

Unannounced Care Inspection Report 11 June 2019



Cedar Court Supported Housing Facility

Type of Service: Domiciliary Care Agency
Address: 100a Bridge Street, Downpatrick BT30 6HD
Tel No: 02844617260
Inspector: Joanne Faulkner

www.rqia.org.uk

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

Cedar Court Supported Housing Facility located in Downpatrick, is a domiciliary care agency supported living type that provides domiciliary care and housing support to individuals. The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life. Staff are available to support service users 24 hours per day.

The agency's office is located at the entrance to the homes of the service users and accessed from a shared entrance.

3.0 Service details

Registered organization: South Eastern HSC Trust Registered person: Seamus McGoran, Acting-No application required	Registered manager: Mark Baker
Person in charge of the service at the time of inspection: Mark Baker	Date manager registered: 8 September 2014

4.0 Inspection summary

An unannounced inspection took place on 11 June 2019 from 10.00 to 16.00.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human 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. Service users should experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during the last care inspection and sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, supervision/appraisal, training and adult safeguarding and risk management. Care records were noted to be person centred and well maintained and there was evidence of effective communication with service users and all relevant stakeholders. There was evidence that care and support was provided in an individualised manner. The culture and values of the agency promotes treating service users with dignity and respect and maximising their independence. There was evidence of effective governance and management systems in place.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user engagement.

No areas for improvement were identified during this inspection.

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.

The inspector would like to thank the manager, the service users, a relative and staff for their support and full co-operation throughout the inspection process.

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 Mark Baker, registered 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 3 October 2018

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 3 October 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA care inspection report and QIP
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- examination of records
- consultation with service users, staff and a relative
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

Ten questionnaires were provided for distribution to the service users and their representatives; one response was received prior to the issuing of this report. The response received indicated that the respondent was very satisfied that care provided was safe, effective and compassionate and that the agency was well led. Comments received included:

“My life has been made happy at 94 years old by the wonderful, caring managers and staff. I have never in all my years had such kindness and respect, all the girls that work so hard yet have time to give me. I have never come across an unpleasant one, they are all good.”

The inspector requested that the manager place a “Have we missed” you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the agency’s premises.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

During the inspection the inspector spoke with the manager, two staff members and six service users and a relative of one service user. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

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 3 October 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 3 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13.(d) Schedule 3 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	(1) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3 This relates specifically to the agency having a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform. Ref: 6.4	Met
	Action taken as confirmed during the inspection: It was identified from records viewed that the agency had a statement signed by the by the registered manager for individual staff indicating they are physically and mentally fit for the purposes of the work which they are to perform.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 13.3 Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures. Ref: 6.4	Met
	Action taken as confirmed during the inspection: It was noted from records viewed that staff had received supervision in accordance with the agency's procedures.	

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 agency's systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed. The manager stated that staff recruitment is managed and co-ordinated by the organisation's Human Resources (HR) department. The manager stated that they are involved in the recruitment and selection process. Details of all information relating to individual staff recruitment is retained by the HR department.

Discussions with the manager indicated that they had a good understanding of the recruitment process and the need for robust systems to be in place. The manager stated that staff are not provided to deliver care and support until all required pre-employment checks have been satisfactorily completed.

Discussions with the manager, staff and records viewed indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition are required to shadow other staff employed by the agency. It was identified that staff are required to complete induction training in a range of key areas such as care planning, customer care, fire and moving and handling. Staff talked positively about their induction and indicated that it had provided them with the knowledge and skills to meet the needs of service users and fulfil the requirements of their roles.

Staff who spoke to the inspector stated that shadowing other staff provided them with the opportunity to become familiar with the needs of the service users and ensured that they are introduced to service users prior to providing care. Staff who had recently moved to a senior role stated that they had received additional training in areas such as medication.

