



The **Regulation** and
Quality Improvement
Authority

Outlook Service
RQIA ID: 12122
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Belfast
BT6 8RB

Inspector: Amanda Jackson
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**Unannounced Care Inspection
of
Outlook Service**

26 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 26 October 2015 from 09.30 to 15.30 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the Co Head of Community Service and deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: The Cedar Foundation/Ms Eileen Marian Thomson	Registered Manager: Miss Carrieann Rainey
Person in charge of the agency at the time of Inspection: Co Head of Community Service and deputy manager	Date Manager Registered: 18 September 2015
Number of service user users in receipt of a service on the day of Inspection: 148	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report.

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

- Discussions with the Co Head of Community services and deputy manager.
- Consultation with three staff
- 1 Staff survey reviewed
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with five relatives by telephone to obtain their views of the service being provided by the Cedar Foundation's Outlook service. The agency provides a service to children with complex needs, either in their own home or to enable them to take part in activities, such as going to the cinema.

The findings from their feedback have been included within the body of this report.

During the inspection the inspector met with three support staff and their feedback is contained within the body of this report.

Ten staff questionnaires were provided to the Co Head of Community Services on the day of inspection. She was asked to forward these to a random sample of support staff, to find out their views regarding the service. One staff questionnaire was received following the inspection and supported the information feedback by staff spoken with on the inspection day.

The inspector liaised with two trust professionals post inspection and received positive feedback regarding the flexibility and quality of the service. Good communication links are maintained between the agency and trust professionals and regular agency/trust meetings take place to ensure the service is being delivered in accordance with the commissioned/contractual arrangements.

One comment from a trust professional stated:

‘Cedar provide an excellent service to our families and is responsive to the identified needs of the family’

The following records were examined during the inspection:

- Training records for registered manager, deputy manager and two support workers
- Two monthly monitoring reports
- Supervision policy and procedure and appraisal guidelines
- Staff guidelines in relation to recording and reporting
- Five service user files in respect of assessment, care planning, review information
- Staff quality monitoring in respect of SWOT analysis (strengths, weaknesses, opportunities and threats) within the organisation
- Staff quality questionnaire/report
- Two staff personal development records
- Two trust quarterly meeting minutes and reports
- One trust contract report
- 2014 Annual quality report
- Three compliments
- Four service user progress notes
- Staff training schedule
- Procedure for change of a worker
- Three letters to relatives regarding change in staff member
- Trust email communication regarding change in service user's package due to staff absence
- Four staff rota's.
- Procedure for communication with parent and carers
- Two staff induction records
- On call rota.

5. The Inspection

The Cedar Foundation's Outlook, Inreach and Family focus Services are 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 with referrals from the children's social work team. The Inreach service operates in the Belfast trust area and accepts referrals from the children's community nurse (CNN) for children with complex medical needs. The Family focus service operates only in the southern sector of the WHSCT and provides a more focused service for younger children 0-5 years. Each child's condition will require him or her to have regular attention from a Children's Community Nurse (CCN) or social worker. 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, Inreach and Family focus support workers are required to hold a minimum of a level 3 vocational qualification with six months experience or a level 2 vocational qualification with one year's experience. Staff are prepared for and supported in their work with extensive training

opportunities and regular supervision. The agency currently employs sixteen staff members across all services.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 09 February 2015. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: 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)	Met
	Action taken as confirmed during the inspection: Review of the registered manager, deputy manager and two staff training records confirmed compliance with training records and competency assessments.	
Requirement 2 Ref: 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.	Met
	Action taken as confirmed during the inspection: Review of two monthly monitoring reports for March and April 2015 confirmed compliance with Regulation 23(1) and Standard 8.11.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: 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.	Met
	Action taken as confirmed during the inspection: The supervision policy and procedure and appraisal guidelines dated 29 April 2015 have been updated since the previous inspection as recommended.	
Recommendation 2 Ref: Standard 5	The registered manager is recommended to develop a specific policy and procedure around staff recording and reporting.	Met
	Action taken as confirmed during the inspection: Development of staff guidelines in relation to recording and reporting (dated 13 May 2015) following the previous inspection were reviewed as complaint.	

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is care safe?

Service user referral information received from HSC Trust commissioners contained a good level of information regarding service user and/or representative's views. The referrals detail a comprehensive assessment, care plan and risk assessment process jointly completed by the trust professional, agency staff, service user (where appropriate) and family member. The care plans and risk assessments completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated due to the complex nature of the service. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. Service user guides and agreements had been provided to service users and were signed by service user's relatives due to the service being provided to children.

The UCO was advised that new carers are usually introduced to the service user by a regular carer and have a period of time getting to know the child prior to their first outing. The parents felt this to be very important so that they have confidence in the person caring for their child.

The documentation relating to four service users was reviewed by the inspector during the inspection visit. The files contained a copy of the service user's care plan, assessments, risk assessments and reviews. The agency's progress notes in the files reviewed were being completed by the support staff and were found to be appropriately detailed.

Overall on the day the inspector found that care was safe.

Is care effective?

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise.

Questionnaires are sent out by the agency on a regular basis to obtain the views of the service from the service user's parents. Some of the parents were also able to confirm that they had been contacted by the agency to discuss the service being provided.

Review of staff quality monitoring during inspection confirmed an appropriate process and timeframes. Evidence of the annual quality report for 2014 was reviewed during inspection. Service user quality contacts were confirmed during inspection and referenced within the monthly quality monitoring report for a range of service users.

The agency had not received any complaints since the previous inspection.

