

Unannounced Care Inspection Report 20 September 2016



Ardkeen Supported Living Project

**Domiciliary Care Agency/supported Living
86 Marlborough Park North, Belfast, BT9 6HL
Tel no: 028 9066 7102
Inspector: Rhonda Simms**

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ardkeen Supported Living Project took place on 20 September 2016 from 9.40 to 16.00.

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

Is care safe?

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that the registered manager is approachable and accessible for consultation at all times.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of service users, the HSC Trust and relatives. It was noted that the complex needs of service users have been met to ensure positive outcomes over considerable periods of time for a number of service users.

Is care effective?

During the inspection the agency was found to be consistently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. The inspector found that service users and/or their representatives are involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The inspector saw evidence of the development and maintenance of quality monitoring systems far in excess of the standard required by regulations, minimum standards and guidance issued by RQIA. The systems of quality monitoring provide robust assurance of continuous monitoring and improvement of services provided to service users. The inspector received feedback from service users, representatives and staff, which indicated that service provision, had resulted in positive outcomes for service users' lives.

Is care compassionate?

During the inspection the agency was found to be delivering a high standard of person centred compassionate care. The inspector found that the human rights, choice and respect of service users are upheld through service delivery. There was evidence which indicated that the views and wishes of service users are consistently sought by staff on a day to day basis, in addition to formal processes such as monthly quality monitoring and the annual service user survey.

Service user participation and empowerment are promoted through The Cedar Foundation User Forum and the provision of a range of training and personal development opportunities for service users. The agency's quality monitoring systems are of a very high standard and include consultation with service users and/or their representatives. The inspector noted clear evidence of positive outcomes maintained with service users.

Is the service well led?

There are extensive robust management and governance systems in place, which result in the delivery of high quality services to meet the needs of service users. The exceptional standard of the quality monitoring systems and oversight of improvement plans are of particular note.

Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has knowledge of the needs of service users at all times. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, have contributed to positive outcomes achieved with service users.

A high standard of leadership and delivery of a well led service was evident during inspection; this has resulted in the positive outcomes maintained with service users.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with, as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: The Cedar Foundation Eileen Thomson	Registered manager: Irina Radu
Person in charge of the service at the time of inspection: Irina Radu	Date manager registered: 27/07/2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection the inspector spoke with staff and service users at Ardkeen Supported Living Project. In summary, the inspector met with the registered manager, two practice leaders, four support workers, three service users, and three relatives.

At the request of the inspector, questionnaires were distributed for completion by staff; six questionnaires were returned. At the request of the inspector, questionnaires were distributed for completion by service users; two questionnaires were returned.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The following records were examined during the inspection:

- A range of 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
- Weekly improvement reports compiled by the agency
- Audit reports including those relating to adverse incidents, and restrictive practices
- Registered manager audits include finance, medication, care plans, service user files
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Induction records
- Records relating to staff supplied by registered domiciliary care agency which acts as an employment agency
- Staff rota information
- Recruitment Policy 2015
- A range of policies relating to the management of staff
- Supervision Policy
- Safeguarding Vulnerable Adults Policy and Safeguarding Vulnerable Adults Practice Guide 2014
- A range of policies relating to risk management
- Adverse Incident policy 2015
- Whistleblowing Policy 2014
- Data Protection Policy 2014
- Complaints Compliments and Feedback Policy 2013
- Statement of Purpose 2015
- Service User Guide 2015.

4.0 The inspection

Ardkeen Supported Living is a supported living type domiciliary care agency operated by The Cedar Foundation. The service provides care and support on a 24 hour basis to 21 service users who experience physical disability, sensory impairment or acquired brain injury.

4.1 Review of requirements and recommendations from the most recent inspection dated 04/11/2015

The most recent inspection of the agency was an unannounced care inspection. There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks. A number of documents confirming completion of pre-employment procedures by the human resources department and sent to the registered manager were reviewed by the inspector.

Examination of a number of staff rotas and feedback from staff and service users indicated that sufficient numbers of staff in various roles are available to meet the needs of service users at all times.

The inspector noted that the agency has established a bank of staff who are specifically inducted, trained and available to work on a temporary basis as required. This action has significantly reduced the agency's use of temporary staff from a registered domiciliary care agency which also acts as an employment agency, and has improved the agency's oversight of temporary staff. The registered manager advised the inspector that some bank staff have substantive posts in services operated by the agency. The registered manager described current recruitment processes in relation to appointing new staff to permanent positions within the agency. The inspector found that the agency endeavours to provide familiar staff to service users, and to minimise disruption of staff changes.

