

# Unannounced Care Inspection Report 13 December 2017



## 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.rgia.org.uk](http://www.rgia.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

Cedar Court Supported Housing Facility located in Downpatrick is a supported living type domiciliary care agency which provides domiciliary care and housing support to individuals. The agency's registered office is located at the entrance to the service users' accommodation.

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.

### 3.0 Service details

<b>Registered organisation/registered person:</b> South Eastern HSC Trust Hugh McCaughey	<b>Registered manager:</b> Mark Baker
<b>Person in charge of the service at the time of inspection:</b> Senior Support Worker	<b>Date manager registered:</b> 8 September 2014

### 4.0 Inspection summary

An unannounced inspection took place on 13 December 2017 from 10.00 to 15.30.

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

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

Evidence of good practice was found in relation to staff recruitment, staff appraisal, communication with service users and other relevant stakeholders and the agency's quality monitoring processes.

One area for improvement was identified in relation to staff supervision.

Comments made by service users and their representatives are included within the report.

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
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 22 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 February 2017.

## 5.0 How we inspect

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

- Discussion with the person in charge
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

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

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with a senior support worker, a number of service users, a relative of one service user and three staff members.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Risk and needs Assessment Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Quality Assurance Policy
- Complaints Policy
- Confidentiality Policy
- Incident Policy

- Data Protection Policy
- Records Management Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that organisation's Human Resources (HR) department to review staff recruitment records; details of the findings are included within the report.

At the request of the inspector, the person in charge was asked to display a poster 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; no responses were received. Questionnaires were provided for service users; two were returned prior to the issuing of this report.

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

The findings of the inspection were provided to the person in charge prior to the issuing of the report.

The inspector would like to thank the person in charge, staff, service users and a relative for their support and co-operation during the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 22 February 2017

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 22 February 2017

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
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (b)  <b>Stated:</b> First time	Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided- (b) so as to safeguard service users against	<b>Met</b>

<b>To be completed by:</b> Immediate from the date of inspection.	abuse or neglect;	
	<b>Action taken as confirmed during the inspection:</b> The inspector noted that a full investigation was completed in relation to the retention of service users' financial records; following this staff received training in relation to handling service users' monies. The agency does not retain information in relation to individual bank accounts of service users.	
<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 8.11  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection.	The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. The report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was noted from records of monthly quality monitoring visits completed that a review of staffing arrangements is completed at each visit.	

### 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 the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency. The agency's recruitment policy outlines the process for ensuring that pre-employment checks are completed prior to commencement of employment by staff. It was identified that staff records retained at the agency's office and in the HR department were retained securely.

The agency's staff recruitment process is managed by the organisation's HR department. Prior to the inspection the inspector visited the organisation's HR department and reviewed a number of staff personnel records; those viewed included details of the agency's recruitment



processes and evidence of pre-employment checks completed. Documentation viewed and discussions with HR personnel indicated that the organisation's recruitment processes are effective for ensuring that staff are not provided for work until pre-employment checks have been satisfactorily completed.

The agency's induction programme is noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. During their induction period staff are required to complete corporate induction training, a range of mandatory training and to shadow other staff employed by the agency.

A record of the induction programme provided to staff is retained by the agency; the inspector viewed a number of individual staff induction records. Discussions with the person in charge and staff indicated that they had the knowledge and skills to fulfil the requirements of their job roles.

It was noted from discussions with the person in charge that relief staff are not accessed from another domiciliary care agency; additional staff are accessed from the organisation's relief staff team. The person in charge described the process for ensuring that staff provided at short notice have the skills to fulfil the requirements of the job role.

Discussions with the person in charge and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. It was identified that required staffing levels are maintained by accessing additional staff from a team of relief staff and also the current staff team. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge; however it was identified that the rota needs to include details of the working pattern of the registered manager.

The agency's staff supervision and appraisal policies outline the timescales and procedures to be followed. It was identified that the policy details that staff should receive monthly or bi-monthly supervision depending on their role and annual appraisal. The agency provides staff with a supervision agreement and retains a record of staff supervision and appraisal; those viewed by the inspector indicated that staff have received appraisal in accordance with the agency's policies and procedures. It was identified from records viewed and discussions with staff that they had not received supervision in accordance with the timescales outlined within the policy; an area for improvement has been identified.

