PRIMARY INSPECTION

Name of Establishment:	**Outlook Service**
Establishment ID No:	**12122**
Date of Inspection:	**9 February 2015**
Inspector's Name:	**Amanda Jackson**
Inspection No:	**IN020634**

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Outlook Service
Address:	1 Ravenhill Reach Close Belfast BT6 8RB
Telephone Number:	02890461834
E mail Address:	jmcgeown@cedar-foundation.org
Registered Organisation / Registered Provider:	The Cedar Foundation
Registered Manager:	Jeanette Marie McGeown
Person in Charge of the agency at the time of inspection:	Jeanette Marie McGeown
Number of service users:	144
Date and type of previous inspection:	Primary Announced Inspection 12 December 2013
Date and time of inspection:	Primary Unannounced Inspection 09 February 2015 10.00 to 16.00 hours
Name of inspector:	Amanda Jackson

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	1
Staff	2
Relatives	11
Other Professionals	o

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	**Number issued**	**Number returned**
Staff	22	4 and 4 returned beyond the due date for return.

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
  Standard 8 – Management and control of operations
  Management systems and arrangements are in place that support and promote the delivery of quality care services.

- **Theme 2**
  Regulation 21 (1) - Records management

- **Theme 3**
  Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

The Cedar Foundation's Outlook and Inreach Service is a voluntary sector/charitable organisation providing care and support to children and young people (0 – 18 years) who have complex needs related to a disability. The outlook service is provided across all five HSC trust areas while the inreach service only operates in the Belfast trust area. Each child's condition will require him or her to have regular attention from a Children's Community Nurse (CCN). The service is delivered in the family home or outside of the home and is designed to support family members who may require short periods of respite from their caring roles.

Outlook and inreach support workers are required to hold a minimum of level 3 vocational qualifications and are prepared for and supported in their work with extensive training opportunities and regular supervision.

The Cedar Foundation's had no requirements or recommendations made during the agency's previous inspection on 12 December 2013 and this outcome is to be commended.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for The Cedar Foundation's Outlook and Inreach Service was carried out on 9 February 2015 between the hours of 10.00 hours and 16.00 hours. The agency has made steady progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection on 06 and 09 February 2015, and a summary report is contained within this report. Findings following these home visits were discussed with the registered manager and the head of children and young people's services during inspection.

The inspector had the opportunity to meet with two staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

Two requirements and two recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

22 staff surveys were issued and 4 received which is a disappointing response.

One staff members comments included on the returned surveys:

“Face to face contact with manager is limited as manager works a number of offices throughout Northern Ireland. Manager can be contacted by phone or email if unable to see in person.”

“I feel the amount of time allocated to outlook staff to complete admin work is insufficient. My admin time averages out at 30 minutes per service user to keep their files, risk assessments, person centred care plans and reviews all up to date on top of all our monthly admin (30 minutes per week).

Home Visits summary

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with one service user and eleven relatives on 6 and 9 February 2015 to obtain their views of the service being provided by the Cedar Foundation’s Outlook service. The service users have been using the agency for a period of time ranging from one month to twelve years and receive at least one call per fortnight. The agency allows children with complex needs to participate in community activities, such as going to the cinema or clubs, whilst providing respite for the families.

The UCO was advised that care is being provided by one carer; this was felt to be beneficial as it allows a good relationship to develop between the service user, family and the carer. It was good to note that service users and their parents are usually introduced to new carers and they would spend a period of time getting to know the child prior to taking them out. No concerns were raised regarding the carers’ timekeeping.

All of the people interviewed had no concerns regarding the quality of care being provided by the staff from the Cedar Foundation and were aware of whom they should contact if any issues arise. Two relatives advised that they had spoken to the agency regarding the lack of cover arrangements if the carer is sick or on leave and lack of consistent carers. The UCO was also informed that management from the agency visits or telephones to ensure their satisfaction with the service.

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

- “There’s a great relationship between the carer and my XXX.”
- “Fantastic carers. It’s been a positive experience.”
- “Unfortunately the service will be stopping soon for my XXX and it will be missed.”
- “XXX looks forward to the carer coming and doing the activities.”

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; however due to the nature of the service there was no documentation retained in the service users’ homes to be reviewed by the UCO.

Summary

Theme one - Management and control of operations

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency's 'Management and control of the agency' policy dated November 2014 and 'Statement of Purpose' dated April 2014 viewed during inspection contained details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager during inspection and review of records for the manager and management staff supported a process in place for most areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

A staff competency process has been developed by the agency for some areas of training and was reviewed for fire safety during inspection but requires further review to ensure staff competency at all levels of staff in all areas of training within the organisation.

