

Unannounced Care Inspection Report

01 July 2016



Outlook Service

Type of Service: Domiciliary Care Agency - Conventional

Address: 1 Ravenhill Reach Close, Belfast, BT6 8RB

Tel No: 02890461834

Inspector: Amanda Jackson

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Outlook Service took place on 01 July 2016 from 09:30 to 15:30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

No areas for quality improvement were identified during this inspection.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans on an ongoing basis in association with the involved trust professionals. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified during this inspection.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

The inspector found that an ethos of dignity and respect, independence and rights, was securely embedded throughout staff attitudes and the delivery of service. The organisation's core values are modelled by the registered manager and reflected in the conduct of support staff spoken with during the inspection day and within feedback received from service user's relatives.

The agency's quality monitoring systems are of a high standard and include consultation with service users and/or their representatives.

No areas for quality improvement were identified during this inspection.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

No areas for quality improvement were identified during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Miss Carrieann Rainey, registered manager as part of the inspection process and can be found in the main body of the report.

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation / registered provider: The Cedar Foundation/Ms Eileen Marian Thomson	Registered manager: Miss Carrieann Rainey
Person in charge of the agency at the time of inspection: Miss Carrieann Rainey	Date manager registered: 18 September 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2015/2016 (Nil)
- Record of complaints notified to the agency (Nil)

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

- Discussion with the registered manager
- Consultation with two staff
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the UCO spoke with six relatives by telephone on 30 June 2016 to obtain their views of the sitting service provided by the agency.

On the day of inspection the inspector met with two support staff to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Seven staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Policy on 'Changing a worker' and a guidance document on 'Communication with parent and carers'
- Two service user records regarding changes to support package and associated communications with family
- Recruitment policy and procedure
- Two recently recruited staff members records
- Induction policy and procedure, programme of induction and supporting templates
- Two recently recruited staff members induction and training records
- Training and development policy and procedure
- Supervision policy and procedure
- Appraisal policy and procedure
- Three long term staff members quality monitoring, supervision and appraisal records
- Two long term staff members training records
- Four staff duty rotas
- Vulnerable adults policy and procedure
- Child protection policy and procedure

- Whistleblowing policy and procedure
- Two new service user records regarding referral, assessment, care planning and review
- Monitoring and reporting policy and procedure
- Procedure for review of short break services
- Three long term service user records regarding review, reassessment and risk assessment
- Three long term service users quality monitoring records
- Record keeping and report writing policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Five service users home recording records
- Three monthly monitoring reports completed by the registered provider
- 2016 Annual quality report
- Three compliments
- One staff meeting minute
- Two communications with trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Complaints policy and procedure
- Policy on reporting adverse incidents and Untoward incidents
- Three incident reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 October 2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 26 October 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1.4 Stated: First time	Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Policy reviewed on 'Changing a worker' and a guidance document on 'Communication with parent and carers' dated May 2016 confirm the processes implemented following the previous inspection.</p> <p>Review of two service user packages which have received amendments since the previous inspection confirmed appropriate processes in place in support of the agency's policies, procedures and guidance and ongoing communication with service users and family members. The inspector recommended recording of phone calls to service users and family members as an element of this process. Assurances provided by the registered manager confirmed this process would be implemented with immediate effect.</p>	
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4.3 Is care safe?

The agency currently provides services to 147 service users living in their own homes and as an outreach service supporting children and young people to socially interact in the community. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Two files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. A comprehensive induction programme had been completed with each staff member spanning up to four weeks and incorporating all mandatory training areas and a detailed shadowing programme. The agency's induction programme is based around the Northern Ireland Social Care Council (NISCC) induction standards and reviews staff knowledge and competence under each area within the standards. Staff and manager sign off on each element of induction before staff are confirmed for placement. Staff are supported to maintain their registration with NISCC and this was discussed with staff during the inspection. Both support staff interviewed during the inspection day, have worked with the agency for a number of years. These staff described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by the Outlook Service. Carers spent a period of time getting to know the service user and family prior to the sitting service; this was felt to be important as it allowed the service user and carer to get to know each other. Due to the complex needs of the service users, the relatives advised that the carers had received additional training to ensure that they can provide the necessary care.

All of the relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- 'Would be lost without them.'
- 'XXX is a lovely wee girl; XXX has become really fond of her.'
- 'Very happy with the carer.'