It was noted that the agency has an induction policy and implemented a staff induction programme which exceeds the requirements stated in Regulations. The induction period includes training specific to the needs of service users, and a period of shadowing experienced staff.

Staff who provided feedback to the inspector discussed their recent experiences of induction which prepared them appropriately for their roles. Staff provided feedback that they felt supported by staff and managers and were encouraged to ask questions during their induction period. The induction policy includes the arrangements for the induction of short notice or temporary staff; records are maintained and were examined by the inspector.

Staff comments on induction included:

'I was never left alone, I was always with someone.'

'I got good support.'

'The induction was really informative, staff really explained the care plans.'

'Everyone (other staff) was really patient.'

The inspector discussed the training system with the registered manager and viewed the training plans and records of training. The inspector noted that the agency has assessed the training needs of staff in relation to the needs of service users to ensure that staff are suitably trained. Staff provided feedback that they have attended all mandatory training and additional training which is specific to the needs of individual service users. Staff confirmed that training needs highlighted by them have been addressed by the provision of appropriate training. Some staff provided feedback to the inspector that certain aspects of training had not been appropriate to their roles. Further staff feedback and discussion with the registered manager indicated that the agency evaluates all staff training and has taken remedial action to improve the effectiveness of particular training courses.

Staff comments about training included:

'There is a lot of training, it is of a high standard.'

'The websites used are fairly good, informative.'

'(Safeguarding) training was good, very comprehensive.'

The inspector examined the system maintained by the registered manager to plan and record staff supervision and appraisal. Staff provided feedback that supervision and appraisal take place on a regular basis, with increased frequency during the initial six month probationary period. Staff provided positive feedback regarding the constant availability of informal supervision via practice leaders.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed policy and guidance maintained by the agency in relation to the safeguarding of vulnerable adults. The inspector was informed of the agency's response to the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector was advised that the agency's planned review of safeguarding policy and procedures will reflect any changes implemented by the HSC Trust. The training manager provided confirmation to the inspector that safeguarding training includes the regional guidance.

Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. Staff who provided feedback to the inspector had a good understanding of safeguarding issues and were clear regarding agency procedures.

Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse and makes appropriate referrals and management plans in conjunction with the HSC Trust.

It was noted that some service users have chosen to participate in safeguarding training, or been involved in safeguarding discussions at tenants' meetings. The inspector was informed that safeguarding information in a suitable format has been provided to service users.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice. A staff member described their experience of raising concerns about poor practice and how this was appropriately managed by the Head of Service. The inspector viewed documentation which indicated that the agency takes a robust approach to the management of poor practice of staff.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The agency has a range of risk management policies in place and the inspector viewed documentation relating to audit of risk and restrictive practice. The inspector examined records of risk assessment completed in conjunction with information from the HSC Trust in respect of each service user, and regularly evaluated, reviewed and recorded.

It was noted that restrictive practices implemented were of the least restrictive nature considered necessary in conjunction with the HSC Trust and were regularly reviewed and evaluated. The inspector found evidence of respecting the views and rights of service users to participate in positive risk taking with appropriate safeguards.

Of questionnaires returned by staff, three indicated they were 'very satisfied' that care was safe, and three were 'satisfied'. Of questionnaires returned by service users, one indicated they were 'satisfied' that care was safe, and one service user indicated that they felt safe, and listened to by staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 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 (2015) and Service User Guide (2015) 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 and support plans which are provided to service users. The inspector noted that care and support plans reflected assessment provided by HSC Trust professionals, including specific guidance on how to meet service users' needs. 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. Discussions with staff indicated that they develop an in depth understanding of service users, which was reflected in care and support plans reviewed by the inspector.

Agency staff discussed how the changing needs and wishes of service users are ascertained through daily contact, or through three monthly care and support plans evaluations with individual service users. The inspector found that the agency maintains detailed records of three monthly evaluation meetings with service users, and that care and support plans and risk assessments showed subsequent updating.

HSC Trust professionals are involved in evaluation and review of care plans which takes place at least annually or when the need is indicated. Discussions with the registered manager and staff indicated that the agency requests reassessment from specialist professionals in the HSC Trust dependant on individual service user's needs; this was supported by documentation.

