



The Regulation and  
Quality Improvement  
Authority

Ardkeen Supported Living Project  
RQIA ID: 11181  
86 Marlborough Park North  
Belfast  
BT9 6HL

Inspector: Rhonda Simms  
Inspection ID: IN023218

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**Unannounced Care Inspection  
of  
Ardkeen Supported Living Project**

**4 November 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 4 November 2015 from 09.45 to 16.15. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. There were no areas for improvement identified and there is no 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> The Cedar Foundation Ms Eileen Thomson	<b>Registered Manager:</b> Irina Radu
<b>Person in charge of the agency at the time of Inspection:</b> Irina Radu	<b>Date Manager Registered:</b> 27 July 2015
<b>Number of service users in receipt of a service on the day of Inspection:</b> 22	

Ardkeen Supported Living Project is a supported living type domiciliary care agency operated by The Cedar Foundation. The service provides care and support to 22 service users located on two sites in the south of the city of Belfast. Service users supported have a degree of physical disability, learning disability, sensory impairment or acquired brain injury. Ardkeen offers support in the areas of personal care, social support and wellbeing, and activities of daily living, based on individuals' assessed needs.

### 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:

- Report and QIP of previous RQIA care inspection
- Incident records
- Correspondence

During the inspection the inspector met with Irina Radu registered manager, ten support staff, four service users, and spoke with the relatives of four service users. Feedback received by the inspector is included throughout this report.

The inspector left a number of staff questionnaires for completion; three were returned. This indicated that staff were either satisfied or very satisfied:

- That service users received care and support from staff who were familiar with their care needs
- That service users have their views and experiences taken into account in the way service is provided and delivered
- That staff would be taken seriously if they were to raise a concern
- That the agency's induction process prepared staff for their role
- That a suitable number of appropriately skilled and experienced staff are available at all times.

The inspector left a number of questionnaires for service users to complete; eight were returned. Service users indicated that they were satisfied or very satisfied:

- With the care and support they received
- That their views and opinions were sought about the quality of the service
- That staff help them to feel safe and secure

Six service users indicated that they were satisfied or very satisfied:

- That staffing levels are appropriate at all times.

Seven service users indicated that they were satisfied or very satisfied:

- That staff know how to care for them and respond to their needs.

One service user commented that some staff were not fully aware of how to meet all aspects of their care. This matter was discussed with the registered manager who described how feedback from service users is responded to appropriately.

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care records used by the agency
- Monthly monitoring reports
- Documents relating to staff training
- Records relating to staff supervision
- Recruitment policy
- Records of pre-employment checks
- Supervision policy
- Induction procedure
- Complaints records
- Staff register
- Staff rota information
- Records relating to the use of domiciliary employment agency staff
- Service user meeting minutes
- Staff handover information
- Minutes of service user meetings.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 15 January 2015. 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
<b>Requirement 1</b>  <b>Ref:</b> Regulation 23 (2) (a) (b)	At the request of the Regulation and Quality 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- <ul style="list-style-type: none"> <li>(a) Arranges the provision of good quality services for service users;</li> <li>(b) Takes the views of service users and their representatives into account in deciding-</li> </ul>	

	<p>(i) What services to offer them, and (ii) The manner in which such services are to be provided</p> <p>The registered person should ensure that the ongoing assessment of restrictive practice is included in the monthly monitoring reports.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector examined reports of monthly quality monitoring completed on behalf of the registered person. An ongoing assessment of restrictive practice was clearly included in the monthly monitoring reports.</p>	
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 1.1</p>	<p>It is recommended that the registered manager reviews service users' care records to ensure that human rights considerations are explicitly reflected for each individual.</p> <p>The care and support plans of all service users, including those who are not subject to restrictive practices, should contain an explicit consideration of human rights.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector examined a range of care and support plans which included an explicit consideration of human rights.</p>	

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

#### Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. Records of pre-employment checks are maintained within the agency and were examined by the inspector. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained, including those supplied on a temporary or short notice basis.

The registered manager discussed how the agency has reduced the use of domiciliary care employment agency staff by a process of recruitment of permanent staff and the development of a bank of temporary staff across the organisation.

