



The Regulation and
Quality Improvement
Authority

Cuan Terrace
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Clifton Road
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Inspector: Jim McBride
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**Announced Care Inspection
of
Cuan Terrace**

23 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 23 November 2015 from 09.45 to 13.30. 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	1	1

The details of the QIP within this report were discussed with the Ms H Cruise the registered manager and the regulated services manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: South Eastern HSC Trust Mr Hugh McCaughey	Registered Manager: Heather Cruise
Person in charge of the agency at the time of Inspection: Heather Cruise	Date Manager Registered: 20 August 2015
Number of service users in receipt of a service on the day of Inspection: 10	

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:

Prior to inspection the following records were analysed:

- The report of the previous inspection and the quality improvement plan
- Notifiable events forms submitted by the agency since the previous inspection
- Summary of complaints forwarded to RQIA prior to the inspection.

During the inspection the inspector met with two team leaders, the registered manager and the regulated services manager. The inspector visited the registered offices and no service users were available. The manager and staff stated that service users were at their day activities. The inspector did not meet any of the service user's representatives during the inspection.

The agency submitted to the RQIA three notifications in relation to medication administration incidents that had occurred since the previous inspection. The inspector was satisfied that these matters had been handled appropriately.

The following records were examined during the inspection:

- Four care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for March and October 2015
- Service users meetings for August, September and October 2015
- Staff training records:
 - Vulnerable adults*
 - Human Rights*
 - Complaints*
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information.

At the request of the inspector the manager was asked to distribute a number of questionnaires to staff for return to RQIA. Seven questionnaires were returned. These questionnaires indicated that the staff were either satisfied or very satisfied with the following:

- Service users' views are listened to
- The agency's induction process prepared you for your role
- The agency operates in a person centred manner
- Service users receive care and support from staff who are familiar with their needs
- You will be taken seriously if you were to raise a concern

Staff written comments:

“Support plans are regularly reviewed in co-operation with service users.”

“All policies are given to staff during induction and are regularly discussed during supervision.”

At the request of the inspector the manager was asked to distribute a number of questionnaires to the service users to be completed asking them about various aspects of their care. Ten questionnaires were returned to the RQIA following the inspection. These indicated that service users were either satisfied or very satisfied with the following.

- The support you receive
- Staff responds to your needs
- Staff help you feel safe and secure here.

Service user’s comments:

“Very happy here and would not change a thing.”

“Happy because my home is alarmed at night”

5. The Inspection

Cuan Terrace is a supported living type domiciliary care agency which provides people with a learning disability support and care for daily living to enable them to live full and valued lives as independently as possible. The agency supports service users within their local community. Service users reside in an apartment complex in Newtownards; all properties are owned by Apex Housing.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care pre-registration inspection dated 16 September 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
<p>Requirement 1</p> <p>Ref: Regulation 15 (6) (d)</p>	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none"> Utilities bills <p>The service user's individual financial agreements and tenancy agreements will have to be further developed to reflect any payments made by them for utilities costs and any reimbursements received. This requirement is in relation to the agency's arrangements for documenting in detail the nature of all utilities charges made to service users for shared areas.</p> <p>The agencies arrangements for contributing to the costs of running an office from a service user's home.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector noted that individual finance agreements were in place. One service user to whom this requirement related has been appropriately reimbursed.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 14 (e)</p>	<p>The registered person shall make suitable arrangements to ensure the agency is conducted and the prescribed services arranged by the agency are provided, in a manner which respects the privacy, dignity and wishes of the service users and the confidentiality of information relating to them.</p> <p>This requirement relates to the office in a service users home and the access to it by staff and other service users.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The agency's registered office has been relocated from the home of a service user to Bayview Centre since the previous inspection.</p>	

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

Is Care Safe?

The agency's Recruitment and Selection Policy was examined. The policy refers to a range of employment checks including references, verification of qualifications/professional registration and enhanced disclosure sought through Access NI and pre-employment health assessments. The regulated services manager produced documentation from the trust's workforce manager stating that the policy is under review.

The agency maintains an alphabetical list of staff supplied or available for supply to work in the homes of service users and this was available for inspection and was up to date. Staffing is comprised of the registered manager, team leaders and support workers and there were job descriptions in place for staff.

The inspector was advised that on occasion staff are supplied to work with service users at short notice and that all staff supplied are employees of the HSC Trust or from other registered domiciliary care agencies. Documentation examined by the inspector was satisfactory and all relevant documentation relating to staff supply was in place. The induction documentation presented to the inspector by the registered manager includes some of the following topics covered during induction over three days:

- *Introduction to the service*
- *Codes of conduct*
- *Tour of the building*
- *Meeting service users*
- *Policies and procedures*
- *Role and responsibilities*
- *Service users profiles*
- *Support plans*
- *Staff training expectations*

The agency's arrangements for the induction of staff were discussed and the records examined. Staff who had completed their inductions advised the inspector that they had found the induction period very beneficial and had completed this with a more experienced member of staff. The induction records evidenced a structured induction period lasting at least three days. The agency's staff supervision and appraisal arrangements were discussed with agency staff who reported they receive regular one to one supervision. The inspector was advised by agency staff that a record of their supervision and appraisal is maintained and is accessible to them. The records examined provided evidence of the provision of staff supervision in accordance with the frequency outlined in the agency's policy.

Is Care Effective?

Discussions with the manager indicated that an appropriate number of skilled and experienced persons are available at all times.

The manager described the agency's processes to assess the suitability of staff. The inspector viewed a range of documentation that demonstrated how staff are provided with a clear outline of their roles and responsibilities.

Two staff members who took part in the inspection described the induction as effective in preparing new staff for their role. The inspector was advised that the effectiveness of staff induction is evaluated throughout the induction period and during supervision.

