The incident has been investigated by the Manager. It occurred in 2013 and the Manager has investigated and can assure the Trust that this account is now closed and has not been accessed. Staff have been made aware that they are not to retain any financial account details on tenants. This has not been practice since 2013.</p>
Recommendations	
Recommendation 1 Ref: Standard 8.11 Stated: First time To be completed by: Immediate from the date of inspection.	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. The report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Response by registered provider detailing the actions taken: The Trust will ensure that staffing levels will be reviewed at each provider monthly visit.</p>

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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