

Announced Care Inspection Report 7 March 2019



Outlook Service

Type of Service: Domiciliary Care Agency
Address: 1 Ravenhill Reach Close, Belfast, BT6 8RB
Tel No: 02890461834
Inspector: Aveen Donnelly
User Consultation Officer (UCO): Clair McConnell

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

The Outlook Service is a domiciliary care service for children based at Ravenhill Reach, Belfast. The service provides care and support to 140 children and their families with an age range up to 18 years. The service is provided as an outreach service across all of the Health and Social Care Trust areas. Services provided include personal care, medication, and social support within the child's own home or as part of social support outside of the family home. Children require a range of support needs due to a learning disability, physical disability, and sensory impairment or due to a diagnosis of autistic spectrum conditions. Service timeframes range from four hours weekly to two hours fortnightly with one or two staff supporting the child depending on their assessed needs.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Ms Eileen Marian Thomson	Registered Manager: Miss Carrieann Rainey
Person in charge at the time of inspection: Miss Carrieann Rainey	Date manager registered: 18 September 2015

4.0 Inspection summary

An unannounced inspection took place on 7 March 2019 from 10.00 to 14.00.

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

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was identified in relation to staff training, supervision and appraisal, adult safeguarding, risk management, care reviews, and communication between service users, staff and other key stakeholders. Further areas of good practice were also identified in regards to the provision of compassionate care and the involvement of service users, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No areas for improvement were identified during this inspection.

Relatives spoken with indicated that they were happy with the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Carrieann Rainey, 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 27 April 2017

No further actions were required to be taken following the most recent care inspection on 27 April 2017.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

The following records were examined during the inspection:

- Two recruitment checklists
- staff induction and training records
- supervision and appraisal matrix
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- annual quality report April 2017 – March 2018
- staff meeting' minutes
- compliments log and records
- three of the agency's monthly monitoring reports
- the Statement of Purpose
- the Service User Guide.

As part of the inspection the User Consultation Officer (UCO) spoke with five relatives, by telephone, on 6 March 2019 to obtain their views of the support being provided by the Outlook Service. Services provided include personal care and social support within the child's own home or as part of social support outside of the family home. Two relatives were unable to have an in depth discussion with the UCO but they advised that they were satisfied with the care being provided.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Five staff responded to the survey and the feedback is included within the report.

During the inspection process the inspector spoke with the manager and three staff. Further detail is included within the body of the report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 April 2017

No further actions were required to be taken following the most recent care inspection on 27 April 2017.

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 registered premises are located at 1 Ravenhill Reach Close, Belfast and were suitable for the purposes of the agency.

At the time of the inspection, the agency was being managed by the manager, with a service manager and a team of 14 project workers. The agency's staffing arrangements were discussed and the inspector was advised that they felt that there were sufficient staff in place to meet the current level of care provision. No concerns were raised with the inspector in relation to the staffing levels. 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.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. Recruitment checklists reviewed indicated that all pre-employment information had been satisfactorily completed and verified. Discussion with the manager confirmed that the agency had in place a statement by the manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3.

There was a robust system in place to monitor the registration status of staff in accordance with NISCC and this was overseen by the manager on a monthly basis.

The UCO was advised that carers spend a significant period of time getting to know the service user as well as receiving training, depending on the needs of the service user. The introductory period was felt to be very important as it gives the service user, family members and the carer the opportunity to get to know each other. A review of records confirmed that all staff, including staff from other domiciliary care agencies, had received a structured induction programme in line with the timescales outlined within the Regulations. The review of the records confirmed that the induction lasted up to three weeks, depending on the level of support required and included six shadowing shifts. It was noted that the manager signed the induction record when complete.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. This included mentoring through formal supervision meetings and

completion of annual appraisals. These areas were monitored by the management team as part of their quality monitoring processes.

Discussion with staff and a review of the training records confirmed that training had been provided in all mandatory areas. It was noted that the staff were required to complete a survey monkey questionnaire, after they completed each training session, to ensure that they had understood the training provided. Competency assessments were then completed with staff in relation to each training subject provided as part of the staff supervision process. Staff were also encouraged to participate in further education and a number of staff were supported to complete their level three qualification in Health and Social Care.

Discussion with staff confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult and child protection and how they should report any concerns that they had. There had been no incidents referred to adult safeguarding since the date of the last care inspection. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior director within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust. Records confirmed that risk assessments had been completed in conjunction with service users/representatives and were regularly reviewed. Medical emergency plans and seizure plans had also been developed in response to the specific needs of service users. This ensured that the staff were aware of the actions they should take, in the event of an emergency. Health and safety checks were also undertaken on a monthly basis as part of the agency's quality management system.