The inspector viewed details of training completed by staff; records viewed indicated that staff had completed appropriate training to their job roles or that training due was planned. Staff are required to complete corporate induction training, a range of mandatory training and training specific to the needs of individual service users. The person in charge and staff could describe the process for identifying training needs and for ensuring that required training updates are completed. It was noted that in addition to individual staff training records details of staff training was maintained on a board located in the registered office. The person in charge stated that the registered manager monitors the supervision, appraisal and training compliance levels on a regular basis.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was identified that the agency's policy and procedures have been updated to

reflect information contained within the regional policy and are currently in draft form. The policy and procedures outline the procedure for staff in relation to reporting concerns.

The agency maintains a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with the person in charge indicated that the agency has made one referral in relation to adult protection; information provided evidenced that the agency had acted in accordance with their procedures. It was noted that the agency retains details of the outcome of any investigation completed.

Staff are required to complete safeguarding vulnerable adults training during their induction programme and an update two yearly. It was noted from records viewed that one staff member was required to complete a training update; the person in charge could describe the plan for ensuring that the training update was completed. Staff who met with the inspector demonstrated that they had an understanding of adult safeguarding matters and the procedures for reporting concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. It was identified that the agency requires a range of relevant information and assessments relating to individual service users be provided prior to them receiving care and support. The agency has a range of risk assessments in place for individual service users.

Staff described how they support service users to be involved in the development and review of their care plans. Staff record the care and support provided to service users at each visit. It was noted that service users have an annual review involving their HSCT community keyworker and that staff review care plans six monthly or sooner as required.

The agency's office is accessed from the same entrance as the service users' accommodation. Staff discussed with the inspector the issues such as privacy, confidentiality and noise relating to the location of the staff area located at the entrance of the building; it was suggested that the staff discuss this with the registered manager in order to achieve a more appropriate arrangement.

Two service user questionnaires were returned to RQIA; responses received indicated that they felt very satisfied that care provided was safe.

## **Comments received during inspection.**

### **Service user comments**

- 'We are very happy here; we feel safe.'
- 'Staff are great they help you with anything you ask.'
- 'There is not a thing I could fault them on.'

### **Staff comments**

- 'We provide good care to our tenant's'
- 'I love working here.'
- 'The training is good.'



- ‘Supervision should be quarterly but it is not at present due to staff being off or on secondment; I feel supervision is worthwhile.’

### Relative’s comments

- ‘I feel at ease knowing they will look after my granda.’
- ‘Staff will check in on \*\*\*\*\* when I am not here.’
- ‘Good team of staff here.’

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s staff recruitment processes, appraisal, and adult protection.

### Areas for improvement

One area for improvement was identified during the inspection in relation to staff supervision.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

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

The inspector reviewed agency’s arrangements for appropriately responding to and meeting the assessed needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s data protection policy outlines the process for the creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed by the inspector at the organisation’s head office prior to the inspection were noted to be maintained in an organised manner; both electronic and paper records retained in the agency’s office were noted to be organised and held securely.

Staff, service users and one relative could describe the systems in place to support service users to be effectively engaged in the development of their care plans; it was identified that service users are provided with a copy of their care plan. The agency requests that service users sign the care plan to indicate that they have agreed to the care and support to be provided.

The agency’s arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users were reviewed. The agency has a system in place for monitoring the quality of the service provided; it was noted that the process involves a monthly audit being completed by a manager from another of the HSCT facilities. Records viewed indicated that the process seeks to obtain feedback from service users, relatives and relevant stakeholders in relation to the quality of the service provided.

## Comments received

- 'Staff are pleasant and have knowledge of the care needed for each individual.'
- 'Communication is good.'
- 'They are wonderful, excellent; a group of nice people.'

Records of monthly quality monitoring visits viewed during the inspection were noted to include details of the review of the agency's systems and an action plan. The documentation includes details of the review of complaints, adult safeguarding referrals, staffing arrangements, incidents and staff training.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with the person in charge, staff, service users and one relative and observation of staff and service user interactions indicated that staff communicate appropriately with service users and in a respectful manner.

Staff who spoke to the inspector were knowledgeable about the individual needs of service users and the need to provide care in a person centred manner, with the aim of promoting independence.

The agency facilitates staff meetings; records viewed indicated that a range of standard items are discussed at each meeting. Tenant's meetings are held and service users stated that they are supported to attend.

Discussions with the person in charge and staff demonstrated that they endeavour to develop and maintain effective working relationships with the other HSCT representatives and relevant stakeholders. The inspector viewed evidence of engagement between the agency's staff and HSCT community keyworkers.

Two service user questionnaires were returned to RQIA; responses received indicated that they felt very satisfied that care was effective.

## Comments received during inspection.

### Service user comments

- 'Staff help us with anything we ask.'

### Staff comments

- 'I feel supported; we have a good team.'
- 'We get additional training I few request it.'