The agency's policies and procedures in relation to safeguarding vulnerable adults, child protection and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance to the required standards. The policy requires updating in line the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The registered manager advised the agency are currently awaiting trust updated protocols and provided assurances the policy would be updated accordingly upon receipt of same. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015/2016 confirmed all support workers had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users care and support needs including 'epilepsy, epilepsy drug management and trachea' training. Training is facilitated within the organisation with additional training supported by external agencies such as the trusts. The trust's community nursing teams support training areas such as epilepsy and trachea care and staff competencies in these areas were evident during inspection. Discussion during inspection with support staff confirmed high levels of satisfaction with the quality of training offered. Staff discussed how additional training is supported within the organisation through annual appraisal processes and evidence of one such area was reviewed during inspection in respect of play based training provided to a staff member due to the specific needs of individual service users (0-5 year age group) being attended by this staff member.

Records reviewed for two long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care. Staff comments include:

"The service is based around the needs and wants of each individual service user. As a result of this, each service user is empowered by their project worker to decide the direction of care they receive".

"Cedar Foundation promotes person centred care and is always reviewing service user needs and satisfaction".

"In most cases each individual service user receives close 1:1 support throughout their time accessing the service".

"I feel that the service users are 100% safe and protected – there are strong protocols for staff on the outlook project and all risk assessments/files completed".

"The manual handling, emergency medication and first aid make you feel more confident to ensure safety".

A review of safeguarding matters did not take place during inspection as no matters have arisen since the previous inspection.

Both of the support workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

Review of three service user files supported the agency management had carried out review meetings with service users/representatives and the trust (where appropriate) to ensure service user needs were being met. The registered manager confirmed that the agency works closely with the trust professionals due to the complex nature of service provision and evidence of trust professional involvement in reviewing staff practice and service provision in packages of care was evident during inspection.

Service users spoken with by the UCO, staff spoken with during the inspection and review of agency rotas suggested the agency has appropriate staffing levels in various roles to meet the needs of their service user group.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

The UCO was informed by the relatives interviewed that there were no concerns regarding carers' timekeeping. The relatives interviewed also advised that they had not experienced any missed calls from the agency and the carers are flexible with times if possible. It was also confirmed that new carers spend a period of time getting to know service user and family prior to the sitting service.

No issues regarding communication between the relatives and staff from the Outlook Service were raised with the UCO. A number of the relatives interviewed confirmed that phone calls have taken place and they have received questionnaires from the agency to obtain their views on the service.

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

- 'Still finding our feet as the service is new but no concerns.'
- 'Fantastic service.'
- 'No concerns about the care.'

The agency's recording policy and associated procedures on 'Record keeping and report writing' had been revised in 2015. The agency maintained recording templates in each service user's office based file on which support workers record their visits/outings with service users. These records are completed after the time of the visit or outing due to the nature of the outreach service. The inspector reviewed five completed records, which confirmed appropriate procedures in place and supported both the date of the visit/outing as well as the date the record is completed.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users' needs are identified. Staff and the registered manager spoken with during inspection confirmed ongoing daily and weekly discussions and communications taking place regarding service user needs and changes, evidence of one such discussion taking place during the inspection supported this process.

The registered manager and two staff spoken with during inspection confirmed discussion on a range of matters during staff team meetings as necessary. Review of one staff meeting record supported discussions in a range of areas.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant risk assessments and associated multi professional assessments as necessary. The agency assessments completed by staff during their initial service visits with service users and families over the initial weeks of service provision contained evidence that service users and/or representative's views had been obtained and incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carried out quality reviews with service users annually in line with the agency procedure and in association with the trust professionals. Annual questionnaires were issued to service users to obtain feedback on services provided and evidenced at inspection in terms of those received by the agency. Service user files reviewed during inspection contained evidence of communications between the agency and trust professionals where changing needs were identified and reassessments resulted in amended care plans. The agency also maintain a system of providing updates to trust professionals through quarterly trust meetings across all trust areas and evidence of these meetings were reviewed during inspection.

The agency had completed their annual quality review report for 2016, with a summary report of findings. The registered manager confirmed the summary report is provided to all service users/family members during support workers visits to the service user's homes. The registered manager informed the inspector that feedback from the annual quality review process is shared with staff during supervision and appraisal sessions.

Staff interviewed on the day of inspection confirmed that they were provided with comprehensive details of care planned for each new service user and are involved in the

planning and provision of care and support ongoing with the service users and their family members. Staff also stated they kept the agency manager informed regarding changes to existing service user care packages. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them. Staff comments include:

"In most cases each individual service user receives close 1:1 support throughout their time accessing the service. In situation where more than one member of staff is needed, appropriate arrangements are made".