All of the relatives the UCO spoke with confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by the relatives are listed below:

- "Absolutely fantastic. Has made a real difference to us."
- "No problems at all."
- "It's been a Godsend to us."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

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 effective?

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

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

A review of the care records identified that they were maintained in accordance with the legislation and standards.

Care reviews were noted to be held annually or as required. Discussion with the manager indicated that care and support plans were updated to reflect changes agreed at the review meetings.

The agency had developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to the service users. Monthly quality monitoring was undertaken by a senior manager within the organisation. Quality monitoring reports indicated consultation with a range of service users' representatives, staff and as appropriate HSC Trust' representatives.

There was evidence of effective communication with the service users' representatives and with relevant HSC Trust' representatives, as required. Staff spoken with indicated that there was effective communication between all grades of staff.

The UCO was informed by the relatives spoken with that there were no concerns regarding the carers' timekeeping or calls being missed. Confirmation was received that new carers spend a significant period of time getting to know the service user and family as well as receiving any training required.

No issues regarding communication between the relatives and staff from the Outlook Service were raised with the UCO. The relatives interviewed informed the UCO that the carers raise any concerns that arise during the support service immediately with the next of kin, and also give an update at the end of the allotted time. The consistency of carers was felt to be important as some of the service users have limited or no speech.

A number of the relatives interviewed also confirmed that the agency have telephoned to ensure satisfaction with the service and they have received questionnaires from the agency to obtain their views on the service. Examples of some of the comments made by the relatives are listed below:

- "Allows me to spend some time with my other children knowing that XXX is happy and well looked after."
- "So far, so good."
- "Would be lost without it."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users or their family members.

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 care compassionate?

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

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.

The agency carried out service user quality monitoring contacts on an ongoing basis to specifically ascertain and include the views of the service users and their representatives. Records reviewed during inspection support ongoing review of service users' needs. The Service User Guide included contact details for relevant advocacy and support services.

All of the relatives interviewed by the UCO felt that care was compassionate. The relatives advised that the 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 the relatives are listed below:

- "XXX loves her (the carer). Looks forward to her calling."
- "Have got to know some of the other service users and parents through Cedar's events."
- "Can't praise XXX enough."

The review of the annual quality assurance report completed in March 2018 evidenced that there was a very high satisfaction rate in relation to the care and support provided. Comments recorded in the annual quality report included the following comments:

- "Excellent staff, very supportive, great service, very happy."
- "This has been a fantastic service for all."
- "We are very impressed with the level of care we receive from (the service)."

The inspector also spoke with three staff members. Some comments received are detailed below:

Staff

- "I am very happy with the service, my line manager is very good."
- "Everything is fantastic, I feel I have landed on my feet getting a job here, it is very rewarding."
- "I have no concerns."

Five staff members provided electronic feedback to RQIA regarding the quality of service provision. The majority of respondents indicated that they felt 'very satisfied' that the care

provided was safe, effective and compassionate and that the service was well led. Written comments received included:

- “Great managers and motivated staff ensuring a high quality service.”
- “The Cedar Foundation is a great employer in terms of training and development. I feel well supported by my managers and I feel that the needs and wellbeing of service users are well catered for. I find my role very satisfying.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred; compassionate care to meet the individual assessed needs of service users. There was evidence of the effective engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of improving the quality of the service provided.

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

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities. The staff members spoken with indicated that the managers were supportive and approachable. One of the staff comments viewed in the annual quality report included 'I feel that one of Cedar's main strengths is the support that the managers give to the staff.' In addition the agency's on call system ensured that staff could avail of management support 24 hours a day.

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. There was a process in place to ensure that any complaints received were managed in accordance with regulation, standards and the agency's own policies and procedures. The manager advised that there had been no complaint received from the last care inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The review of the monthly quality monitoring reports identified that they were completed to a very high standard each month. This was relayed to the manager and is commended.

The inspector discussed arrangements in place that relate to the equality 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. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users. The manager also advised that the agency reports data pertaining to service users' gender, age and ethnic minority group, to the Belfast Health and Social Care Trust on a regular basis. No complaints had been received in relation to inequality matters.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years.

On the date of inspection the registration certificate was up to date and displayed appropriately.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with 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

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)

Assurance, Challenge and Improvement in Health and Social Care