The agency has a structured induction programme consisting of five days, which includes mandatory training and shadowing staff on a supernumerary basis. New staff are paired with an experienced member of staff whilst on shift for at least a two week period.

The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The agency has a procedure in place for the induction of short notice/emergency staff which was discussed and confirmed by staff interviewed. The agency has a procedure for verifying the identity of all staff prior to their supply.

The agency has a policy and procedure in place for staff supervision and appraisal which details the frequency. Records maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure.

Overall on the day of inspection, care was safe.

### **Is Care Effective?**

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available on shift at all times. Examination of staff rotas reflected staffing levels described by the registered manager and staff. Subsequent to the inspection, two service users provided feedback through questionnaires that they were not satisfied that staffing levels were always appropriate. The registered manager agreed to review staffing levels in light of this feedback.

The registered manager discussed how the agency has developed a pool of bank staff in order to reduce the use of staff from another domiciliary care agency. Records relating to the use of staff from another domiciliary care agency were examined by the inspector. Following discussions with the registered manager, co-head of living options, and staff, the inspector was satisfied that the agency is making use of staffing resources in order to best meet the needs of service users.

The inspector viewed a range of documentation which showed how staff are provided with a clear outline of their roles and responsibilities. Staff who took part in the inspection discussed their roles and responsibilities and were clear about what the agency expected of them.

The inspector discussed the agency's induction for new staff and examined records of induction. Newly inducted staff who spoke with the inspector described an effective programme of induction with good support from peers and senior staff. The agency has an induction process for domiciliary care employment agency and temporary bank staff.

Staff who have a supervisory role described the agency's process for evaluating the effectiveness of staff induction; this was evident in records of induction and supervision reviewed by the inspector.

Discussion with staff and examination of training records showed that the agency has a process in place to identify and respond to training needs. The agency provides a range of training in addition to mandatory training and re-evaluates training to suit the needs of staff and service users.

Staff provided positive feedback about the nature and frequency of supervision and appraisal, which occur in accordance with the agency's policy. In the course of inspection staff described robust arrangements for seeking informal supervision and guidance from peers and senior staff whilst on shift, including out of hours.

Staff interviewed by the inspector were aware of the whistleblowing policy for highlighting concerns. The inspector noted that information regarding whistleblowing was clearly displayed in the staff area.

Overall on the day of inspection, care was effective.

### **Is Care Compassionate?**

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements. These comments and the agency's response to them could be seen in minutes of service users' meetings. The inspector received feedback from relatives regarding how the agency had appropriately responded to their comments regarding staffing issues.

Discussions with staff and managers indicated that service users are prepared in advance of significant staff changes where possible. The registered manager discussed the agency's process of recruitment and issues relating to retention of staff. The inspector noted that the agency has developed a bank of temporary staff and viewed records which indicated that the use of domiciliary care employment agency staff has reduced. The agency has processes in place to maximise the continuity of staff supplied to service users when temporary staff are supplied.

Agency staff who took part in the inspection clearly described having the knowledge and skills to carry out their roles and responsibilities. Service users and relatives confirmed that staff have appropriate knowledge and skills. Some relatives commented negatively on service users' experiences of having care delivered by domiciliary care employment agency staff. The inspector noted that these issues had been reported to the registered manager and satisfactorily resolved.

Induction records seen by the inspector showed that staff receive an induction specific to the needs of service users. Agency staff 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.

Overall on the day of inspection, care was compassionate.

### **Areas for Improvement**

Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. There were no areas for improvement identified in relation to Theme 1.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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 viewed by the inspector reflected the views of service users and/or their representatives. The registered manager discussed the referral process, which involves the service user and/or their representative, the referring HSC Trust and the agency, to ascertain the needs of the service user and their views. This process results in individualised care and support plans seen by the inspector.

There was evidence of positive risk taking in collaboration with service users and/or their representatives; this was reflected in risk assessments and care plans. Discussion with staff confirmed that they understood the concept of a balance of safety with service user choice.

