

Inspection Report

26 May 2022



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 Margaret Cameron	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.	

2.0 Inspection summary

An unannounced inspection was undertaken on 26 May 2022 between 10.00 a.m. and 3.00 p.m. by the care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training. The reporting and recording of accidents and incidents, complaints, whistleblowing, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to engagement with 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 the registration information, and any other written or verbal information received since the last inspection.

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 to request feedback on the quality of service provided, this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service?

During the inspection we spoke with, the relatives of three service users and three staff members. We requested feedback from Health and Social Care (HSC) Trust representatives.

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

Six staff responded to the electronic survey they indicated that they were satisfied that care provided was safe, effective and compassionate and that the service was well led.

No questionnaires were returned.

Comments received during inspection process

Parents comments:

- "The service is excellent; I am very grateful for it and would be lost without it."
- "The staff work around ***** and us, they take into consideration *****'s needs. Staff are adaptable."
- "***** (staff member) has taught my son social skills; I have great respect for him."
- "The staff are great, I can raise issues if I need to but I have no concerns."

Staff comments:

- "Really, really nice place to work. Good team support from colleagues and managers."
- "I can raise issues, I have no concerns."
- "I had a very comprehensive induction."
- "I can ring the manager anytime, she is very approachable."
- "I am supported 100%."

5.0 The inspection

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

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last inspection to xx was undertaken on 14 January 2021 by a care inspector; no areas for improvement were identified. An inspection was not completed for the inspection 2021-2022 inspection year due to the impact of the first surge of the Covid-19 pandemic.

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency has policy with regard to child protection.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, child protection and the process for reporting safeguarding concerns. Staff could describe the process for reporting concerns including out of hours.

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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had occurred since the last inspection.

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 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. Review of records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency, before care delivery commenced and the agency requested this training from the HSC Trust. It was noted that the Community Children's Nurses (CCN) are actively involved in providing support to staff as required.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

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 with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task. It was noted that staff required to assist with enteral feeding regimes receive training, competency assessment and ongoing support from the CCN.

5.2.2 Service user involvement.

From reviewing service users' care records and through discussions with service users' parents, it was positive to note that service users and their families have an input into their care plan. The service users' care plans contained details about their likes and dislikes and the level of support they require.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

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.

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.

5.2.4 Are there robust systems in place for staff recruitment?

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department. The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff members commenced employment and had direct engagement with service users.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC).

Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager stated that there were no volunteers working in the agency.

5.2.5 Is there an induction for staff in accordance with NISCC Induction Standards?

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 are 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 two weeks which also included shadowing of a more experienced staff member and written records were retained by the agency of the person's capability and competency.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.6 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The reports included details staff recruitment and training, and staffing arrangements. The process included engagement with families receiving support, staff and HSC Trust representatives. Comments included:

- "***** is great with him, she is always well prepared and includes the family in the decision making around activities. She is a great communicator."

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 three complaints had been received since the last inspection and had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process. Sometimes, complaints can be made directly to the commissioning body about agencies. This was discussed with the manager.

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

No incidents had occurred that required investigation under the Serious Adverse Incidents or Significant Event Analyses procedures.

The agency's registration certificate was up to date and displayed appropriately. Current certificates of public and employers' liability insurance were reviewed.

6.0 Conclusion

Based on the inspection findings, RQIA were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.



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