The system for ensuring that staff provided at short notice have the knowledge and skills for their job roles was discussed with the manager. The manager stated that all staff provided are employed by the Health and Social Care Trust (HSCT) and must complete the induction programme prior to providing care; this is to ensure that continuity of care is achieved and to promote the safety, dignity and respect of service users. The manager stated that a number of relief staff provided work in other of the HSCT facilities.

Staff are provided with quarterly supervision and annual appraisal; the records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff participate in developing individual training and development plans as part of the appraisal process. Records relating to supervision and appraisal were retained in an organised manner.

The agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC). Details of staff registration status are retained and checked monthly. The manager stated that registration status is reviewed with staff at their supervision and provided assurances that staff are not supplied for work if they are not appropriately registered. Records viewed during the inspection indicated that staff were appropriately registered.

The manager and staff could describe the process for identifying individual training needs and their responsibility for ensuring that training updates are completed. Staff are required to complete a range of mandatory training and in addition training in areas specific to the individual needs of service users. Staff stated that they felt their training had equipped them with the required knowledge and skills for their job roles. They described the value of the additional training received in improving the quality of care they provided and demonstrated a clear understanding of service users' human rights in all aspects of their lives. Staff commented: "Training is good."; "We can ask for extra training if needed."; "recently got extra support when moving into my new post."

The agency has a system for recording staff training; it is reviewed by the inspector. Records viewed and feedback received evidenced that staff complete training in a range of areas such as moving and handling, finance, medication, dementia awareness, fire and adult safeguarding. In addition it was positive to note that a range of key areas are discussed during the initial induction training provided to staff such as diversity, confidentiality, safeguarding and whistleblowing. The records viewed indicated that a number of staff were required to complete a training update on infection control; the manager provided evidence which indicated that the training update had been planned.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager and staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns appropriately and in a timely manner.

It was noted that staff are required to complete safeguarding training during their induction programme and two yearly training updates. From training records viewed it was noted that staff had received training in relation to adult safeguarding.

The Adult Safeguarding Position report for the agency was not available; the manager stated that they would liaise with the ASC in relation to obtaining a copy of the report.

Service users could clearly describe what they would do if they had any concerns in relation to safety or the care and support provided. They indicated that they could speak to staff or the manager at any time and felt that their concerns would be listened to.

Discussions with the manager evidenced that the agency has a process for maintaining a record of referrals made in relation to adult safeguarding with regard to alleged or actual

incidences of abuse. Records viewed and discussions with the manager indicated that no referrals had been made in relation to adult safeguarding matters from the date of the last care inspection.

Staff had a clear understanding of their role and responsibility to identify and report actual or suspected incidences of abuse. They could describe their responsibility in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Service users and a relative spoken with, indicated that they had no concerns regarding the safety of care being provided by the agency and confirmed that they could approach any of the staff if they had any concerns. Service users stated that they are introduced to new staff and valued this in terms of their dignity. Example of a comments made by service users: "I am happy with everything."; "No worries about anything; I can do what I want."

Discussions with the manager, staff and service users indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. Staff discussed with the inspector the issues they had in relation to needs of one service user and the impact this has on them completing their work schedule in a timely manner. The inspector discussed this further with the manager and evidence was provided that additional staff were to be provided if required; they stated that at present the staffing levels were adequate to meet the needs of the service users. The manager discussed other measures that are to be implemented such as additional training for staff.

Staff and service user confirmed that care is provided to service users by a core staff team to help provide continuity of care and develop positive relationships. It is felt that this can have a positive impact on the service users' experience in accordance with their human rights such as privacy, dignity and respect. Staff were aware of the need to respect and promote the rights of service users; staff could describe the impact that any restrictive practices could have for service users.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. It was noted that the organisation has recently introduced an electronic system (DATIX) for recording, reporting and management of incidents and accidents. The manager state that they review the information monthly to identify any trends or areas for improvement.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. Staff could clearly describe the process for assessing and reviewing risk. Records indicated that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives and included details relating to the human rights of service users.

