

# **Announced Domiciliary Care Agency Inspection Report 27 April 2017**



## **Outlook Service**

**Type of service: Domiciliary Care Agency**  
**Address: 1 Ravenhill Reach Close, Belfast, BT6 8RB**  
**Tel no: 02890461834**  
**Inspector: Amanda Jackson**  
**User Consultation Officer (UCO): Clair McConnell**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of the Outlook Service took place on 27 April 2017 from 09.15 to 16.15 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. Ongoing staff training is supported through online and practical training sessions and reviewed through staff competency assessments. Ongoing staff quality monitoring was also evident. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. Staffing levels reviewed and discussed during inspection with all stakeholders supported appropriate staff in various roles to meet the needs of the service user group. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during inspection.

### Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of support plans. Service user guides and relevant information is provided to service users at service commencement and was reviewed during inspection to be in compliance with appropriate timeframes. The agency has recently developed child friendly information in respect of the service user guide, complaints information and the child safeguarding policy. This information is currently out with service users for consultation. The agency's systems of quality monitoring for service users and staff have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

### Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. Ongoing review of service quality through a range of contacts with service users, families and HSC trust professionals were evident. A range of compliments and UCO feedback supported the inspector assessment of compassionate care being delivered. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

## Is the service well led?

On the day of the inspection the agency was found to be well led. The management had evidence of policies and procedures alongside the agency statement of purposes and service user guide. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. Processes were evident in support of staff rotas, quality monitoring and review of incidents and complaints. The registered manager demonstrated appropriate knowledge in managing the service and provided all requested information for inspection review. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in their managers to support them and address matters arising. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. 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.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> The Cedar Foundation/Ms Eileen Marian Thomson	<b>Registered manager:</b> Miss Carrieann Rainey
<b>Person in charge of the service at the time of inspection:</b> Miss Carrieann Rainey	<b>Date manager registered:</b> 18 September 2015

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the registered manager
- Consultation with four support staff
- Consultation with two HSC trust professionals
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the UCO spoke with ten relatives, either in their own home or by telephone, on 23 and 24 March 2017 to obtain their views of the service that provide a support service to their family member.

During the inspection the inspector spoke with five care staff to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Five staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Three staff members recruitment records
- Training and development policy and procedure (including induction policy)
- Supervision and appraisal policy and procedure
- Three staff members induction and training records
- Three long term staff members quality monitoring, supervision and appraisal records
- Three long term staff members training records
- Three service user/staff duty rotas
- Adult safeguarding policy and procedure
- Whistleblowing policy and procedure
- Three new service user records regarding referral, assessment, care planning and introductory visits
- Three long term service user's records regarding review and quality monitoring
- Management, control and monitoring of the agency policy and procedure
- Quality assurance policy and procedure
- Recording keeping in clients' homes policy and procedure
- The agency's service user guide/agreement

- The agency's statement of purpose
- Staff handbook
- Agency process for verifying staff NISCC registration
- Three monthly monitoring reports
- Annual quality report 2016
- Three compliments
- A range of staff meeting minutes
- Three communication records with HSC trust professionals
- Confidentiality policy and procedure
- Complaints policy and procedure
- Three complaints records
- Policies and procedures on incident reporting.

#### 4.0 The inspection

The outlook service is a domiciliary care service for children based at Ravenhill Reach, Belfast. The service provides care and support to 147 children and their families with an age range up to 18 years. The service is provided as an outreach service across all of the Health and Social Care Trust areas. Services provided include personal care, medication, and social support within the child's own home or as part of social support outside of the family home. Children require a range of support needs due to a learning disability, physical disability, and sensory impairment or due to a diagnosis of autistic spectrum conditions. Service timeframes range from four hours weekly to two hours fortnightly with one or two staff supporting the child depending on their assessed needs.

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 01 July 2016

The most recent inspection of the agency was an unannounced care inspection. No QIP resulted from this inspection.

#### 4.2 Is care safe?

The UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by the Outlook Service. Carers spend a period of time getting to know the service user and family prior to the support service as well as receiving additional training depending on the needs of the service user. The introductory period was felt to be very important as it allowed the service user and carer to get to know each other and the relative to develop a trust in the carer.

Examples of some of the comments made by the relatives interviewed are listed below:

- "Consistency is great. XXX has become like part of the family."
- "XXX is very capable. I trust them 1000%."
- "A lot of time is spent on the introductions and any specific training that is required."

