The Regulation and Quality Improvement Authority

# Inspection Report

## 10 May 2023

# Ardkeen Supported Living Project

**Type of Service: Domiciliary Care Agency**
**Address: 86 Marlborough Park North, Belfast, BT9 6HL**
**Tel No: 028 9066 7102**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Organisation/Registered Provider:**<br>The Cedar Foundation<br><br>**Responsible Individual:**<br>Mrs Margaret Cameron | **Registered Manager:**<br>Miss Michelle Porter<br><br>**Date registered:**<br>25 June 2019 |
| **Person in charge at the time of inspection:** Miss Michelle Porter | |
| **Brief description of the accommodation/how the service operates:**<br><br>Ardkeen Supported Living Project is a domiciliary care agency supported living type, located in Belfast. The agency provides personal care and housing support for up to 22 individuals who live in individual apartments. The service users have a range of needs including physical disability, sensory impairment or acquired brain injury. The services are commissioned by the Belfast Health and Social Care Trust (BHSCT) and the South Eastern Health and Social Care Trust (SEHSCT). | |

## 2.0 Inspection summary

An unannounced inspection took place on 10 May 2023 between 10.00 a.m. and 4.00 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, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

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

## 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 any previous areas for improvement identified, 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:**

- "Love it here; staff are brilliant."
- "I have choice and I can do what I want. Just so relaxing living here."
- "Nothing is too much bother for the staff. I enjoy the company."
- "I speak to staff if I have any concerns; I have no issues."
- "I can have my own space or can join the others."
- "Staff help with shopping, meals and showering or anything really that I need."

**Staff comments:**

- "Good, fantastic and I am supported. We have a good rapport with the service users."
- "We have enough staff but at times it can be busy. I love working here, the staff work well together. I have no concerns, all good."

- “We go out with the services users and have activity nights.”
- “Enjoy it here, manager supportive and very approachable.”
- “Good outcomes for service users.”
- “All the staff are great.”

No questionnaires were returned. There were no responses to the electronic survey.

## 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 16 May 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

| **Areas for improvement from the last inspection on 16 May 2022** | | |
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| **Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref:** Regulation 21 (1)(c)<br><br>**Stated:** First time | The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are<br>(c) at all times available for inspection at the agency premises by the person authorized by the Regulation and Improvement Authority.<br><br>This relates specifically to records relating to adult safeguarding referrals made by the agency. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Inspector confirmed that an electronic system for recording details of adult safeguarding referrals had been implemented. | |
| **Area for improvement 2**<br><br>**Ref:** Regulation 7 (a)<br><br>**Stated:** First time | The registered person shall (a) keep under review and, where appropriate, revise the statement of purpose and the service user’s guide.<br><br>This relates specifically to the ensuring that the contact details for RQIA are updated. | **Met** |

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| | **Action taken as confirmed during the inspection**:<br>The statement of purpose and service user's guide had been reviewed and update. | |
| **Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref:** Standard 12<br><br>**Stated:** First time | The registered person shall ensure that staff are trained for their roles and responsibilities.<br><br>This relates specifically to Adult Safeguarding and Dysphagia training and any outstanding mandatory training update. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>It was identified that staff were trained for their roles and responsibilities. | |
| **Area for improvement 2**<br><br>**Ref:** Standard 12.6<br><br>**Stated:** First time | The registered person shall ensure that arrangements are in place to ensure that staff are able to maintain their registration with the appropriate regulatory body.<br><br>This relates specifically to staff registration with NISCC. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>It was identified that staff were appropriately registered with the relevant regulatory body. There is a system in place for monitoring registration status of staff. | |

## 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 indicated 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. Staff who spoke with the inspector had a clear 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. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan. Daily records completed by staff noted the type of equipment used on each occasion.

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 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.

It was identified that the majority of staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that one of the service users was in the process of being assessed with regard 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 an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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

- Health and Safety
- Activities
- Safeguarding

### 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 modified to 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.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. 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.

It was noted that staff supported one service user with enteral feeding; appropriate training had been provided. A care plan was in place to direct staff of the actions required.

### 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.

Thee 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 a robust, structured, induction programme lasting at least three days which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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.

### 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. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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.

## 6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Michelle Porter, Registered Manager, as part of the inspection process.

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