

Unannounced Care Inspection Report 18 January 2018



Ardkeen Supported Living Project

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

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

This is a domiciliary care agency (supported living type) which provides 24 hour personal care (and housing support) to 21 people who experience physical disability, sensory impairment or acquired brain injury.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Ms Eileen Marian Thomson	Registered Manager: Mrs Jeanette Marie McGeown
Person in charge at the time of inspection: Mrs Jeanette Marie McGeown	Date manager registered: 23/11/2017

4.0 Inspection summary

An unannounced inspection took place on 18 January 2018 from 10.00 to 17.30.

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

Evidence of good practice was found in relation to:

- staff recruitment
- care reviews
- training and development
- supervision and appraisals
- teamwork

No areas requiring improvement were identified.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Jeanette McGeown, Registered Manager and Deputy Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 20 September 2016

No further actions were required to be taken following the most recent inspection on 20 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
- record of complaints
- correspondence with RQIA
- record of notifiable events for 2016/2017

During the inspection the inspector met with four service users, four staff, one service user's representative and had a telephone conversation with another service users' representative.

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
- staff meeting minutes
- staff training records
- records relating to staff supervision
- complaints records
- incident records
- records relating to safeguarding of adults
- induction records
- staff rota information
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding vulnerable adults policy
- restrictive practice policy
- risk management policy
- incident policy.
- whistleblowing policy
- policy relating to management of data
- complaints policy
- statement of purpose
- service user guide

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by service users. At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 September 2016

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

6.2 Review of areas for improvement from the last care inspection dated 20 September 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. The inspector was satisfied that the agency's arrangements for obtaining all pre-employment information were satisfactory.

The agency has a structured induction programme lasting up to three days shadowing experienced staff, plus an additional two days training before the end of their first two weeks in employment. The agency maintains a record of the induction provided to 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 which are available in the office, desktop computer and on a team tablet. The inspector spoke to staff whose feedback supported the above information. Staff provided positive feedback to the inspector regarding how the induction prepared them for their roles and responsibilities and how they felt supported by staff, and the registered manager.

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 registered manager advised the inspector that vacant shifts are covered by the current staff team as far as possible, Cedar's bank staff and a small pool of staff from another domiciliary care agency to meet the needs of service users.

The registered manager provided the inspector with a detailed list of the domiciliary care agency staff, their photographic evidence and evidence of their NISCC registration and the induction programme provided to them.

Service user comments:

- "It's like home from home."
- "I am happy here."

Staff comments:

- "The rota is good at the moment."
- "Good team working."

Relative's comments:

- "If I had a problem, I would go to staff and get it resolved."

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had received supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this. A detailed matrix of completed supervision and appraisal was made available to the inspector.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. Staff provided feedback that they had attended all mandatory training and additional training to that stated in the Minimum Standards e.g. Human Rights and Quality, Restrictive Practice Awareness, Learning Disability and Brain Awareness, Epilepsy training. The inspector reviewed the staff training matrix which indicated compliance with regulations and standards. The inspector noted that an Education Brochure 2018 was available for staff in the agency office.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from staff, and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance. On the day of inspection staff were able to name the agency's safeguarding champion. A safeguarding alert flow chart was available in the agency office for staff.

The agency had made a number of safeguarding referrals to the HSC Trust since the last inspection of 20 September 2016. The referrals were made appropriately and management plans were developed in conjunction with the HSC Trust as evidenced by the inspector.

Staff who provided feedback to the inspector had a good understanding of safeguarding issues and clear about lines of accountability and agency procedures. The agency maintains a system of access at all times to a registered manager or senior manager who has knowledge of the needs of service users. The registered manager provided feedback that staff are able to access advice and guidance from a manager at all times.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and they were confident of an appropriate management response.

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.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. 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.

The inspector found that care and support plans are formally reviewed by agency staff with service users on a three monthly basis or sooner if required and on a yearly basis by the Trust.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. It was noted that a number of incidents had taken place since the last inspection. The inspector examined these records and found that the agency had dealt with them in accordance with its procedure and policy.

The inspector noted that the agency had received a number of complaints since the last inspection of 20 September 2016. The agency had dealt with them in accordance with its procedure and policy.

Areas of good practice

There were examples of good practice throughout the inspection in relation to staff recruitment, professional registration records for staff, training, supervision and appraisal, adult safeguarding, restrictive practices.

Of questionnaires returned by service users, one indicated they were 'very satisfied' that care was safe. Of questionnaires returned by staff, four indicated they were 'very satisfied' that care was safe, two indicated that they were 'satisfied' care was safe, one indicated they were 'undecided' care was safe, two indicated that they were 'unsatisfied' that care was safe and one indicated they were 'very unsatisfied' care was safe. The registered manager was contacted as

no contact details were available for staff. The inspector has requested that the registered manager discusses this feedback at the team meeting.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2017) and Service User Guide (2017).

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 assessments 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.

The inspector was informed that care and support plans are reviewed by the agency on a three monthly basis or sooner if required.

The registered manager provided the inspector with evidence of annual reviews completed with the HSC Trust. The inspector had the opportunity to speak to two family members who confirmed their involvement in care and support plans.