### Relative's comments

- 'Staff go out of their way for you.'
- 'I have a good working relationship with the staff.'
- 'Staff promote his independence.'

## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's record keeping, auditing arrangements and communication with service users, relatives and relevant stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 inspector assessed the agency's ability to treat service users with dignity, respect and compassion and to engage service users in decisions affecting the care they receive.

Discussions with the person in charge, service users and staff and observation of staff and service user interactions indicated that values such as choice, dignity and respect were embedded in the culture of the organisation. It was noted that staff had received training in relation to confidentiality during their corporate induction.

Service users and their representatives could describe the methods used by staff to support them to be involved in making informed choices and for respecting their views and wishes.

There are a range of systems in place to promote effective engagement with service users and where appropriate their representatives. The systems include the agency's monthly quality monitoring process; complaints process; care review meetings and tenant's meetings. The agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement. It was good to note that the service users meet with a representative from the HSCT's community development team and that service users chair the tenant's meetings.

The agency has processes in place to record comments made by service users; records of service user care review meetings; tenant's meetings and quality monitoring reports viewed by the inspector and discussions with staff and service users provided evidence that the agency strives to engage with service users and where appropriate their representatives in relation to the quality of the service provided.

During the inspection the inspector observed staff supporting service users to make choices in relation to the care and support they receive. Service users who spoke to the inspector stated that they can choose to do what they want and are supported by staff as required.

The inspector noted that staff facilitate service users to meet daily for refreshments; during the inspection the inspector spoke to a number of service users who indicated that they enjoyed meeting together.

Two service user questionnaires were returned to RQIA; responses received indicated that they felt very satisfied that care was compassionate.

### Service user comments

- 'Great bunch of staff; they are all so friendly.'
- 'I can do what I want but it is good to know the staff are here if I need them.'

### Staff comments

- 'Tenants can do what they want; we support them when they need help.'
- 'I feel the tenants are less isolated living here.'

### Relative's comments

- 'My grandad gets on great with staff.'
- 'Watching staff with other tenant's is a pleasant experience; they are very caring.'

### Areas of good practice

There were examples of good practice identified in relation to the agency's processes for engaging with service users, effective communication and providing care in an individualised manner.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis the registered manager and senior support workers. Staff who met with the inspector could describe the process for obtaining support and guidance if required.

The agency has a range of policies and procedures noted to be in accordance with those as required within the minimum standards; they are retained in an electronic format which staff can access and in a paper format stored in the agency's office. Prior to and during the inspection the inspector viewed a number of the organisation's policies; it was identified that the majority viewed had been reviewed and update in accordance with timescales for review as outlined within the minimum standards. It was identified that the Adult Safeguarding and complaints policies are currently in draft form.

Records viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

It was identified that the agency's complaints policy, April 2014 was recently reviewed and is currently in draft form. The policy outlines the process for effectively handling complaints; discussions with staff indicated that they had an understanding of the actions required in the event of a complaint being received. Staff receive training in relation to complaints and customer care during their induction programme.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that complaints received by the agency since the previous inspection had been managed in accordance with the policy and procedures. The agency has a pro-forma to record of the actions taken following receipt of a complaint and the outcomes of the investigation complaints are recorded electronically. Staff who spoke to the inspector could describe the process for managing complaints.

Records viewed and discussions with the person in charge indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for the monthly review of incidents, accidents, safeguarding referrals and complaints by the registered manager and the person completing the quality monitoring visit. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, training and appraisal.

The organisational and management structure of the agency is outlined in the service user guide. Staff who spoke to the inspector indicated that they had a good understanding of their job roles; they stated that they are provided with a job description at the commencement of employment. Staff could describe the process for raising concerns and had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body. Copies of individual staff member's registration certificates are retained by the agency and monitored by the registered manager or senior at staff supervision. Discussions with HR personnel and the person in charge provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Two service user questionnaires were returned to RQIA; responses received indicated that they felt very satisfied that care was well led.

**Comments received during inspection.****Service user comments**

- ‘Staff go above and beyond vocational duties. Always supported and assisted to appointments if family cannot transport.’
- ‘A good team.’

**Staff comments**

- ‘The manager is good; there is an open door policy.’

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements, management of complaints and monitoring of staff registration with regulatory bodies.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

**7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.



## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.3  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures.  <b>Response by registered person detailing the actions taken:</b> The registered manager has taken action to ensure that all staff receive formal supervision in accordance with the procedures, and will monitor compliance in this area.

*\*Please ensure this document is completed in full and returned via Web Portal\**



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