

Inspection Report

7 November 2023



Outlook Service

Type of Service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: The Cedar Foundation	Registered Manager: Miss Carrieann Rainey
Responsible Individual: Mrs Mary Elaine Armstrong	Date registered: 18 September 2015
Person in charge at the time of inspection: Miss Carrieann Rainey	
Brief description of the accommodation/how the service operates: The Outlook Service is a domiciliary care service located in Belfast. The agency provides care and support for children aged up to 18 years and their families. Services provided include personal care and social support within the child's own home or as part of a social support in the community. Children who require support have a range of needs due to a learning disabilities, physical disabilities and sensory impairment or due to a diagnosis of autistic spectrum conditions. Services are commissioned in the Belfast, Western, Southern and South Eastern Health and Social Care (HSC) Trusts.	

2.0 Inspection summary

An unannounced inspection took place on 7 November 2023 between 10.00 a.m. and 3.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, and Deprivation of Liberty Safeguards (DoLS) was also reviewed.

Good practice was identified in relation to engagement with service users and the families receiving the care and support. There were good governance and management arrangements in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of parents and staff members.

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

Comments received included:

Service users' relatives' comments:

- "No concerns, it is all good."
- "It is a good service; staff are very good. The staff member brings games and craft activities with her."

Staff comments:

- "No problems at all, can raise issues and the management are very supportive."
- "The training is good and I have been supported to complete additional training."
- "The training is good; we are kept in the loop about changes."
- "Can raise matters and feel that we are listened to."
- "We work closely with families to support them."

No questionnaires were returned.

There were no responses to the electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 26 May 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy. In addition, there are policies and procedures relating to Child Protection; they clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to safeguarding, child protection and the process for reporting safeguarding concerns.

It was noted that staff are required to complete adult safeguarding and child protection training during their induction programme and two yearly updates thereafter.

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

The agency had a system for retaining a record of referrals made to the HSC Trust in relation to child protection. Records reviewed and discussions with the person in charge indicated that no referrals had been made since the last inspection.

The parents who spoke to us stated they had no concerns regarding the safety of their children; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with Moving and Handling training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. The manager advised that the staff are also supported by the HSC Trust Community Children's Nurses (CNN's)

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered orally with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

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Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users' parents, it was good to note that they had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate.

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

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. It was noted that the HSC Trust CCN's provide ongoing support to staff with regard to enteral feeding.

The discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. The manager stated that managers have no service users require staff to be involved in modifying their food or fluids. There is a plan for staff to complete Dysphagia training which is ongoing.

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

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager in conjunction with the Human Resources (HR) Department.

The manager advised that there were no volunteers within the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, induction programme lasting at least three weeks which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; child protection matters and staffing arrangements. Comments included:

- "Very happy with the service."
- "Service is brilliant, (service user) really enjoys the activities (staff) provides such as arts and crafts. (Staff) is reliable and a great worker."
- "I wish I had three of her (staff) kind, she is great. It is a fantastic service and the staff member is so understanding of kids with Autism."

The Annual Quality Report was reviewed and was satisfactory. Comments received from service users and parents included:

- "They help me become more confident in choices that I make."
- "(Staff) has been very helpful to us."
- "(Staff) is simply amazing, her support has been instrumental in realising our daughter's ambitions and true potential."
- "An excellent service."

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incident (SAI) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was noted that no complaints were received since the last inspection.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. 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.



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