

## **Announced Care Inspection Report 6 November 2020**



### **The Cedar Foundation**

**Meadowvale Court**

**Type of Service: DCA/SLS**

**Address: 195 Hillsborough Old Road, Lisburn, BT27 5WQ**

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**Inspectors: Jim McBride & Joseph McRandle**

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Assurance, Challenge and Improvement in Health and Social Care

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Meadowvale Court is a supported living type domiciliary care service, situated in North Lisburn. The agency provides personal care and housing support to up to 13 individuals who have tenancies in self-contained apartments. The services are commissioned by the South Eastern Health and Social Care Trust and the Northern Health and Social Care Trust (HSC).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> The Cedar Foundation  <b>Responsible Individual:</b> Margaret Cameron	<b>Registered Manager:</b> Colette Speight
<b>Person in charge at the time of inspection:</b> Colette Speight	<b>Date manager registered:</b> 22/08/2016

### 4.0 Inspection summary

An announced combined inspection took place on 6 November 2020 from 10.00 to 14.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence and other contacts related to the agency, since the last inspection on the 10 May 2018. Correspondence has included: incident notifications, one safeguarding issue and other calls to RQIA.

Following review of this information, we identified that the information received may show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time. In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using an on-site inspection approach adhering to all COVID-19 socially distanced guidance.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current COVID-19 guidance and the use of PPE guidelines. COVID-19 education and management including infection prevention and control (IPC) were found to be in line with latest guideline measures.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The findings of this report will provide the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Colette Speight, manager and the head of service, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 10 May 2018**

No further actions were required to be taken following the most recent inspection on 10 May 2018.

### **5.0 How we inspect**

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, written and verbal communication received since the previous care inspection on the 10 May 2018.

During our inspection we focused on contacting the service users and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration
- COVID-19 guidance for domiciliary care providers in Northern Ireland Updated 16 June 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included: 'Tell us' cards, Service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. The information received from service users' show that people were satisfied with the current care and support. Comments received are included below.

#### **Comments from service users:**

- "I am so happy with the care at Meadowvale."
- "Meadowvale is my home."
- "I feel supported by the staff at all times."

A poster provided for staff detailing how they could complete an electronic questionnaire shows the following seven responses were received prior to the issue of the report. Most staff were very satisfied or satisfied with the service, however some were dissatisfied. Comments by some staff about management and a well led service were discussed, with the manager on the 25 November 2020 who has agreed to action these points via staff meetings and individual supervisions.

The comments made do not reflect the communication we had during inspection with staff interviewed nor the comments made by staff during a number of monthly quality monitoring reports reviewed during this inspection.

**Other comments included:**

- “I have been working for The Cedar Foundation for \*\* years, I have obtained a lot of training to ensure I provide very high standards of care to all our service users. We ensure that dignity is at the centre of high quality of service with a person centred approach, promoting independence with respect and care and compassion. I’m very happy to a member of this organisation.”

During the inspection we communicated with the manager and two staff and had the opportunity to meet two service users.

**Service user comments during inspection:**

- “I love it here.”
- “Staff are very good.”
- “I feel safe and secure.”
- “I’m always offered choice.”
- “I have no complaints.”
- “Staff help me with my shopping.”
- “I’m getting used to COVID-19.”

**Staff comments during inspection:**

- “Good staff communication.”
- “Supervision is regular and one to one.”
- “The staff feel safe and secure with the COVID-19 training and guidance.”
- “We have a good comprehensive induction it prepares you for the job.”
- “We aim to offer as many choices as possible to service users.”

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

The findings of the inspection were provided to the manager and the head of service at the conclusion of the inspection.

## 6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

## 6.1 Inspection findings

**Recruitment:**

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department, located at the organisation’s head office.

Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

Staff spoken with said that training was valuable and gave them the skills to undertake their role. New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff.

Staff were supported by supervisions and appraisals. It was noted that these had been consistent with the agency's policy and procedure and helped to enable them to review their practice. From review of records, we could see the formats gave staff the opportunity to raise any concerns and discuss their own personal development.