Review of appropriate supervision and appraisal processes for all management staff were confirmed during inspection.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update during inspection to include an area for staff competence matters as appropriate and to ensure appropriate sign off by the registered person.

Records regarding incidents were not reviewed during inspection as the agency had no reportable matters.

Two requirements and one recommendation have been made in relation to this theme and relate to registered manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11and 13(b) and 16(2)(a), and review of the monthly monitoring report in accordance with Regulations 23(1) and standard 8.11. Review of policies and procedures in line with the domiciliary care agency standards 3 year timeframe has also been recommended within this theme.

Theme 2 - Records management

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has a broad policy and procedure in place on 'Record Keeping' within another policy titled "delivery of short break and transition services") dated November 2014. This has been recommended for review to provide a more specific policy for support staff in their daily work role.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and money management. Review of service user home files during inspection supported general compliance in these areas.

The agency has a policy and procedure in place on use of restraint dated November 2014 which was reviewed as satisfactory. The agency currently provides care to a number of service users that require some form of restraint however this practice is carried out by the parents of the children as opposed to the support staff from the agency. Review of care plans and risk assessments for two service users in relation to this area were found to substantially compliant with one file detailing the interventions while the second file did not detail fully the interventions. This area was discussed with the registered manager and head of young people and children's services for review.

The agency has a policy or procedure on 'Handling Service Users Monies' dated April 2014 which was reviewed as compliant. Review of service user money management records during inspection were confirmed as compliant.

One requirement regarding staff training and competence (which overlaps with a theme one requirement) has been made in relation to this theme together with one recommendation regarding development of a staff specific recording and reporting policy in line with Standard 5.

Theme 3 – Recruitment

The agency has achieved a level of **compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

No requirements or recommendations have been made in respect of this theme.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

There were no previous issues.

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
Criteria Assessed 1: Registered Manager training and skills Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency. Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill. Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). **Ref: RQIA's Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012**	
Provider's Self-Assessment:	
Cedar's Management and Leadership Charter highlights that the key purpose of the manager is to provide direction, gain commitment, to facilitate change and achieve results. **The current Outlook management structure, demonstrated within the Statement of Purpose and Policy on the Management and Control of Operations is appropriate to the size of the agency and the skills and competence required to provide Domiciliary Care provision to disabled children, young people and their families.** **The Registered Manager of the Outlook Service has 24 years' experience in managing Domiciliary Care services and has completed her QCF Level 5 in Leadership for Health and Social services. She undertakes training as required to meet the needs of the service and Domiciliary Care Standards.** **The HOS of Children and Young Peoples Services has managed Services for Cedar for almost 10 years, is a Registered Children's Nurse and also has a NVQ Level 5 in Management.**	Compliant

Outlook service managers are qualified to NVQ Level 4 in Management and are registered with the Northern Ireland Social Care Council. **A full index of training is available for inspection which will take into account all training completed by the Registered Manager and Outlook Staff.**	
Inspection Findings:	
The statement of purpose dated April 2014 and the policy on Management and control of the agency dated November 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person, registered manager Jeanette McGeown, together with the deputy manager and other staff including management and care staff. Training records for the registered manager were reviewed on an overview schedule for mandatory and additional training and found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) with exception to managing service users monies which is delivered to all staff by the registered manager. Records of all training in compliance with standard 12.7 and 12.9 regarding certificates, trainer qualifications and competency assessment were recommended for review to ensure full compliance. The manager has also completed training in the areas of supervision and appraisal in May 2013 and this is to be commended. Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers The registered manager completed the QCF level 5 in Health and Social care leadership in 2012 and is currently enrolling on training by the Chartered institute of housing, level 4 training in housing support which is due to commence in April 2015. This was discussed and commended during inspection in terms of keeping abreast of new areas of development. It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from 2013 to 2016.	Substantially compliant