Service users' comments:

- "I respect the staff and I get respect back."
- "I feel the reviews are important."

Relative's comments:

- "Care staff are second to none".
- "We are included."

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives as appropriate and HSC Trust professionals, and progress on improvement matters.

The inspector noted feedback from Trust professionals on quality monitoring reports:

- “I have no concerns with the quality of care provided.”

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. The registered manager and staff described effective verbal and written communication systems within the staff team and with the registered manager, including the use of a diary, and daily written and verbal handovers.

Review of team meeting records indicated that team meetings took place on a regular basis; the staff who spoke to the inspector verified that staff could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated the staff team is supportive to each other and that staff communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust and refers to or consults with a range of appropriate professionals when relevant.

The inspector noted and examined the following surveys/audits carried out by The Cedar Foundation, monthly and yearly trail of use of domiciliary care agency staff, Service User Evaluation Report 2017, Ardkeen Annual Report April 2016-March 2017, Tenant File Audits, operations reports every six months and monthly quality improvement plans, all with very positive results.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

The inspector was informed of local independent advocacy services available by both service users and agency staff.

The registered manager informed the inspector that desktop computers were available for staff to use to access policies and on-line training.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Of questionnaires returned by service users, one indicated they were 'very satisfied' that care was effective. Of questionnaires returned by staff, four indicated they were 'very satisfied' that care was effective, two indicated that they were 'satisfied' that care was effective, one indicated they were 'undecided' that care was effective, and three indicated that they were 'unsatisfied' that care was effective. The registered manager was contacted as no contact details were available for staff. The inspector has requested that the registered manager discusses this feedback at the team meeting.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with staff and observation of their interactions with service users during the inspection showed that they understood and respected the differing needs and wishes of service users. The inspector observed that the language and behaviour of staff sensitively promoted the independence and choice of service users throughout their interactions with service users.

The inspector was invited to visit service users in the communal areas of their homes. The inspector particularly noted displays of photographs which reflected service users enjoying social activities. A service user informed the inspector that they had picked the colour scheme for their home and now felt they have their home furnished and decorated the way they want it.

Feedback/observation from the service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency staff had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

It was evident that staff, HSC Trust professionals and the agency promote the independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support. A service user described to the inspector their visit to a local swimming pool earlier in the day. Another service user described a recent social event held at the agency which was arranged by a fellow tenant. During conversations with relatives they described their attendance at this event and how they enjoyed the event.

The inspector noted that service users' care plans were very person centred specific to the individual.

The inspector noted that service users are encouraged to develop their independence inside and outside of their own homes.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safe guards. It was noted that the agency has a process of supporting service users to make choices about dietary intake i.e. weekly dietary planning and they were supported with individual choice.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to meet the inspector were provided with privacy as appropriate. The inspector noted that service users have choice regarding their daily routines and personal belongings.

The inspector noted that the agency actively promotes service user involvement across the wider agency through the Cedar Foundation User Forum.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertain and include the views of service users and their representatives.

Service users' comments:

- "Ardkeen is very highly thought of."
- "The staff are down to earth."

Relative's comments:

- "his daughter gets on well with staff and they with her."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users and their representatives.

Of questionnaires returned by service users, one indicated they were 'very satisfied' that care was compassionate. Of questionnaires returned by staff, five indicated they were 'very satisfied' that care was compassionate, three indicated that they were 'satisfied' that care was compassionate, and two indicated that they were 'unsatisfied' that care was compassionate. The registered manager was contacted as no contact details were available for staff. The inspector has requested that the registered manager discusses this feedback at the team meeting.

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.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA, and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection, 20 September 2016. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its procedure and policy.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on safeguarding issues. A number of safeguarding referrals were made since the last inspection; the inspector examined the records and found that the agency had dealt with the safeguarding referrals in accordance within policy and procedure.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on both paper and electronic systems accessible to all staff.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection a number of complaints had been received since the last inspection, 20 September 2016. The inspector examined the records and found that the agency had dealt with the complaints in accordance with their policy and procedure.

There are effective systems of formal supervision and appraisal within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the day of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

The agency had completed their annual plan and was available for examination by the inspector.

Service users' comments:

- “practice leader very down to earth.”
- “I know the manager.”

Staff comments:

- “service well managed by managers.”

Relative's comments:

During the inspection a service user's relative spoke to the inspector. The relative expressed some concerns in relation to the use of domiciliary agency staff which the inspector brought to the attention of the registered manager. The manager confirmed this would be addressed with the service user's relative.

Of questionnaires returned by service users, one indicated they were 'satisfied' that the service was well led. Of questionnaires returned by staff, four indicated they were 'very satisfied' that the service was well led, three indicated that they were 'satisfied' that the service was well led, two indicated that they were 'unsatisfied' that care was well led and one indicated that they were 'very unsatisfied' that the service was well led. The registered manager was contacted as no contact details were available for staff. The inspector has requested that the registered manager discusses this feedback at the team meeting.

No areas of improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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

Twitter @RQIANews