

Announced Care Inspection Report 14 June 2016



Cuan Court Supported Living Service

Type of Service: Domiciliary Care Agency

Address: 1-26 Cuan Court, Dakota Avenue, Newtownards BT23 4XN

Tel No: 02891819286

Inspector: Joanne Faulkner

1.0 Summary

An announced care inspection of Cuan Court took place on 14 June 2016 from 09.30 to 16.30.

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?

Delivery of safe care was evident on inspection. The agency has in place robust recruitment systems and ensures that there is at all times an appropriate number of suitably qualified, over and experienced staff to meet the needs of service users. The welfare, care and protection of service users is promoted through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with other professionals within the Health and Social Care (HSC) Trust, and on occasions other stakeholders. The agency has systems in place for ensuring the identification, prevention and management of risk and to promote positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for quality improvement were identified during this inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the comprehensive assessment of need and the development and review of person centred care plans. The agency has in place systems for review and monitoring of quality of care in conjunction with service users, and where appropriate their representatives. There are systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident during the inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care and support. It was noted from observations made and discussion with staff, service users and relatives that staff respect the views of service users. There was evidence of positive risk taking to enable service users to live a fulfilling life. The agency has systems in place for obtaining and responding to the views and opinions of service users and their representatives. The inspector identified evidence of a range of positive outcomes for service users. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place management and governance systems to meet the needs of service users. Agency staff have an understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability.

The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery and operate the agency in accordance with the Minimum Standards. Evidence of effective working partnerships with other HSC Trust representatives and external stakeholders was evident during the inspection.

One area for quality improvement was identified in relation to the reviewing and updating of policies and procedures.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rhonda Robinson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organization/registered provider: South Eastern HSC Trust/Hugh Henry McCaughey	Registered manager: Rhonda Robinson
Person in charge of the agency at the time of inspection: Rhonda Robinson	Date manager registered: 5 February 2015

3.0 Methods/processes

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

- Discussion with the registered manager and staff
- Examination of records
- Consultation with service users, stakeholders and relatives
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Three service users' care records
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Recruitment Policy
- Supervision Policy
- Adult Safeguarding Policy
- Referral, care and support planning, and review Policy
- Disciplinary Policy
- Whistleblowing Policy
- Complaints Procedure
- Confidentiality Policy
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with 15 service users, the registered manager and three staff members.

Questionnaires were distributed for completion by staff and service users during the inspection; eight staff and four service user questionnaires were returned.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Cuan Court, located in Newtownards, is a supported living type domiciliary care agency which provides domiciliary care and housing support for older people, a number of whom have a diagnosis of dementia. The agency’s registered premises are located at the entrance to the service users’ accommodation.

The agency’s aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life.

Staff are available to support service users 24 hours per day and they each have an identified ‘key worker’.

Discussion with the registered manager, staff and service users provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the registered manager, service users, and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 7 May 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 23 (2) (3)</p> <p>Stated: First time</p>	<p>At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1). The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request.</p> <p>This requirement relates to the monthly quality monitoring reports that must be forwarded to the RQIA until further notice.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The agency's monthly quality monitoring reports have been forwarded to the RQIA since the date of the previous inspection.</p>	
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4.2 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

The agency's recruitment and selection policy outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to employment. It was noted that a checklist detailing checks completed is retained by the agency's human resources department. The registered manager stated that confirmation is received when the process has been completed and that staff are not provided until all necessary checks have been completed. It was identified that the agency's recruitment policy is required to be reviewed and updated in accordance with minimum standards.

The agency's probation policy and induction policy details the induction programme which includes staff attending corporate induction; it was noted from records viewed that the induction provided lasts at least five days which is in accordance with the regulations. The agency maintains a record of the induction programme provided to staff; records viewed outline the information and support provided during the induction period. It was identified that the agency's induction policy, June 2012, is required to be reviewed and updated in accordance with minimum standards.

The agency has a procedure for the induction of short notice/emergency staff and for verifying their identity prior to supply; it was identified from discussions with the registered manager that relief staff are accessed from the organisations bank staff. Staff could describe the impact of staff changes on service users and benefits of ensuring continuity of care.

Staff could describe how their induction programme which involved shadowing other staff members, meeting service users and becoming familiar with their care needs had equipped them for their role. They stated that they had the required knowledge, skills and support to carry out their job and could describe the importance of respecting the privacy, dignity and choices of service users.

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rota information viewed reflected staffing levels as described by the manager; it was noted that the agency has recently employed additional staff to support the registered manager in their role. The agency has a procedure in place for ensuring that staff provided at short notice have the knowledge, skills and training to carry out the requirements of the job role; the manager stated that they endeavour to use relief staff that have previously worked in the agency and have a knowledge of the needs of service users.

The agency's supervision and learning and development policies outline the frequency and processes to be followed for staff supervision and appraisal. It was identified that the agency maintains a record of staff supervision and appraisal; records viewed indicated that they are completed in accordance with the agency's policies and procedures. Staff who spoke to the inspector felt that supervision was beneficial.

The agency has a system for recording training completed by staff it was viewed by the inspector. The registered manager could describe their role in identifying and highlighting gaps on a monthly basis.

Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users i.e. best practice in dementia. Staff stated that they are encouraged to highlight individual training needs and confirmed that training is discussed during individual supervision and appraisal meetings.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. It was noted that the agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was identified that the organisation is currently in the process of reviewing and updating their policy and procedures to reflect information contained within the guidance.

The inspector examined records relating to safeguarding vulnerable adults maintained by the agency; discussions with the registered manager and records viewed indicated that the agency has adhered to policy and procedures in dealing with allegations of abuse.