The compliments records from one service user relative and two trust professionals reviewed during inspection contained positive feedback regarding the care provided to service users as detailed below:

'Service being provided was excellent' (Trust professional)

'Family focus has been a great help with regard to the service they provide' (Trust professional)

'Staff member 'XXX' has been amazing with XXX. He looks forward to her visit and always enjoys his time with her' (Relative)

The agency has monthly monitoring reports completed by the registered person. The inspector reviewed two such reports and confirmed the reports to be compliant.

Communication regarding service user changes takes place directly between support staff, families and healthcare professionals due to the close working relationship in these services. These changes are not generally communicated via senior management staff within the service but are instead directly communicated and reported by the support and healthcare staff. Three staff spoken with during inspection confirmed this process and discussed how such changes would be recorded on progress notes and revised support plans and risk assessments as required.

Three staff interviewed on the day of inspection confirmed that they are involved directly in assessment, care planning and review for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed how processes such as staff performance and development meetings (P&D's) take place quarterly with their line manager, to share ongoing changes to service user's needs and evidence of these processes were reviewed during the inspection day for two staff. Additional staff training is offered as required to ensure staff are appropriately knowledgeable in service user's specific needs.

Overall on the day the inspector found that care delivery was effective.

Is care compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency.

No concerns were raised regarding the carers treating the service users with dignity or respect. Service users, as far as possible, are given their choice regarding the activities that they do with the carer. Examples of some of the comments made by service users or their relatives are listed below:

- “The girl is brilliant; XXX loves her to bits.”
- “Absolutely no issues; they have developed a great friendship over the time.”
- “It is a valuable service. It would be great if another carer was able to cover when the main carer is off.”
- “I like that the carers get to spend a period of time getting to know XXX so we are both comfortable with them.”
- “My only suggestion is that communication from the office could be better.”

The relatives interviewed informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the complex needs of the children including autism, and limitations in terms of speech and mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service by telephone or annual surveys for the agency.

The inspector discussed with the Co Head of Community services and deputy manager the comments (above) from relatives regarding additional carer cover during periods of leave. Due to the nature of the service being provided with one to one specific staff to service user, the service managers recognise this as an area for consideration in their service.

The inspector also discussed the comment regarding better communication from the office. The manager evidenced a policy and procedure regarding ‘Change of a worker’ and presented evidence of letters issued to relatives regarding changes to future staff. Both managers accepted that this process could be improved upon and agreed to review their procedure for future communications with family members. A recommendation has been made in the QIP in this regard.

Additional information presented during the inspection supported good reporting mechanisms to the relevant trusts when a service cannot be provided, these included quarterly trust meetings/reports, emails to trust professionals and contract returns.

Staff interviewed confirmed that service users’ views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users’ particular needs especially in cases where conditions such as epilepsy and communication difficulties pre-sent.

Staff discussed service users with communication difficulties and how they use of sign language such as Makaton to communicate appropriately with service users in respect of their needs and wishes.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The agency has met the required standards in respect of theme one with exception to one recommendation regarding improved communication with relatives.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts (progress notes), on call arrangements and management of missed and late calls. The agency have a policy and procedure for management of missed or late calls “Communication with parents and carers” and this was reviewed as appropriate during inspection. The agency has not experienced missed calls due to the nature of the service as relatives would be informed in advance if a service cannot be provided due to staffing levels. Communications with the referring HSC Trusts was reviewed during inspection when a service cannot be provided. These area detailed during quarterly meetings with the trusts and the service and through other communication methods such as emails and contract reports. Review of staff rota’s during inspection for four staff members/a number of service users reflected a process for allocating the staff numbers to service user calls however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

Overall on the day the inspector found that care delivery was safe.

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer’s timekeeping. The people interviewed also advised that they had not experienced missed calls from the agency.

The Co Head of Community services and deputy manager confirmed that late calls would not be a common occurrence in the service and were such matters arise support staff would communicate directly with the service users relatives. No such matters have arisen in recent times to allow for inspector review of evidence.

Procedures in place for staff quality monitoring were reviewed during inspection together with evidence of two staff quality monitoring records. Disciplinary processes were discussed during inspection but have not been implemented as the agency has not experienced any recent missed or late calls.

Monthly monitoring reports completed by the registered person were reviewed and reference appropriate communications with the trusts when a service cannot be provided due to staff shortages.

Three staff interviewed on the day of inspection confirmed that they felt supported by management staff and demonstrated a clear understanding of their reporting processes if running late for a service user visit.

Overall on the day the inspector found that care delivery was effective.

Is Care Compassionate?

As previously detailed under theme one of this report, relatives spoken with by the UCO highlighted service quality to be good with appropriately trained and skilled staff who delivered compassionate care. Where issues arise service users described appropriate communication processes in order to keep them informed.

Three staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes were calls are delayed.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The agency has met the required standards in respect of theme two.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

No additional areas were reviewed during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Co Head of Community services and deputy manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 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 (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk (paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 1.4 Stated: First time To be Completed by: 26 November 2015	<p>Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>As discussed within theme one regarding relative feedback and office communication in respect of service changes.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The following procedures will be reviewed and updated, detailing action to be taken in relation to contact with parents/carers/relatives by the Registered Manager or nominated Deputy, at times of recruitment, sick leave or any event leading to a change of worker or downtime within service delivery; CSING005 Communication with Parents/Carers CSOP005 Procedure for Changing a Worker</p>

Registered Manager Completing QIP	Carriann Rainey	Date Completed	6/11/15
Registered Person Approving QIP	Eileen Thomson	Date Approved	9/11/15
RQIA Inspector Assessing Response	A.Jackson	Date Approved	12/11/15

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address