A review of six records confirmed that all staff are currently registered with NISCC. We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection on the 11 May 2019. We examined the records and found that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedure.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had not received any complaints since the last inspection.

### **Service quality:**

We reviewed a number of monthly quality monitoring reports that show good satisfaction levels in place for service users, staff and other stakeholders.

### **Care planning and review:**

We reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews

Staff we spoke with demonstrated good caring values and a desire to provide service users with high quality personalised care. They knew service users well including their choices and preferences.

Support staff told us they felt supported to carry out their role and to develop further and that the manager was supportive and always approachable.

### **COVID-19:**

We spoke with the manager the head of service and two staff members, who were knowledgeable in relation to their responsibility in relation to COVID-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice relating to COVID-19:

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- IPC policies and procedures have been updated to address all current guidance in relation to COVID-19
- Temperature monitored twice daily In line with guidance
- PPE storage and disposal
- Staff training and guidance on: a). infection prevention and control and b). the use of PPE equipment, in line with guidance
- Staff competency assessments

We reviewed records relating to IPC policies which were in-line with the current guidance. The policies and procedures had been updated to include COVID-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office.

We reviewed records indicating that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance.

Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the agency for service users, staff and visitors to use to ensure good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and staff spot check the use of PPE during shifts. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current IPC guidance is available and accessible to staff
- There are effective systems in place to monitor staff compliance with good IPC practices

- All staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

It was good to note that staff were working well together to support the best outcomes for service users, in a sensitive manner, whilst being caring and compassionate.

It was noted that staff were committed to working in line with COVID-19 guidance to ensure that the impact of current measures strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted in their comments. Staff are being vigilant in terms of monitoring tenants for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading COVID-19 within the agency. The agency must be commended for the comprehensive COVID-19 competency assessment completed with each staff member.

### **Areas of good practice:**

Compliance with the COVID-19 guidance relating to IPC and PPE and Comprehensive competency assessments.

### **Areas for improvement:**

No areas for improvement were identified during the inspection.

### **Management of Service Users' finances:**

Financial systems and controls in place at the agency regarding service users' monies were reviewed; these included the system for recording transactions undertaken on behalf of service users, the system for recording the reconciliations of service users' monies, and the system for retaining service users' monies.

Discussions with staff confirmed that the agency did not act as an appointee for any service user, i.e. a person authorised by the Social Security Agency to receive and manage the social security benefits on behalf of an individual. The agency's written policies and procedures do not permit members of staff to become a service user's appointee. Discussion with staff also confirmed that the agency did not manage bank accounts on behalf of service users.

Good practice was observed as monies held on behalf of service users were reconciled (checked) on a weekly basis and recorded. Two signatures were recorded against the records of the reconciliations.

A review of two service users' files showed that copies of written agreements between the service users and the agency were retained within the files. The agreements provided details of the terms and conditions for staying at the agency, the current fee charged to service users and a list of the services provided at an additional cost. Financial support plans were also retained within the service users' files.

A review of records and discussion with staff confirmed that transaction sheets were maintained for each service user. The sheets were used to record the details of transactions undertaken on behalf of service users, including purchases of items and payments for additional services. The transaction sheets were also used to record monies deposited at the agency on behalf of service users.



A review of records from nine purchases undertaken by staff on behalf of two service users showed that the details and the amount of the purchases were recorded. Two signatures were recorded against all of the transactions reviewed. Receipts from the purchases were retained at the time of the inspection. Good practice was observed in relation to the audit process as a number was recorded on the receipts and the corresponding number was recorded against the purchases in the service users' transaction sheets.

Policies and procedures for the management and control of service users' finances were in place at the time of the inspection. A review of the policies and procedures evidenced that they reflected the financial operational areas of the agency. In line with the Domiciliary Care Agencies Minimum Standards (2011) the policies were reviewed every three years.

#### **Areas of good practice:**

There were examples of good practice found in relation to: reconciling service users' monies, up to date written agreements issued to service users, the system for recording transactions undertaken on behalf of service users and the policies and procedures reflecting the operational areas of the agency.

#### **Areas for improvement:**

No areas for improvement from were identified during the finance inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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