Discussion with the manager and examination of training records evidenced that the agency has a process in place to identify and respond to training needs. This was verified by the two staff interviewed.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. This was verified by the inspector in the minutes of a service users meeting held on the 25 August 2015. The manager stated that staffing arrangements affecting individual service users is discussed with them one to one as required.

Discussions with the staff indicated that service users are prepared in advance of significant staff changes where possible. Specific comments made by service users in relation to staffing were noted in the monthly quality monitoring reports available. The two staff interviewed were aware of the possible impact of staff changes on service users and discussed with the inspector the importance of induction and introduction of new staff. One stated *"It takes the service users a while to get used to new staff."*

One staff member described how the induction process involves meeting service users and learning about their care needs with another 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. One staff member stated *"The induction process involves shadowing and gradual introduction to service users."*

Staff Comments:

"Supervision is one to one and helps with your role and with any problems you may have."

"Staff training is comprehensive and the Trust is flexible with topics."

"The service users receive person centred care and support at all times."

Areas for Improvement

There were no areas for improvement identified within this theme.

Number of Requirements:	0	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 inspector reflected the views of service users and/or representatives.

The inspector reviewed records of a process involving the service user and/or their representative, the referring HSC Trust and the agency, to ascertain the needs of the service users and their views. Risk assessments were in place and are modified appropriately as the risks decreased. This process results in individualised care and support plans seen by the inspector. There was evidence of positive risk taking in collaboration with the service user and/or their representative. This could be seen throughout a variety of records including risk assessments and care plans.

Review records examined suggest that the agency provide the service users with the opportunity to engage in service user involvement, and communicate their views and experiences that show how best to meet individual needs. The agency contributes to the review by attending with or on behalf of the service user and by submitting a report.

Is Care Effective?

Documents in place evidenced that care is regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans every month or as required, as well as keyworker discussions with service users. Care and support plans seen by the inspector were written in a person centred manner and included the service users' views. The staff described how care and support plans are written along with the service user and presented evidence of this.

Feedback from monthly monitoring reports available, presented examples of how the agency delivers the service in response to the views of service users and/or their representatives. The agency has processes in place to ascertain and respond to the views of service users and their representatives. Service users have been provided with information relating to human rights in a suitable format. It was noted by the inspector that individual care and support plans place importance on the human rights of individuals.

Is Care Compassionate?

Feedback from the manager and staff evidenced that service users receive care in an individualised manner. Service users and/or their representatives are aware of their right to be consulted and have their views taken into account in relation to service delivery.

Promotion of values such as dignity, choice and respect were evident through discussion with staff members. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records.

The agency collaborates with other HSC Trust staff regarding best interest practices for service users where there are capacity and consent issues.

Areas for Improvement

There were no areas for improvement identified within this theme.

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

Reports available of monthly quality monitoring completed on behalf of the registered person were reviewed. A number of the reports had not been completed. However, it was clear during inspection that the agency were completing monitoring of the service with service users but this was not evidenced in the reports available. The agency was issued with an urgent action notice requiring the agency to forward reports to the RQIA until further notice. The agency has been issued with a requirement in accordance with Regulation 23 (2) and (3) and must submit monitoring reports to RQIA until further notice.

Complaints/Compliments

Records of complaints from 1 January 2014-31 March 2015 were examined. There were ten complaints within the time period specified. The majority of the complaints related to the environment and have been resolved with the Housing associations who own the properties.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms H Cruise the registered manager and the regulated services 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 be 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

Requirement 1
Ref: Regulation 23 (2)
 (3)
Stated: First time
To be Completed :
From the 26
November 2015

23.—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

(2) At the request of the Regulation and 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—

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—

(i) what services to offer to them, and

(ii) the manner in which such services are to be provided; and

(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.

(3) The report referred to in paragraph 2 shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.

This report should be forwarded to RQIA until further notice.

Response by Registered Person(s) Detailing the Actions Taken:

Post inspection on the 24th Nov 2015 a monthly monitoring visit specific to Cuan Terrace was undertaken by a monitoring officer. This report and the subsequent Dec 2015 monitoring report have been forwarded as requested to RQIA within the agreed timescale. All future monitoring reports will be forwarded to RQIA until such time that the Trust is advised otherwise. The trust will ensure that these reports accurately reflect the views of service users, their representatives and the services provided to them, the manner in which they are provided and the response to any recommendations or requirements made by RQIA.

Recommendation 1 Ref: Standard 8.11 Stated: First time To be Completed : From the inspection date	<p>The registered person should monitor the quality of services in accordance with the agency's written procedures and complete a monitoring report on a monthly basis. This 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 Person(s) Detailing the Actions Taken: The Regulated Services Manager in conjunction with each Registered Manager has established a system in place for the monthly monitoring of each regulated facility in accordance with the respective regulations. A workshop focusing on monthly monitoring has been arranged for all monitoring officers early Jan 2016. The Trust senior management have reminded all monitoring officers of the compulsory completion of monthly monitoring visits. From Nov 2015 Cuan Terrace has received its own individualised monthly monitoring visit. This will continue into 2016 with a dedicated monitoring officer allocated to the facility overseen by the Regulated Services Manager. The trust will ensure that as part of the monthly monitoring visits that the quality of services delivered is assessed, this will also include the views of services users, their carers and other relevant stakeholders and will be reflected in the report. Any areas requiring improvement identified as a result of the monthly visits will be reflected within the respective reports and addressed in accordance with the minimum standards and regulations.</p>		
Registered Manager Completing QIP	Heather Cruise	Date Completed	23/12/15
Registered Person Approving QIP	Bria Mongan	Date Approved	23/12/15
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	4/1/16

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