

Inspection Report

10 July 2023



Cedar Court Supported Housing Facility

Type of service: Domiciliary Care Agency
Address: 100a Bridge Street, Downpatrick, BT30 6HD
Telephone number: 028 4461 7260

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Mr Mark Baker
Responsible Individual: Ms Roisin Coulter	Date registered: 08 September 2014
Person in charge at the time of inspection: Mr Mark Baker	
Brief description of the accommodation/how the service operates: Cedar Court Supported Housing Facility is a domiciliary care agency, supported living type, located in Downpatrick which provides domiciliary care and housing support to individuals. Staff are available to support service users 24 hours per day. The agency provides care and support to service users; this includes help with tasks of everyday living and emotional support with the overall goal of promoting independence and maximising quality of life.	

2.0 Inspection summary

An unannounced inspection took place on 20 July 2023 between 9.30 a.m. and 3.30 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 and Dysphagia management was also reviewed.

Areas for improvement were identified; these related to medication error management, documentation, complaints management and monthly monitoring reports.

Cedar Court uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 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 staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I have had no problems at all living here."
- "Staff are absolutely brilliant."
- "There is plenty to do, plenty of choice."
- "They check on me every day."
- "I have no concerns about this service."
- "I really enjoy living here, I have great comradery with staff and other residents."
- "They are all great, but they could do with some more staff."

Service users' relatives' comments:

- "This is like a little piece of heaven on earth"
- "Nothing is too much bother for the staff, no matter what you want."
- "My dad loves it here, and he wishes he moved here years ago."
- "It a pity that there aren't any similar facilities locally."
- "The service is exceptional."
- "I wish everyone was getting the same service in other places."

Staff comments:

- “Work is good, but we can be short-staffed.”
- “We have been supported through a difficult time for the staff by our manager.”
- “The tenants receive exceptional care.”
- “I would feel comfortable to raise any safeguarding concerns.”
- “My training is up to date.”
- “There has not been any staff meeting recently.”
- “We are having some staff shortage problems.”
- “I love my job.”

There were no responses to the electronic staff survey. Responses to the returned questionnaires indicated no concerns in relation to the agency. Comments included:

- “Care is exceptional and the staff are caring, friendly and compassionate.”
- “I am very happy with all I care I receive. There should be more establishments offering this service and level of care.”
- “The facilities and staff are excellent, my father is very happy at Cedar Court and has made new friends and enjoys the company.”
- “Excellent service at all times, Staff are efficient and caring and very friendly at Cedar Court.”

One comment in relation to a facilities issue was brought to the attention of the manager.

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 24 October 2022 by a care inspector. No areas for improvement were identified.

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).

Discussions with the manager established 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.

The agency had not made any referrals made to the HSC Trust in relation to adult safeguarding. Following advice from the inspector, an adult safeguarding referral was made by the manager.

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.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised mobility 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.

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. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. A review of medicine incidents identified that, on one occasion, investigation and remedial action to prevent recurrence was inadequate. An area for improvement has been identified in relation to this finding. An adult safeguarding referral resulted from the review of this incident. In respect of the provision of adequate skill mix at all times, sufficient assurances were received following the inspection.

The Mental Capacity Act (MCA) (2016) 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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

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. Service users' care plans contained details about their likes and dislikes and the level of support they may require. Service users participate in the review of the care provided on an annual basis, or when changes occur, however, the care records were not adequately maintained, with some essential information missing. An area for improvement has been identified in relation to this finding.

It was good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provision of their care.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of 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.

5.2.4 What systems are in place for staff recruitment and are they robust?

The manager confirmed that no new staff had commenced employment since the last inspection. A number of new staff are in various stages of recruitment. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). 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.

There were no volunteers working in the agency.

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, however a number of monitoring reports had not been completed. An area for improvement has been identified in relation to this finding. The manager agreed to submit monthly monitoring reports for three months after this inspection in the first instance. A review of the report completed of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The report included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The manager confirmed that no complaints had been received since the last inspection. Communication received following the inspection indicates that this information was not accurate. An area for improvement has been identified in relation to this finding.

The manager was signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose and Service User Guides included all the relevant information. The manager agreed to submit the revised Statement of Purpose and Service User Guide to RQIA within two weeks of

the inspection. Following the inspection, these documents were reviewed and found to be adequate.

There is a system in place that clearly directs staff as to what actions they should take if they are unable to gain access to a service user’s home.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Four areas for improvement have been identified where action is required to ensure compliance with, The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	2	2

The areas for improvement and details of the QIP were discussed with Mr Mark Baker, Registered Manager, and Ms Michele Kilpatrick, Community Senior Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 22 (6) Stated: First time	The registered person shall ensure that every complaint is fully recorded and investigated. Ref: 5.2.6
To be completed by: Immediately from the date of inspection	Response by registered person detailing the actions taken: The registered manager will ensure appropriate governance systems are in place to investigate and appropriately record every service complaint and share learning in line with SET Trust Complaints Policy & Procedure.

<p>Area for improvement 2</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall maintain a system for evaluating the quality of the service provided.</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager will ensure that there are appropriate governance arrangements in place, to ensure monthly monitoring reports, that evaluate service standards are completed and maintained.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 7:13, 7:14</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure medication errors and incidents are reported and actions taken when necessary.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager will investigate and appropriately record all incidents including medication errors in a timely manner, and reported to senior manager if required.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 10:4</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that all information held on record is accurate, up-to date and necessary.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has implemented a robust governance system to ensure that all service records are maintained efficiently and reflect current status.</p>



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care