Staff indicated that they were knowledgeable regarding the needs of individual service users'. Staff described the value of ensuring that service users are supported in a person centred manner, where their preferences, choices and views are considered. Staff could describe the importance of ensuring service users were encouraged to discuss any concerns they had and the need to balance risk with the preferences, choices and human rights of individual service users.

Service users who spoke to the inspector stated that they could make their own decisions regarding all areas of their lives and stated that staff take the time to listen to them and respected decisions made by them. Service users stated that staff talk to them about the care and support they need. It

Staff, service users and a relative who spoke to the inspector stated that they felt care was being provided in a safe manner. Staff could describe how they monitor service users, identifying any change in dependency, ability or behaviour and take appropriate measures to promote/ensure the safety and their wellbeing. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Care records viewed were noted to make reference to human rights, restrictive practices, choices and views of service users. Care plans are noted to be signed by service users reviewed regularly in conjunction with service users.

Information relating to service users was noted to be retained securely. Staff could describe the importance of storing information confidentially and securely and in accordance with data protection guidelines.

The agency's office accommodation is located in the same building as the homes of the service users and accessed from a shared entrance. The office is suitable for the operation of the agency as described in the Statement of Purpose; it was good to note that following the previous inspection additional measures had been introduced to enhance the security of records stored within the agency.

Comments received during inspection process.

Staff comments

- "Service users can make their own decisions."
- "I like working here."
- "Training is good."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, supervision, training and adult safeguarding.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The inspector reviewed that agency's arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided. The Service User Guide contains details of human rights.

The agency's data protection policy outlines the procedures for the creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised and secure manner. It was identified that staff had received information relating to record keeping and confidentiality during their induction programme

Service user care records viewed during the inspection were noted to include referral information received from the relevant HSCT representatives. The review of the individual service user care records identified that they were completed in a person centred manner and contained a range of assessments and care plans including details of any practices deemed to be restrictive. Staff stated that they strive to provide the care and support in a person centred way to meet the individual needs and expectations of service users.

Care plans viewed were noted to outline a detailed account of the care and support required. In addition, they contained details of specific choices made by service users and made reference to their human rights. It was noted that for a number of service user risk assessments/ care plans related to practices deemed to be restrictive. The service users who spoke to the inspector stated that they were supported to make choices in relation to the care they received and were involved in developing their care plan.

Staff described the methods used for supporting service users and where appropriate their relatives to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided. It was positive to note that the human rights of service users were recorded in their individual care and support plans. The manager stated that the review process involving the community keyworker includes the review of any restrictive practices in place. Service users indicated that they felt respected and stated that staff listen to their views and respect their choices in relation to the care and support they receive. One service user stated, "we can choose to do whatever we want; staff are very supportive."

It was noted that service users have a copy of their care plan and timetable of service provision in their homes. The agency contributes to reviews involving the service users' HSCT keyworkers as appropriate.

The agency has systems to promote effective communication between service users, staff and relevant stakeholders. Discussions with service users, a relative and observations made by the inspector evidenced that staff communicate appropriately with service users. The manager stated that the communication needs of service users is considered as part of the referral and assessment process. It was noted that individual assessments relating to the communication needs of service users had been completed. Staff indicated that they were very knowledgeable in areas such as dementia and the impact this can have on the communication methods required when providing care to some service users.

The manager and staff could describe the processes used to develop and maintain effective working relationships with relatives, HSCT community keyworkers and other relevant stakeholders.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care required to be provided to all service users'. Staff discussed the methods used to ensure information is communicated and shared in a timely manner. It was identified that staff are allocated their work schedule on a daily basis to ensure that the needs of service users are appropriately met.

The agency facilitates staff meetings; staff stated that they are encouraged to attend and provided with the opportunity to express their views and opinions. Service user meetings had until recently been facilitated by the tenants committee but are now arranged by staff. Minutes of meetings viewed were noted to include comments made by service users and details of a range of key items discussed such as emergency arrangement, complaints, adult safeguarding and staffing arrangements.