"Children and parents have regular reviews, audits and feedback. Also, there is always open discussion with families to let staff know their views".

"There has always been a good relationship between staff and service users and families which helps families to be able to express their needs or change of needs, for example, changing the frequency of calls has really made a big difference to one family and they are extremely grateful".

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

All of the relatives interviewed by the UCO reported that they felt that care was compassionate and service users are treated with dignity and respect. Views of relatives have been sought through phone calls and questionnaires to ensure satisfaction with the care that has been provided by the Outlook Service. Examples of some of the comments made by service users or their relatives are listed below:

- 'They have developed a little bond.'
- 'XXX knows how to care for my XXX and what to look out for.'
- 'Very, very good service.'

Records viewed in the agency office confirmed that observation of staff competence in areas such as trachea care and epilepsy management are completed by trust professionals and staff competency assessments are retained within staff training records. The registered manager confirmed additional staff observations of practice within service users' homes do not take place. The manager discussed how service users and family feedback regarding staff practice matters would be addressed by the manager through staff supervision and retraining. The registered manager confirmed no matters of this nature have arisen.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity

and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care. Staff comments include:

“Very confident in service. Would definitely recommend it to family, friends, etc”.

“Reviews of the service are detailed and take place regularly. They usually involve staff, social workers, line managers, parents and young people, enabling everyone to have their say”.

“I feel that Cedar’s has been very compassionate with service users. I have experienced families being very specific in the worker they need (male/female, familiar to family etc) and all staff have worked hard to ensure this can work”.

“I have been working for the Cedar foundation for five months and have been very impressed with all staff level of commitment, compassion and enthusiasm. The views of the young people and their interests are listened to, respected and acted upon”.

The agency implement service user quality monitoring practices on an annual basis in association with the commissioning trust and further ongoing review of service user needs is communicated to the trust during quarterly meetings. Records reviewed during inspection support quality monitoring in compliance with the agency timeframes. Quality monitoring from service user visits alongside monthly registered person quality reports and the annual quality review of services evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘He (service user) has achieved more in his short time with the service than he had in years’. (SEHSCT Trust team leader commending a staff member April 2016).
- ‘He (service user) always comes home smiling and calm’. (Feedback from WHSCT professional).
- ‘If XXX could talk this is what I think he’d like to say to you. It is very rare to meet someone like you, someone that sees the real me, someone that doesn’t try to change me, but encourages me to just be me, someone that see the happy, amazing, witty person I am. I love spending time with you and I hope we’ll always be friends. You are an amazing person (just like me!), so keep on being you and I’ll keep on being me. (Thank you card from family member of service user).
- ‘Sad that the service has come to an end a massive thank you, please please consider raising your cut off age’. (Feedback from 2016 annual quality report).
- ‘This has been an amazing service, which my son has absolutely adored. It has developed and promoted his independence and self- esteem, as well as giving me a chance to have more one to one with my daughter’. (Feedback from 2016 annual quality report).

- 'We are very grateful for this wonderful service – thank you so much. We appreciate having such lovely professional people helping us with'. (Feedback from 2016 annual quality report).

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager Miss Carrieann Rainey the agency provides domiciliary care to 147 people living in their own homes and socially out in the community.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policies and procedures are maintained electronically and were made available for review during inspection by the registered manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

All of the relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2015 and 2016 to date, with no complaints arising. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No reportable incidents had occurred since the previous inspection.

The inspector reviewed the monthly monitoring reports for February, March and April 2016. These reports evidenced that other managers with The Cedar Foundation had been monitoring the quality of service provided in accordance with minimum standards. Reports are reviewed and signed off on an ongoing basis by the registered person and evidence of this process was confirmed during inspection. The registered manager also highlighted two reports where the registered person had identified areas for review and improvement in support of the registered person being fully involved in reviewing the quality of the service.

The two support workers interviewed indicated that they felt supported by the deputy manager and registered manager on an ongoing daily basis. Staff described their managers as very supportive and always available for discussions. Staff discussed supervision, team meetings, annual appraisal and training processes as regular, supportive and informative in providing support to staff and supporting quality care to service users.

Staff also supported that current staffing arrangements are appropriate in meeting service users' needs and this was also reflected in staff questionnaires returned to RQIA. Staff comments include:

"Managers are very supportive and approachable".

"Staff are given extensive training".

"The outlook project is managed and implemented very well".

Ongoing electronic and written communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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