Overall on the day of inspection, care was safe.

### **Is Care Effective?**

The inspector examined records of reviews which showed that care is effectively evaluated and reviewed on a regular basis. The agency has a policy of reviewing care and support plans every three months or as required; reviews are undertaken with the HSC Trust on an annual basis. Care and support plans viewed by the inspector were written in a person centred manner and included the service users' views. Staff described how care and support plans are written along with the service user; service users confirmed this.

On the day of inspection, the inspector received feedback from relatives and service users which indicated that the agency is responsive to the views of service users and their representatives. The agency has processes in place to ascertain and respond to the views of service users and their representatives including the 'Have Your Say' survey, monthly quality monitoring reports, service users' meetings and the complaints and compliments process.

The inspector received feedback regarding a change to the agency's system of daily recording, which provides service users with increased involvement in the communication of information.

Service users have been provided with information relating to human rights in a suitable format, which has been discussed at service users' meetings.

Overall on the day of inspection, care was effective.

### **Is Care Compassionate?**

During the inspection, the inspector observed staff interacting with service users in an individualised manner. The inspector met three service users in their own homes, which were decorated to reflect individual tastes and interests. Feedback from relatives and service users indicated that care is delivered in an individualised manner.

Service users and/or their representatives were aware of their right to be consulted and have their views taken into account in relation to service delivery.



Relatives and service users described having their views listened to and taken into account. The inspector observed service users exercising choice regarding their daily lives.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Human rights were explicitly outlined in care plans and were evident throughout other agency documentation such as review records. The individual choices made by service users regarding the way they wish to live their lives were seen in activity planners, care and support plans and through discussion with service users.

The inspector received feedback regarding the agency's consideration and respect for the consent and capability of service users and examined documentation to support this.

Overall on the day of inspection, care was compassionate.

### **Service users' comments**

'You have a voice, you have a choice.'  
 'Staff listen to me.'  
 'It's great here.'  
 'Staff speak to me about changes.'  
 'I feel respected.'  
 'The care is very highly thought of.'  
 'The staff are great.'  
 'The staff understand me, I like to be independent.'  
 'I'm happy.'

### **Relatives' comments**

'The care is fantastic from the permanent members of staff.'  
 '\*\*\*\* is very comfortable with staff they know.'  
 'The staff listen to our feedback.'  
 'The care is individualised to \*\*\*\*.'  
 'The staff are warm, friendly and personal.'  
 'The staff are more than good.'  
 'I can speak to the staff if there are any issues.'  
 'The care is fantastic, the staff are fantastic.'  
 'Our views are listened to absolutely.'  
 'The staff are always thinking of ways to make \*\*\*\*'s life better.'  
 'Care is individualised, it's what the resident wants.'  
 'Staff treat \*\*\*\* with respect, \*\*\*\* feels comfortable.'

### **Areas for Improvement**

Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. There were no areas for improvement identified in relation to Theme 2.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### Reports of Monthly Quality Monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports ascertain and respond to the views of service users, relatives, and staff.

The inspector noted that the person completing the monthly quality monitoring reports had recorded multiple negative attempts to ascertain the views of HSC Trust community professionals each month.

The agency has developed a robust system of weekly monitoring of the service, which is reflected in the monthly monitoring report. This system reports progress on improvement issues identified within weekly monitoring and RQIA Quality Improvement Plans. The agency's reports of monthly monitoring are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

### Complaints

Records of five complaints received from 1 January 2014-31 March 2015, and a further two complaints received after March 2015 were examined.

The complaints records examined by the inspector had been satisfactorily investigated and documented.

### Safeguarding Referrals

The registered manager discussed the outcomes of one safeguarding incident which was appropriately referred to the HSC Trust.

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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

<b>Registered Manager</b>	Irina Radu	<b>Date Completed</b>	11.12.2015
<b>Registered Person</b>	Eileen Thompson	<b>Date Approved</b>	11.12.2015
<b>RQIA Inspector Assessing Response</b>	Rhonda Simms	<b>Date Approved</b>	05/01/2015

Please provide any additional comments or observations you may wish to make below:

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