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were reviewed relating to recently appointed staff. The registered manager verified all the pre-employment information and documents had been obtained as required. Review of three records during inspection confirmed compliance with Regulation 13 and Schedule 3. The third file reviewed related to one agency staff member currently in place with the service; recruitment and induction procedures had been consistently applied for this staff member.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Review of three staff files highlighted the agency induction process compliant with Regulation 16(5) (a), with an induction process spanning several weeks. Staff spoken with during inspection confirmed they had received a detailed induction process which included shadowing days with an experienced staff member. All three staff member's recruitment records reviewed evidenced the staff members' registration with NISCC. The agency registered manager confirmed the majority of staff are registered with NISCC with the remaining staff moving towards registration. The agency registered manager discussed the agency's HR process in place as an alert system to inform agency managers when staff are due to renew registration. Two of the four support staff spoken with during inspection had commenced employment within the previous year. These staff members described their recruitment and induction training processes in line with those found within the agency procedures and records. All staff spoken with were able to describe their registration process with NISCC.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

The inspector was advised that the agency has not had any safeguarding or whistleblowing matters arise since the previous inspection, discussion with the registered manager supported appropriate knowledge in addressing matters should they arise. Staff spoken with during inspection also presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process and name the safeguarding champion within the organisation.

Staff training records viewed for 2016-17 confirmed all support staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Training is facilitated through internal training resources online and external practical training. Staff are also assessed for competence in key areas and evidence of these assessments was contained within staff files reviewed during inspection. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Staff spoke of additional opportunities available for training in areas where staff felt they required more knowledge.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes.

The registered manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services and this was evident during review of three service users' records. The registered manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with HSC trust professionals was evident during inspection. One staff member spoken with also discussed variations to frequency of communications with HSC trust professionals were needs arise, the staff member talked about one specific case currently ongoing in this regard.

Service users spoken with by the UCO, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group. Feedback from four staff questionnaires supported appropriate staffing.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care. One staff member commented, 'I feel all the training I receive is very valuable and aids me in keeping service users' safe'. A second staff member commented, 'Thorough training and quality control of service'.

Feedback from HSC trust professionals supported a professional service provided by competent and skilled staff who will accommodate the needs of the service user and family were ever possible.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3 Is care effective?

The UCO was informed by the relatives interviewed that there were no concerns regarding the carers' timekeeping. The relatives interviewed also advised that they had not experienced any missed calls from the agency and the carers are flexible with times if possible to suit the needs of the family.

It was also confirmed that new carers spend a significant period of time getting to know the service user and family prior to the support service commencing. Carers are also provided with additional training depending on the needs of the service user.

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



A number of the relatives interviewed also confirmed that the agency have telephoned to ensure satisfaction with the service and they have received questionnaires from the agency to obtain their views on the service.

Examples of some of the comments made by the relatives interviewed are listed below:

- “Grateful for the help we get.”
- “Doing a brilliant job.”
- “Thankful to get the break.”
- “Wish I could get more time. Gives me time to spend with my other child.”

Service user records viewed included referral information completed by the HSC trust professionals and agency support staff and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments as necessary. The reviews completed by the agency ongoing evidence that service users and/or representative’s views are obtained and where possible incorporated. The service user guide issued to service users at commencement of the support package includes details regarding advocacy services should service users require support in reviewing their support package or making a complaint. Review of service users guides during inspection confirmed service users receive this information with an appropriate timeframe compliant with regulations and standards. The agency have recently developed a child friendly service user guide which was out for consultation at the time of inspection.

The agency’s policy and procedure on record keeping in service users’ homes had been developed in 2015. The agency maintains recording sheets in the agency office which staff complete following the support visit. Review of three completed records confirmed detailed information regarding the service provided on each occasion.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their support plan during the course of their time with the service at six and twelve monthly intervals. Ongoing service reviews also take place as required based on changing needs of service users. Service user files reviewed during inspection contained evidence of communications between the service users and relatives where changing needs were identified and reassessments resulted in amended support plans.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users’ needs are identified. Staff interviewed confirmed ongoing quality monitoring of service users and staff practice is completed by their manager to ensure effective service delivery.

Staff interviewed during inspection confirmed that they were provided with details of support planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user support plans via a secure group email system. Staff described aspects of support which reflected their understanding of service users’ choice, dignity, and respect.