The inspector was informed of local independent advocacy services available for service users. Feedback from staff and documentation in service user meeting minutes indicated that the safety of service users have been promoted by training and awareness provided by community policing. Some staff provided feedback to the inspector that they 'strongly advocate' on behalf of service users, particularly those who have communication needs.

The inspector examined a range of records maintained by agency staff in accordance with legislation and standards; the agency maintains a policy which includes the management of records. It was noted that agency records are maintained to a high standard and overseen by regular auditing by the registered manager and a thorough system of quality monitoring.

The agency has developed and maintains comprehensive and robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users. Over a period of time, the agency has maintained a very high standard of monthly quality monitoring undertaken by a senior manager which far exceeds the regulations, minimum standards, and guidance issued by RQIA. The inspector examined monthly quality monitoring reports which included a wide range of areas associated with the quality of service provided and included a comprehensive improvement plan. It was noted that quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals. Progress on improvement matters was noted in successive reports and could clearly be linked to improved quality of service to service users.

In addition to quality monitoring required by regulations, the agency maintains a system of weekly operations reports undertaken by the registered manager and reported to the Head of Service. These reports include detailed weekly quality improvement plans and note progress with actions. The registered manager discussed regular audits of finance arrangements, medication competency, restrictive practice, and record keeping, evidenced by clear documentation and communicated to the head of service.

Overall, the agency's systems of quality monitoring are of an exceptional quality and contribute effectively to the development and maintenance of high quality care delivered in partnership with service users.

The agency sought service users' views through an annual evaluation survey; the inspector reviewed the Service User Evaluation Report 2015. Matters identified in the evaluation survey were carried through to a quality improvement plan and communicated to service users.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and staff indicated with service users have open lines with communication with staff. Service users and relatives provided feedback that they know who to go in the agency to discuss an issue or complaint. The inspector examined a range of documentation which indicated that the agency maintains effective communication with the HSC Trust in order to best meet the needs of service users.

Records of complaints and compliments, quality monitoring reports, the Service User Evaluation report and tenant meetings records provided evidence of how the agency maintains records of comments made by service users and/or their representatives.

Service users’ comments

‘I have had reviews with my keyworker regularly.’
 ‘I speak to Irina (registered manager) or my keyworker if I have a complaint. I have confidence it would get sorted.’
 ‘If you want something done, you just say and it gets done.’
 ‘I like the staff.’
 ‘It’s going well, I have no complaints.’

Relative’s comments

‘I am happy with the care.’
 ‘We are in contact with Irina (registered manager) and the team regularly...with the social worker we have a tight triangle of communication.’
 ‘The changes in care have been fantastic.’
 ‘The staff are very accommodating.’
 ‘The staff have been very helpful.’
 ‘Irina (registered manager) sorts out any issues quickly.’
 ‘I am satisfied with the care.’

Of questionnaires returned by staff, four indicated they were ‘very satisfied’ that care was effective, and two were ‘satisfied’. Of questionnaires returned by service users, one indicated they were ‘satisfied’ that care was effective.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users in decisions affecting their care and support.

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was securely embedded throughout staff attitudes and the delivery of service. During the inspection staff discussed how the organisations’ core values are evident from interview, induction, and discussed regularly. Some staff highlighted how the agency has sought to improve the quality of services by promoting the privacy, dignity and respect of service users. A service user commented: ‘The staff respect my space, no one comes in unless they’re asked. They get out when they’re told to get out.’

Staff described how they promote the rights of service users on a daily basis, including those service users who have communication needs, ‘we advocate strongly for service users.’ The inspector received feedback from staff which indicated that the views of service users are central to service provision. Staff described the service as ‘person centred’, and discussed how they communicate with service users with a range of needs:

‘We work with service users very closely; we get to know mannerisms and can ask ‘you don’t seem yourself?’.’

‘Some service users are non-verbal, we read their behaviour.’

‘Staff need to do careful listening.’

‘We get to know people very well.’

‘Everyone has their own voice.’

During the inspection the inspector noted that service users were able to exercise choice in a range of big and small decisions on a daily basis. The inspector received feedback from a service user who choose to rest in bed in the afternoon; and a service user who expressed how the staff respect their independence and wish for privacy in their home. The registered manager described how agency staff worked collaboratively with the HSC Trust to support a service user who wishes to engage in an activity which involved positive risk taking. The inspector noted that the wishes of the service user were respected, and a plan put in place to support them and minimise risk of harm.

Discussion with service users and staff indicated that service users expect their voices to be listened to and are confident that they will be heard. Service users told the inspector:

‘Things are done my way.’