The service users and a relative who spoke to the inspector stated they had no concerns regarding the conduct of staff providing the care and support. No issues regarding communication between the service users, relatives and staff from the agency were raised.

Examples of some of the comments made by service users are listed below:

- “Staff help with my medication, I can make my own food.”
- “The staff are very good.”
- “I enjoy the company.”
- “I go out.”
- “Staff are always willing to listen.”
- “If something is wrong I just speak to staff.”
- “I am happy with everything.”

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. These include processes to obtain feedback from service users and their relatives.

The agency has arrangements in place to respond to unforeseen/emergency events; service users have individual personal protection plans. There was evidence that safety matters had been discussed with service users.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of care in a person centred manner and the agency’s communication and engagement with service users, and where appropriate their relatives and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support was assessed by the inspector.

Staff receive information in relation to confidentiality, equality and human rights during their induction programme. Staff could describe how they aim to protect service users' confidentiality. Discussions with staff, service users, a relative, observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care and support is provided. Service users stated that staff respect their views and choices and could describe how staff treat them with respect. It was noted that the agency has provided information to service users relating to human rights at a service user meeting. During the inspection the inspector observed service users making choices in relation to their daily routines.

Service users stated that they are supported by staff to make choices and decisions about the care, support and assistance they receive and they stated that they have the right to refuse any aspect of their care. Staff discussed the risks that may arise due to some choices made by service users and could describe the process for raising concerns with the manager in relation to any identified risks. Staff provided examples of how they promote the human rights of service users day to day such as times of calls, meal choices and activities. Staff could describe the processes used for effectively supporting service users in making informed choices.

Some comments made were by service users: "Staff are great; they look after us well."; "I feel safe living here."

Service user care records viewed by the inspector were noted to include information relating to the needs of service users and their individual choices and preferences. It was noted that any practices deemed to be restrictive were reviewed as part of the review process. The manager stated that a number of annual reviews involving the HSCT community keyworker were currently outstanding due to staffing matters in the community team; however they stated that if they have any concerns relating to a service user they will contact the community team.

Staff described how they endeavour to provide the care and support in a person centred manner and also in supporting service users to socialise together. During the inspection the inspector met with a number of service users who meet daily for tea and a chat. The service users stated that they enjoy meeting together regularly.

Staff could describe the value of developing a good rapport with service users and their relatives and that to be mindful of their individual needs, wishes and preferences.

Staff spoken with commented:

- "Service users have choice."

- “Service users tell us what they want help with; they have choice.”

The inspector discussed with the manager arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner.

The manager stated that staff are provided with equality/diversity awareness information during their induction. Staff could describe how the information provided and training equips them to engage with and provide care to a diverse range of service users.

Staff described the ways in which they aim to provide care in a person centred manner to suit the individual needs and preferences of the service users and how they aim to improve the quality of the service provided.

Discussions with service users, a relative, staff and the manager provided evidence that supports service users’ equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in a person centred way
- individualised risk assessment and care planning

Records viewed and discussions with the manager and staff indicated that the agency has a range of methods for recording comments made by service users and/or their representatives. Records of care review meetings, daily recording notes, service user meetings, keyworker engagement and reports of quality monitoring visits indicated ongoing engagement with service users and where appropriate other relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency’s complaints/compliments process, quality monitoring system, service user, keyworker and care review meetings. The inspector noted that the agency’s quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

The agency staff facilitate activities in a shared area to encourage service users to engage with each other, during the inspection the inspector observed a group activity and spoke to service users who had been participating in same. Service users appeared happy and relaxed in the environment and the feedback provided was very positive. Service users could describe the benefits of meeting together and stated that they liked the company of staff and other service users. They indicated that it provided them with an opportunity to meet together. Staff were noted to be actively engaging with service users during the group activity and endeavoured to support all service users to be involved regardless of their needs or abilities. Service users stated that they value the effort made by staff to arrange activities of their choice and to support them in accessing the local community. The manager and staff stated that this process encourages choice, inclusion, dignity, empowerment and respect of service users.