Questionnaires are provided for service users to give feedback on an annual basis. Evidence of this process was discussed during the inspection in terms of the annual quality report completed for 2017. Review of the 2017 annual report confirmed satisfaction with the service being provided. The agency manager also discussed the annual quality report outcome being provided to service users in 2016 via the support staff attending service users; this was confirmed during UCO communications with service user’s family members. The inspector



discussed inclusion of HSC trust professional and staff feedback within future reports as this is currently held separately. Assurances were provided by the registered manager that all stakeholder feedback would be included in the next report and shared with all stakeholder groups.

Staff questionnaires by RQIA received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

HSC Trust Professionals spoken with post inspection stated:

- ‘An excellent person centred service provided by the Outlook service with skilled and competent staff who are very professional and approachable’.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care compassionate?

All of the relatives interviewed by the UCO felt that care was compassionate and service users are treated with dignity and respect. Views of relatives have been sought through phone calls and questionnaires to ensure satisfaction with the care that has been provided by the Outlook Service. Examples of some of the comments made by the relatives interviewed are listed below:

- “XXX loves the attention from the carer.”
- “We look forward to XXX coming.”
- “The carer knows XXX so well; they have a great time playing games or doing arts and crafts.”
- “They have developed a great bond.”

The agency implements service user quality monitoring practices on an ongoing basis through home visits by support staff, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members, this was supported during the UCO discussions with service users and families.

Records reviewed by the inspector highlighted no concerns regarding staff practice during quality monitoring of the service. Where issues regarding staff practice are highlighted via other processes such as complaints or safeguarding the registered manager discussed processes used to address any matters arising. Review of one matter which had arisen since the previous inspection supported a robust and detailed process carried out by the agency and onward referral to the Northern Ireland Social Care Council (NISCC).

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

A range of compliments reviewed during inspection on the annual quality report supported a service and staff team providing compassionate care to all service users:

- ‘She is a great friend and I love our outings we always have so much fun thank you xxx (staff member)’.
- ‘xxx (staff member) is awesome!’
- ‘We would be at a loss without Cedar. Thank you so much’.
- ‘A very valued service. Delighted with it’.
- ‘Cedar was my first step from school and home care/family care to outside help with xxx. I felt secure that xxx was in safe hands when not with me. With xxx needs they filled the gap that I and xxx were happy with. It gave xxx a little freedom from us too. It is a pity it had to stop as there is not much else out there for xxx particular needs’.

HSC Trust Professionals spoken with post inspection stated:

- ‘Family give very positive feedback, the service is excellent as far as I am concerned, staff communication is excellent’.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

All of the relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews. Examples of some of the comments made by the relatives interviewed are listed below:

- “They’re there if you need them.”
- “Never had any problems.”
- “Would give the service 20 out of 10.”
- “Happy with everything.”

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Miss Carrieann Rainey the agency provides domiciliary support to 147 children living in their own homes.

Review of the statement of purposes and discussion with the registered manager, and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and where clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations. The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services. A child friendly service user guide and complaints guide have recently been developed by the agency and are currently out for consultation with service users and their families.

The policy and procedures which are maintained electronically were reviewed and contents discussed with the registered manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency. Staff also confirmed that revised policies are shared via a secure group email system and this process was reviewed during inspection.

The complaints log was viewed for 2016-2017 to date, with two complaints logged. Review of both complaints during inspection supported appropriate processes in place for complaints review and resolution. Monthly quality monitoring reports include a section for complaints review ongoing as necessary.

Discussion with the registered manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No incidents or safeguarding matters had occurred since the previous inspection.

The inspector reviewed the monthly monitoring reports for January to March 2017. The reports evidenced that the registered person delegates the monitoring of service quality to another manager within the Cedars foundation. The report is then submitted to the registered person for review to ensure the quality of services are in accordance with minimum standards.

Four support staff spoken with indicated that they felt supported by their managers who they described as always available with an open door policy. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with HSC trust professionals were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Feedback from two HSC trust professionals post inspection highlighted communication between the agency and the trust is very good.

The inspector was informed by the registered manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC. Documentation in place showed that the remaining staff are awaiting their registration certificates.

Staff questionnaires received supported the service being well led with all staff indicating satisfaction with the agency management systems.

HSC Trust Professionals spoken with post inspection stated:

- 'Very reliable service with great staff and competent management'.
- 'No issues with support staff or management, very professional and approachable and good communication'.
- 'Working relationships are very good with this service, I wish there was more service like them'.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 @RQIANews