

Unannounced Care Inspection Report 28 November 2017



Cedars Community Care

Type of Service: Domiciliary Care Agency/Conventional

Address: 130 Upper Knockbreda Road, Belfast, BT6 9QB

Tel No: 028 9079 9517

Inspector: Michele Kelly

Clair McConnell: User Consultation Officer (UCO)

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

Cedars Community Care is a domiciliary care agency. Under the direction of the registered manager Ms Michele Jackson, a staff team of 32 provide a range of services to 180 people living in their own homes. They provide personal care assistance, social support and domestic duties to service users. The Belfast Health and Social Care Trust (BHSCT) commission their services.

3.0 Service details

Organisation/Registered Provider: Selkirk Investments Ltd Responsible Individual: Jane Anne Hurley	Registered Manager: Michele Jackson
Person in charge at the time of inspection: Michele Jackson	Date manager registered: Michele Jackson - 18/09/2009

4.0 Inspection summary

An unannounced inspection took place on 28 November 2017 from 10:15 to 15:15 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There was evidence of good practice found throughout the inspection in relation to communication between agency staff and HSC Trust staff.

Areas requiring improvement were identified and relate to the registered manager or registered person ensuring that all staff complete mandatory training. The inspector also discussed the absence of some records of quality monitoring and supervision. The manager explained that due to staff shortages there were some opportunities missed to spot check care delivery and records in service users' homes. The inspector was assured that recruitment had recently recommenced and that this process was ongoing; however there were significant gaps when monitoring and supervision did not take place and quality of care could have been compromised during this time.

Service users said the service was very reliable and consistent. Discussion with one HSC trust professional supported a good quality service provided by Cedars Community Care and a member of staff spoken with during inspection provided positive feedback in terms of their work within the agency.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Michele Jackson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 29 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 September 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report and QIP
- UCO report.
- Record of notifiable events.
- Record of complaints notified to the agency.

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

- Discussion with the registered manager
- Consultation with one member of care staff
- Consultation with a trust professional
- Examination of records
- File audits
- Evaluation and feedback

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and five relatives, by telephone, between 6 and 14 June 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Personal care
- Meals
- Sitting service

The following records were examined during or following the inspection:

- Four staff members' recruitment records

- Three staff members' induction and training records
- Three staff members' quality monitoring, supervision and appraisal records
- Three staff members' training records
- Adult safeguarding policy and procedure
- Recruitment policy
- Three service user records regarding referral, assessment and care plan information, service user guide and agreement information
- Two service users' records regarding review and quality monitoring
- The agency's statement of purpose
- Agency process for verifying staff NISCC registration
- Three monthly monitoring reports
- A range of communication records with trust professionals
- Complaints policy and procedure
- Complaints records
- Three trust quality monitoring reports
- Staff handbook

At the end of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff questionnaires had been returned to RQIA via Survey Monkey.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 September 2016

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 29 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with Regulation		Validation of compliance
Area for improvement 1 Ref: Standard 5.6 Stated: First time	The registered person is recommended to ensure that all service user daily records are legible, accurate, up to date and signed and dated by the person making the entry.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector noted that a sample of records viewed which had been held in service users' homes were satisfactory. The manager also has been auditing service user daily records since October 2016 and where issues arose in respect of unsatisfactory entries there was evidence that staff had been reminded and prompted to adhere to standards.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p>	<p>The registered provider is recommended to expand their annual quality review process to include staff and service commissioners' views.</p> <p>Action taken as confirmed during the inspection:</p> <p>This standard has not been met and will be restated.</p>	Not met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Cedars Community Care. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling and working with people with a dementia diagnosis. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Very pleased with them."
- "Couldn't fault them."
- "It's good that they carry out spot checks on the girls."

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and in accordance with related regulations and standards. The 'Safeguarding' policy and procedure provided information and

guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) policy of July 2015 ‘Adult Safeguarding Prevention and Protection in Partnership’.

Four employee files were reviewed relating to staff recruitment. The information reviewed within this sample indicated that these domiciliary care workers had been employed following appropriate recruitment practices.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Review of four staff files supported a three day induction process in accordance with Regulation 16(5) (a). A staff member spoken with during inspection confirmed they had received a three day induction and where necessary extra shadowing days are available when staff or management believe they require additional time. The agency’s registered manager confirmed that all staff are registered with NISCC.

Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing. A safeguarding champion has been identified within the agency. Staff training records viewed confirmed most care staff had completed the required mandatory update training programme. The inspector noted that some staff required safeguarding training updates and this is an area for improvement. Following the inspection the manager confirmed by email, that dates had been arranged for those staff that required safeguarding training. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services but it was evident during review of four service users’ records and staff files that quality monitoring in service users’ homes was not consistent and is an area for improvement.

The manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was evident during inspection.

Areas for improvement

- The registered person shall ensure that each employee of the agency receives training appropriate to the work he is to perform.
- The registered person should ensure that working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures. This refers to quality monitoring processes in service users’ homes.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer or supervisor.

No issues regarding communication between the service users, relatives and staff from Cedars Community Care were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place as well as observation of staff; however no one was able to confirm that they received a questionnaire from the agency.

Examples of some of the comments made by service users or their relatives are listed below:

- "They provide great care. (service user) is left sparkly when they're done."
- "More than good."
- "Take pride in their work."
- "It's peace of mind for the family that someone calls regularly with us."

Service user records viewed on the day of inspection included referral information received from the HSC Trusts. The referrals detailed the services being commissioned and relevant risk assessments. The agency's care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of two service user files viewed confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user's needs were being met. The manager explained that the agency is usually invited to attend the commissioning trust's arranged care review meetings with service users/relatives. The manager confirmed they receive an amendment form from the trusts detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans. The inspector spoke with a HSC Trust professional who was very satisfied with the care provided by agency staff and the responsiveness of management to issues raised.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. A staff member interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users' needs were identified. Staff also demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between agency staff and HSC Trust staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits or phone calls; however no one was able to confirm that they had received a questionnaire from the agency. Examples of some of the comments made by service users or their relatives are listed below:

- “They’re great support for me. I know I just need to ring if I need help with (service user).”
- “The girls are very nice and helpful.”
- “(service user) gets quite agitated but the girls are good at calming her down.”

As discussed in 6.4, observation of staff practice in service users’ homes had not been carried out on regular basis in recent months and this has been identified as an area for improvement.

A staff member spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. One staff member commenting about visiting service users described the importance of engaging in conversation and taking opportunities to listen; this employee said:

- “Yes service users get a good service from this agency”.

This staff member also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No complaints had been made regarding the service or concerns in regards to management.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the manager, Michele Jackson, the agency provides domiciliary care to 180 people living in their own homes.

Review of the statement of purpose and discussion with the manager and staff evidenced that there was a clear organisational structure within the agency. A staff member was able to describe their roles and responsibilities and was clear regarding their reporting responsibilities in line with the agency procedures. Comments included:

- “Management are very strict about reporting; it keeps us professional.”
- “Michele has been great.”

The Statement of Purpose and Service User Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations. The agency’s complaints information viewed within the Service User Guide was found to be appropriately detailed, including the contact information of independent advocacy services. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency and updated accordingly on an ongoing basis.

Records reviewed for four staff members’ evidenced supervision was not always compliant with agency policy timeframes and this is identified as an area for improvement.

The complaints log was viewed for 2016-2017 to date; review of complaints during inspection supported appropriate processes in place for complaints review and resolution. Monthly quality monitoring reports include a section for complaints review ongoing as necessary. These were not available on the day of inspection but reports for September, October and November 2017 were emailed to the inspector as requested.

Following the inspection the inspector spoke to a HSC Trust professional who commented:

- “There was a very good response from the agency when caring for a service user with complex needs.”
- “The manager is very helpful.”
- “Communication is very good.”

Areas for improvement

Staff should have recorded supervision meetings in accordance with procedures

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michele Jackson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 16 (2) (a) Stated: First time To be completed by: 28 January 2018	<p>The registered person shall ensure that each employee of the agency receives training which is appropriate for the work he is to perform</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: We have reviewed all staff training records to ensure they are up to date and are appropriate for their job role. Our training calendar is under discussion with the agency we outsource that to and will be finalised by the date required with sessions starting in February. In addition staff will continue to have 24 hour access to our health and social care e-learning programme and are required to update at least 3 topics a month.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 8.10 Stated: First time To be completed by: 28 January 2018	<p>The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The agency has reviewed their working practices, policies and procedures and has resumed the quality monitoring process that was highlighted as an area for improvement.</p>
Area for improvement 2 Ref: Standard 8.12 Stated: Second time To be completed by: 31 March 2018	<p>The registered provider is recommended to expand their annual quality review process to include staff and service commissioners' views.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The agency will include 2018's annual review of services to include comment from staff and service commissioners as well as the service users.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The agency will ensure staff have formal supervision meetings with the staff as outlined our policy by the date in question.</p>
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**Please ensure this document is completed in full and returned via Web Portal.*



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)