Staff describe measures used to support service users who did not wish to participate in group activities such as one to one support, calling with the service user for a chat or supporting service users to access the local community. One service user who spoke to the inspector stated that they preferred to remain in their on flat; however they stated that staff will call regularly to chat to them or make them a cup of tea.

Service users, staff and a relative who contributed to the inspection indicated that they felt care provided was compassionate; service users advised that staff treat them with dignity and respect and that their choices are respected.

The agency is currently in the process of providing a shop, café, bar and hairdressers in the facility; service users have been involved in this process.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the ongoing engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for consistently promoting the human rights of individual service users; this has led to good outcomes for service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 management and governance systems in place within the agency to meet the assessed needs of service users were reviewed. The agency is currently managed on a day to day basis by the manager supported by one senior and a number of support staff.

Staff could describe the process for obtaining support and guidance at any time including out of hour arrangements. Staff who spoke to the inspector indicated that they felt supported in their role.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as the quality monitoring system, service user meetings, care review meetings and one to one keyworker meetings.

Staff who spoke to the inspector stated that they had good working relationships with the manager.

The agency has a range of policies and procedures which are retained electronically; staff can access. The policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy outlines the process for managing complaints; staff indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. Staff receive complaints awareness information and customer care training as part of their corporate induction programme. Service users and a relative who spoke to the inspector knew the process for raising concerns; this indicated that they have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

The agency has a proforma for recording details of any complaints received. It was noted from records viewed and discussions with the manager that the agency had received no complaints since the previous inspection. It was noted that an audit of complaints is completed monthly.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk.

The processes include the provision of the required policies and procedures, supervision/appraisal of staff, the monthly monitoring of staffing arrangements, complaints, accidents, safeguarding referrals and incidents including those notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective collaborative working relationships with relevant stakeholders such as HSCT community representatives and relatives.

The inspector viewed evidence that indicated appropriate staff induction, training, supervision and appraisal. The manager and staff could describe the benefits of regularly reviewing the quality of the services provided with the aim of improving the service provided.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff who spoke to the inspector had a good understanding of the responsibilities of their job roles; and the need to provide care in a person centred way ensuring that the rights of service users are promoted and respected. Staff are provided with a job description at the commencement of employment. The manager stated that staff conduct is discussed with staff during their probation period and supervision/appraisal meetings.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Service users and a relative who spoke to the inspector knew whom they should speak to if they have any concerns regarding the service. No concerns regarding the management of the agency were raised with the inspector. The relative commented, "I can speak to staff at any time; they are all very approachable, I have no concerns."; "I am happy with the level of support provided to *****."

The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

The agency has a system in place for completing quality monitoring audits on a monthly basis. The inspector viewed a number of the agency’s quality monitoring reports of the visits completed since the previous inspection. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include details of contact made with service users, and where appropriate their representatives. Examples of comments recorded included:

Relatives’ comments

- “My mummy is happy, so very happy; staff are excellent and very attentive.”
- “Cedar staff are flexible and can never do enough for you. Staff have a great rapport with tenants.”
- “Loves it as does her family.”

Service users’ comments

- “Nothing is ever too much trouble.”

HSCT representative’s comments

- “Cedar is excellent and a very secure, happy and stimulating place to live.”
- “Cedar is a fantastic place, could not recommend it enough.”

The reports included details of the review of the previous action plan, review of care records, staffing arrangements, accidents/incidents, safeguarding referrals, and complaints; it details actions taken following the identification of any issues.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements including the quality monitoring process.

Areas for improvement

No areas for improvement were identified in this domain 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 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)