Criteria Assessed 2: Registered Manager's competence Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary. Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement. Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.	
Provider's Self-Assessment:	
Procedures and policies are controlled by the HOS with support by the Registered Manager which informs staff of safe working practices regulated through Domiciliary Care Standards and Health and Safety legislation. **The Policy on the Management and Control of Operations is in place to support and promote the delivery of safe, quality care services, it highlights the audit processes within our registered services which include:** **Health and Safety and ISO Audits** **Monthly Monitoring Visits** **A Quality Improvement Plan (QIP) is developed and maintained as a result of audit and discussed and reviewed in Communication Meetings or monthly updates with Outlook Service Manager.** **Medication is managed through the Medication Policy (CSP015) and Adverse Incident Policy (TCFG06) which provide staff with clear instructions on the management of medication and the reporting mechanism for medication errors. Currently Outlook staff administer emergency medication only as per Epilepsy Management Policy (CSP034.)** **There have been no medication errors in the Outlook Service.** **The impact of training is evaluated at supervision meetings and forms part of the annual appraisal process where performance against job description and training and development requirements are reviewed as**	Compliant

per Supervision Policy (TCFHR P001) and Appraisal Guidance (TCFHRG013).	
Inspection Findings:	
The agency Supervision and appraisal policies and procedures dated August 2010 (out of date by 3 year minimum standard timeframes) were clearly referenced regarding practices for all staff including support staff and management staff supervision and appraisal. Supervision is scheduled to take place a minimum of three times annually with an annual appraisal. Appraisal for the manager currently takes place on an annual basis and was reviewed for 2014. Supervision takes place three to four times annually and was reviewed during inspection x 1 one to one supervision and two group supervision sessions. The inspector did not review the agency log of incidents reported through to RQIA over the past year as no incidents have taken place. Monthly monitoring reports completed by the Head of children and young people's services were reviewed during inspection for September, October and November 2014 and found to be comprehensively detailed, concise and compliant. These reports are then shared with the registered person during monthly management meeting but not currently signed off as part of this process in compliance with standard 8.11. This has been recommended moving forward for all future monthly reports. Revision of the report template was also recommended during inspection to include a staff competency area for use as appropriate. The agency had completed their annual quality review for the year ending March 2014; this document included their evaluation of staff training completed to date and their proposed future training requirements.	Substantially compliant

Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc) Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform. Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional. Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.	
Provider's Self-Assessment:	
An Outlook Project Worker is recruited at NVQ Level 2 in care or equivalent, with 1 years' experience in working with Children. **Training Needs for Staff are described within Training and Development Policy (TCF HR G016) and based on Domiciliary Care Standards and child specific training requirements. A training plan for the Outlook Team is completed annually and is available at inspection.** **Staff induction plan comprising of practice and theory has been developed to ensure that staff are trained to RQIA and NISCC standards; this is signed by both Outlook Manager and staff member when completed, confirming staff competencies.** **Supervision of staff is initially carried out monthly and then quarterly after 6 months. At supervision the Outlook Manager will discuss the quality and impact of training received and any additional training required.** **A database is maintained centrally of all training including induction and professional development activities undertaken by staff.** **A monthly training update report is completed with a breakdown of where training is required.** **All management staff have completed Appraisal and Supervision training.** **All staff are trained to a level 3 standard in managing emergency medication ie Buccal Training is provided**	Compliant

by local HSCT Epilepsy Nurses.	
Inspection Findings:	
The agency holds a training and development policy and procedure dated January 2015 which sits alongside the annual training programme for mandatory and non-mandatory training. Review of this policy and training programme were reviewed during inspection and found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant. Training records for the deputy manager were reviewed on an overview schedule for mandatory and additional training and found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). Records of all training in compliance with standard 12.7 and 12.9 regarding certificates, trainer qualifications and competency assessment were recommended for review to ensure full compliance. The deputy manager has also completed training in the areas of supervision and appraisal in May 2013 and this is to be commended. Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers It was discussed and reviewed during inspection that the deputy manager is currently registered with NISCC from 2014 to 2017.	Substantially compliant

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc) Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary. Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement. Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Through Cedar's Supervision Procedure (TCF HR P001) the Outlook Manager systematically reviews working practices and training in relation to care and support for each service user and ensures that practice is maintained in line with Procedure for Delivery of Short Break and Transition Service CSP038. **Monthly Monitoring is carried out regionally where files are audited to ensure appropriate working practices and compliance against standards. A report is completed and forwarded by an independent Cedar Manager to the HOS and Registered Manager. A Quality Improvement Plan is developed and agreed with the Outlook Manager.** **All Medication errors are reported in accordance within The Adverse Incident Policy and RQIA standards for reporting notifiable events. There have been no medication errors in this service.** **The effect of training on practice and procedures is evaluated at strategic and operational level within the organisation including as a SMT agenda item where review of Adverse Incidents and Training and practice requirements discussed** **Operationally Outlook has a Quality Improvement Plan which incorporates feedback from: Monthly Monitoring Visits, Adverse Incidents Reports and** **customer feedback** **This all forms part of the Annual Quality Review which will be available at inspection.**	Compliant

Inspection Findings:	
Appraisal for the deputy manager currently takes place annually and was reviewed during inspection for 2014. Supervision for the deputy manager takes place a minimum of three times annually as per the agency policy timeframes but was reviewed during inspection taking place more frequently (generally monthly) which is to be commended.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

THEME 2 Regulation 21 (1) - Records management	
Criteria Assessed 1: General records Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are— (a) kept up to date, in good order and in a secure manner; and (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority. (2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user's home and that they are kept up to date, in good order and in a secure manner. Standard 5.2 The record maintained in the service user's home details (where applicable): • the date and arrival and departure times of every visit by agency staff; • actions or practice as specified in the care plan; • changes in the service user's needs, usual behaviour or routine and action taken; • unusual or changed circumstances that affect the service user; • contact between the care or support worker and primary health and social care services regarding the service user; • contact with the service user's representative or main carer about matters or concerns regarding the health and well-being of the service user; • requests made for assistance over and above that agreed in the care plan; and • incidents, accidents or near misses occurring and action taken. Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.	**COMPLIANCE LEVEL**

Provider's Self-Assessment:	
Cedar's Record Management is maintained effectively through ISO Management System including Data Protection Policy TCFG005, Retention of Documents Policy TCF G002 and ICT Policy TCFG014. All information regarding the affairs of Cedar, its employees, volunteers and service users are strictly confidential and are held securely, are up to date and in good order. **All personal or sensitive information is dealt with properly no matter how it is collected, recorded and used and held within locked filing cabinets or on password protected computers within offices. Outlook staff update their records in a timely manner ensuring that they are legible, accurate, signed and dated.** **Outlook is a social inclusion model of support so service delivery does not routinely take place within the family home, however a copy of the Person Centred Care Plan is available within the home which describes the agreed preferences for service activity for the family and child, including the preferred day of call and arrival and departure times, if appropriate.** **Staff files are maintained in regional offices with copies of Letters of offer, induction, appraisals and supervision held within the registered office.** **These records will be available for inspection at the agency premises.**	Compliant
Inspection Findings:	
The agency policies on Recording and reporting care practices (detailed within the policy and procedure titled "delivery of short break and transition services") dated November 2014 has been recommended for review to ensure specifics of recording and reporting are captured for care staff. Handling service user's monies policy dated April 2014 and the Restraint policy dated November 2014 were all reviewed during inspection as compliant. These policies are not currently detailed within the staff handbook but are covered within staff induction, probationary and appraisal processes and addressed individually were issues arise with individual staff members. Evidence of this process was reviewed during inspection for one staff member where a competency issue had arisen regarding recording and reporting.	Substantially compliant

Templates were reviewed during inspection for:

- Daily evaluation recording
- Medication recording template
- The agency hold a money agreement within the service user care plan

All templates were reviewed as appropriate for their purpose.

Review of staff recording takes place within the agency as part of file audits which form part of the monthly monitoring process and are referenced in the monthly monitoring report. Review of three monthly monitoring reports during inspection confirmed staff adherence to records management in 2014. Where staff competence issues have arisen regarding records management this is addressed with staff teams via email which was reviewed during inspection for November and December 2014. Where individual staff competency matters arise the agency have a process for review during supervisions and this was reviewed during inspection for one staff member. Staff competence in the area of recording and reporting was discussed during inspection not to be an ongoing area of concern but is proactively managed within staff teams as necessary.

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as moving towards compliance in these areas. A number of areas were found not to be up to date and have been requested for review.

The manager, deputy manager and head of children's and young people's services discussed records management as a topic for discussion during staff meetings/individual supervision sessions as necessary although this was discussed not to be an matter for concern ongoing. Review of one staff supervision minutes were issues had arisen regarding records management were reviewed during inspection.

Review of two service user files during the inspection by the inspector confirmed appropriate recording in the general notes.
Medication is not administered by staff except in an emergency situation (i.e. epilepsy) and the template for this process was reviewed during inspection but has not been required for use to date.

Review of service user records during the inspection and discussion with the registered manager and head of children and young peoples services during inspection confirmed that restraint is in place for a few service users in respect of challenging behaviour however this restraint would be completed by the service users parents and not by the agency staff. Review of two service user files during inspection evidenced the restraint practices in one service user support plan whilst the second support plan was not detailed and this has been recommended for

review.	