‘I stipulate how it should be, and it is.’

‘Care is done the way I want it.’

Agency staff described how service users may raise a complaint or concern through their keyworker, practice leader, registered manager, or senior manager. Service users and relatives provided feedback to the inspector which indicated that they feel their views are listened to and that experience good communication with the agency.

Service user participation in decision making processes is promoted through The Cedar Foundation User Forum. Some service users have been involved in representing the views of service users to the wider organisation through involvement in the Forum.

The Cedar Foundation has provided a range of training to service users including: safeguarding awareness, inclusion, and empowerment. Service users who are involved in The Cedar Foundation Forum or have attended training are given the opportunity to share their learning and experiences with all service users through tenant meetings.

The inspector noted that the views of service users and/or their representatives were recorded in a respectful manner throughout relevant agency documentation, including care plans and review records. Formal processes to record and respond to service users and relatives are maintained through the complaints and compliments process, quality monitoring, service user survey, and tenants’ meetings.

The agency maintains extensive high quality systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring reports are of an exceptional standard and clearly include the views of service users and the agencies response to matters arising through clear action plans and records of progress on improvements within specified timescales. In addition, service quality is further monitored through weekly operations reports and improvement plans.

The inspector examined the annual Service User Evaluation survey and annual report which records consultations with service users. In response to the Service User Evaluation survey the agency formulated an action plan which was progressed through various methods including the service users' forum.

Service users' comments

'The staff are fantastic, really good.'
 'I love it here, it is a state of independence.'
 '(The staff) couldn't be more pleasant.'
 'I love it.'

Relatives' comments

'**** (service user) has a very good relationship with the carer, the lady is very nice.'
 'We are very happy, **** is looked after very well.'
 'Every member of staff cares for ****'s wellbeing.'

Staff comments

'Staff ask if there is anything they would like to discuss at the tenants' meetings.'
 'There are no definitive times, care is not rushed.'
 Changes (to care and support plans) are made with the tenant...they need to feel as involved as possible.'

Of questionnaires returned by staff, four indicated they were 'very satisfied' that care was compassionate, and two were 'satisfied'. Of questionnaires returned by service users, one indicated they were '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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4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that the agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and key policies are retained in the office used by staff daily. The Statement of Purpose (2015) and Service User Guide (2015) describe the full nature and range of services, and have been revised as required.

The inspector noted that the agency maintains high quality governance systems to identify and drive quality improvement. The inspector saw evidence of systematic audit within the agency on a weekly and monthly basis which is carried out by the registered manager and reported to a senior manager.

The inspector examined a range of weekly improvement plans which include specific actions required, timescales, and note outcomes. Areas covered by audit include complaints, adverse incidents, safeguarding concerns, restrictive practices and incidents notifiable to RQIA.

The registered person has led the development of a rigorous and comprehensive system of quality monitoring which provides robust assurance of the agency's governance systems and commitment to continuous quality improvement.

The agency's governance of risk includes a range of policies and procedures which are reviewed every three years, audit of all incidents including safeguarding incidents, restrictive practices and complaints. The inspector noted that the arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues, including working in partnership with the HSC Trust.

The agency maintains and implements complaints and compliments policy, and maintains records of complaints, the result of any investigation, actions and outcomes. The inspector reviewed records of one complaint received between 1 April 2015 and 31 March 2016, completed and appropriately responded to in accordance with the complaints policy.

The agency is well led by the registered person who has worked effectively with RQIA to maintain their roles and responsibilities in accordance with legislation.

The management structure of the agency is clearly defined and was well understood by staff and service users. Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that managers would listen to and address their concerns and suggestions. Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. It was noted that the arrangements for management cover 24 hours a day provide staff with access to a manager who is knowledgeable about the needs of service users at all times.

Staff who provided feedback to the inspector were informed of their responsibilities and understood their roles. Written guides to daily roles and responsibilities were easily accessible by staff.

There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. There are clear systems of supervision and consultation, both inside and outside of normal working hours. Support staff have daily access to the registered manager, a practice leader is available at all times on shift and senior managers are on call.

Feedback from staff and relatives provided to the inspector indicated that there are effective collaborative working relationships with the HSC Trust.

Service user's comments

'It's a good organisation, the way it's run.'

Of questionnaires returned by staff, four indicated they were 'very satisfied' that care was compassionate, and two were 'satisfied'. Of questionnaires returned by service users, one indicated they were 'very 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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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews