The Regulation and Quality Improvement Authority

Inspection Report

9 August 2023

The Cedar Foundation Meadowvale Court

Type of Service: Domiciliary Care Agency
Address: 195 Hillsborough Old Road, Lisburn, BT27 5WQ
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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: The Cedar Foundation **Responsible Individual:** Mrs Mary Elaine Armstrong	**Registered Manager:** Mrs Colette Speight **Date registered:** 22 August 2016
Person in charge at the time of inspection: Mrs Colette Speight	
Brief description of the accommodation/how the service operates: The Cedar Foundation Meadowvale Court is a supported living type domiciliary care service, situated in Lisburn. The agency provides personal care and housing support to up to 13 service users who have tenancies in self-contained apartments. Service users are living with a physical disability, brain injury and/or learning disability. The services are commissioned by the South Eastern, Northern and Belfast Health and Social Care (HSC) Trusts.	

2.0 Inspection summary

An unannounced inspection took place on 9 August 2023 between 10.30 a.m. and 5.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Areas for improvement identified related to staff training and records relating to staff training competencies.

Good practice was identified in relation to service user involvement.

We wish to thank the manager, service users and staff for their support and co-operation during the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I am new to supported living, I lived at home with my parents; I am liking it. The staff are very nice and caring and kind. No problems to date. I love the independence I have; staff are helping me to learn new skills."
- "I am still a bit nervous with things but staff help me; it is all good."
- "I speak to the manager if I have a problem."
- "I am happy; it is better than brilliant. Staff help me well; I love it here, it is a great place."
- "Love it here, staff are good. I talk to the manager or the team leader if any problems."

A comment made by one service user in regards to new staff was discussed with the manager for follow up.

Staff comments:

- "I love it here, I am well supported and enjoy my job. I worked in conventional domiciliary for years and this is a lovely change."
- "Service users have choice and their needs are met."
- "There is ongoing recruitment as it is hard to get staff. I have no concerns, the service users are well looked after and this is a lovely place to work."
- "No problems, I love it here."

No questionnaires were returned. There were five responses to the electronic survey; comments made by two individuals in regard to staffing arrangements were discussed with the Head of Service for follow up.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 17 November 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. It was noted that ancillary staff had completed adult safeguarding training. Staff who spoke with the inspector had a good understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that no referrals had been made since the last inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with moving and handling training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All relevant staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had been supported to have an input into devising their own plan of care. It was noted that the majority of the service users' care plans contained details about their likes and dislikes and the level of support they may require. However, it was identified from records viewed that the risk assessments and care plan relating to one service user were required to be reviewed and updated to ensure that they included detailed information as to the identified risks and the specific care and support required; this was discussed with the manager and the Head of Service and an area for improvement identified. The Head of Service advised that they are currently in the process of reviewing all care plans.

It was noted that the agency had service users' meetings on a quarterly basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- Security
- Fire Safety
- Staffing arrangements
- RQIA inspection report
- Activities

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. A spot check completed during the inspection indicated that staff were appropriately registered.

The manager advised that there were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was evidence of a structured, induction programme lasting at least three days which also included shadowing of a more experienced staff member.

It was discussed with the manager the need to ensure that written records were retained by the agency of the person's capability and competency in relation to all aspects of their job role; this related specifically to those staff supporting any service users with an enteral feeding regime. An area for improvement was identified.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. Comments included:

- "He (service user) is very content, staff are good to him."
- "They (staff) look after me very well."
- "Any concerns I speak to the manager."
- "The support is of a very high standard."
- "Staff are very good and tenants are well looked after."

The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. It was noted that a detailed action plan was in place to support the manager in addressing some matters recently identified in an internal audit of the agency.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The Statement of Purpose required updating with RQIA's contact details and those of the Patient Client Council and the Northern Ireland Public Ombudsman's Office. The manager was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The manager agreed to review the Statement of Purpose following the inspection.

Where staff are unable to gain access to a service users home there is an agreement with service users that staff will use a master key to enter.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	2

The areas for improvement and details of the QIP were discussed with Colette Speight, Registered Manager and the Head of Service, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 3.3 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that individual service users' care plans include information on: • the care and services to be provided to the service user; • directions for the use of any equipment; • the administration or assistance with medication; • how specific needs and preferences are to be met; and • the management of identified risks. Ref: 5.2.2
	Response by registered person detailing the actions taken: A comprehensive review of care and services provided has commenced with immediate effect. Care Plans will include directions for use of equipment, administration of medication guidance, managing identified risk and guidance to promote needs and preference of the service user.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that staff are trained for their roles and responsibilities and that a record is retained of all training and any competency assessments completed. This relates specifically to training for supporting service users with enteral feeding. Ref: 5.2.5

	Response by registered person detailing the actions taken: Enteral Feeding & PEG Management training has been scheduled for 13th October 2023. Only staff trained in 'Enteral Feeding and Peg Management' and assessed as competent will be allocated to support the service user.

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

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