Criteria Assessed 3: Service user money records Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user. Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user's agreement (Standard 4).	
Provider's Self-Assessment:	
As part of the delivery of the service, Outlook Staff take young people to social and recreational activities which may require payment by the family. While the service promotes independence at these activities, the staff may still be required to handle small amounts of cash to enable the young people to pay for the activity or refreshments they wish to purchase. The staff will discuss these arrangements with young people and the family and will detail the arrangements within the Person Centred Care Plan, which is described in the Procedure for Handling Cash for Activities within Cedar Short Break Services **Outlook Staff have been allocated an individual reconciliation book which allows them to record where they have managed cash for activities and also where monies have been returned to the parent/ carer. Parents sign this book to confirm when a transaction has taken place. These arrangements form part of the Monthly Monitoring audit.** **The Outlook staff receive Managing Service User Money training at induction and on a bi annual basis.** **All documents described will be available at inspection.**	Compliant
Inspection Findings:	
Discussions during the inspection advised that several service users are receiving financial assistance as part of their support plans. Records for one staff member across several service users reviewed during inspection confirmed compliance with dates, amounts of money signed in and out together with staff and parent signatures.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1: Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. Standard 8.21 The registered person has arrangements in place to ensure that: • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . Standard 11.2 Before making an offer of employment: • the applicant's identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed.	**COMPLIANCE LEVEL**

Provider's Self-Assessment:	
A job description and person specification has been developed for the post which ensures that the candidate has the skills and experience for the post. The Outlook Project worker is recruited at NVQ Level 2 in care or equivalent, with 1 years' experience in working with children. At interview further analysis of the candidate takes place including: • Practical experience working with young people • Effective communication skills to meet the needs of the post in full. At interview, the panel will discuss the application with the candidate, including choice of references and gaps in employment history. As an organisation which works with vulnerable adults and children, Cedar has stringent recruitment practices to ensure that all staff are recruited safely within the service. Procedures and policies (TCF HR POO2 Recruitment and Selection Policy) require that all service delivery staff and volunteers are vetted through Access NI, securing 2 satisfactory references (including most recent employer) and criminal history disclosure before commencement. HR department co-ordinate the information requirements for the post including a health declaration and The Registered Manager and Outlook Manager check all staff files prior to induction to ensure that all the appropriate documentation has been received. This practice will be confirmed through personnel files	Compliant
Inspection Findings:	
Review of the staff recruitment policy dated September 2013 confirmed compliance with regulation 13 and schedule 3. Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11. The full driving licence and car insurance were viewed as compliant during inspection together with staff contracts signed at employment commencement and job descriptions issued during the induction process.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Complaints

The agency did not complete documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013 as the agency has not received any complaints during 2013 or 2014.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Jeanette McGeown (registered manager) and the Head of children and young people's services** as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Amanda Jackson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Quality Improvement Plan

Unannounced Primary Inspection

Outlook Service

9 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Jeanette Marie McGeown (registered manager) and the Head of children and young people's services** during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

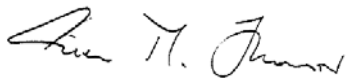
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 11 Regulation 13(b) Regulation 16(2)(a)	The registered manager is required ensure appropriate implementation of mandatory training across all management and support staff groups. Competency assessments are also required for all mandatory areas. (Minimum standard 12.7 and 12.9) As discussed within theme one, criteria one and three of the report and within theme two, criteria one of the report.	Once	A staff competency framework has been developed for all levels of staff in all areas of training	To be completed by 09/05/15
2	Regulation 23(1)	The registered person is required to evidence sign off on the monthly quality monitoring reports in compliance with Regulation 23(1) and Standard 8.11. Future reports are also recommended to include staff competency matters arising as appropriate. As discussed within theme one, criteria two of the report.	Once	All MMVs have been forwarded to the registered person for signature on a monthly basis. The MMV template has been adjusted to include the Registered Person's signature for receipt of MMV. Staff competency matters have also been added to the MMV	To be completed by 09/05/15

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 9 and Appendix 1	The registered manager is recommended to review the supervision and appraisal policy in line with the three year timeframe set in Standard 9.5. As discussed within theme one, criteria two of the report (for supervision and appraisal).	Once	The Supervision and Appraisal Policy has been reviewed and updated	To be completed by 09/05/15
2	Standard 5	The registered manager is recommended to develop a specific policy and procedure around staff recording and reporting. As discussed within theme two, criteria one of the report.	Once	A comprehensive guidance document on staff recording and reporting has been developed for the Outlook Service.	To be completed by 09/05/15

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Jeanette Mc Geown
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	Yes	A.Jackson	05/06/15
Further information requested from provider			