Discussions with staff and records viewed indicated that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete refresher training. Staff who spoke to an inspector demonstrated that they had a good understanding of safeguarding issues and could clearly describe the procedure for reporting concerns.

Staff had knowledge of the agency's whistleblowing policy and were aware of their responsibility in highlighting and raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's assessment and care planning, and risk assessment policies outline the processes for assessing and reviewing needs and risk. The manager stated that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives and are reviewed three monthly. The agency's monthly quality monitoring arrangements include an audit of risk assessments and any restrictive practices in place.

The agency's registered premises are located at the entrance of building of the service users' accommodation; the premises include a number of offices which are suitable for the operation of the agency as described in the Statement of Purpose.

Eight staff and four service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate a high level of satisfaction that the care provided is safe.

Service user comments

- 'It is great here.'
- 'Staff are wonderful.'

Staff comments

- 'The care is excellent.'
- 'We do everything well.'
- 'The care is safe; service users' safety is really important.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.3 Is care effective?

During the inspection the inspector reviewed that agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Information relating to the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency's records management policy which was viewed by the inspector details the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The inspector viewed a number of individual service user care plans during the inspection; service users stated that they are involved in the development of their care and support plans. It was noted that staff record daily the care and support provided to service users.

Documentation viewed indicated that care plans and risk assessments are reviewed and updated in accordance with the agency's policies and procedures. It was identified that HSC Trust representatives are involved in an annual review of service users.

Discussions with the manager and staff, and records viewed indicated that the agency has in place systems to monitor, audit and review the effectiveness and quality of care delivered to service users. The manager described a range of methods for obtaining the views of service users and their representatives.

Monthly quality monitoring visits are completed by a senior manager within the organisation and an action plan developed. Records viewed included the views of service users, their relatives and where appropriate relevant professionals. The documentation includes details of the review of complaints, compliments, accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed. The registered manager stated that they are required to record when any actions identified in the action plan have been completed and that details included within the report are discussed at their supervision meeting.

The agency facilitates tenants' meetings; records viewed and discussions with service users indicate that they are encouraged to express their views and opinions. The manager stated that service users and their relatives are provided with details of the agency's complaints procedure and that the agency maintains a record of all compliments and complaints.

It was noted that the agency provides service users with human rights information issued by the Ministry of Justice; and details of advocacy services.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users stated that they can speak to staff at any time and made positive comments about the manager and staff.

During the inspection it was evident that the agency seeks to maintain effective working relationships with other professionals within the HSC Trust and other relevant stakeholders.

Eight staff and four service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate a high level of satisfaction that the care provided is effective.

Service users' comments

- 'Staff are very good.'
- 'Care is good; staff help you with what you want.'
- 'I can do what I want.'
- 'I speak to the manager if I am not happy.'

Staff comments

- 'I get supervision; it gives you a chance to talk about things.'
- 'The other staff are very supportive.'
- 'We have a good team.'
- 'We are encouraged to do extra training.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity, respect and equality, and to fully involve service users in decisions affecting their care, support and life choices.

Staff were aware of the need to ensure confidentiality and had knowledge of the agency's confidentiality procedure. Staff could describe how the views and wishes of service users are central to service provision and provided examples of positive risk taking to enable service

users to live a fulfilling life. Discussions with service users and agency staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation.

Observations of staff interaction with service users and discussions with staff and service users indicate that care is provided in an individualised manner. Care plans were written in an individualised manner and service users stated that they are consulted about the care they receive. Records of tenant meetings reflected the involvement of service users and recorded choices made by service users.

The manager could describe the process for liaising with relevant HSC Trust representatives in relation to instances where there are capacity and consent issues identified.

It was noted by an inspector that the views of service users and/or their representatives were recorded throughout a range of relevant agency documentation. Formal processes to record and respond to service users and relatives are maintained through the compliments and complaints process, monthly quality monitoring, review meetings involving HSC Trust representatives, annual questionnaires and tenants meetings.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account the individual views, choices and feelings of service users. Service users stated that staff treat them with respect and support them to make their own decisions.

The agency's has a system in place to evaluate the quality of service provided; it was noted that it is completed in a in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring, tenant's meetings and annual satisfaction questionnaires include evidence of consultation with service users. Action plans developed include details of progress made in relation to required improvements.

Eight staff and four service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate a high level of satisfaction that the care provided is compassionate.

Service users' comments

- 'I am happy here.'
- 'I can do what I want.'
- 'We go the tenants meetings; we can say what we want.'
- 'Care is good; staff are excellent.'

Staff comments

- 'I like working here; I am new and think it is a great place to work.'
- 'The service users know they can choose what they want.'
- 'Service users and their families are involved in making decisions about their care.'
- 'Service users are treated with respect and supported to live as independently as possible.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a range of policies and procedures which were noted not to have been reviewed in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained on an electronic system which all staff have access to, and additionally in paper format stored within the agency's office. During the inspection the inspector viewed a number of policies and procedures; staff stated that they can access policies and procedures at any time.

Documentation viewed and discussions with the registered manager evidenced that the agency's governance arrangements promote the identification and management of risk; these include regular audit of complaints, safeguarding incidents, incidents notifiable to RQIA, staffing arrangements and review of restrictive practices.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received two complaints for the period 1 April 2015 to 31 March 2016. Discussion with the registered manager and documentation viewed indicated that the agency had dealt effectively with complaints received in accordance with their policy and procedures; discussions with staff indicated that they were familiar with the process for receiving and managing complaints.

The agency has in place management and governance systems to drive quality improvement. It was noted that arrangements for managing and monitoring of incidents and complaints include mechanisms for auditing, identifying trends and reducing the risk of recurrences. Records viewed provided evidence of appropriate staff supervision, appraisal, and management of performance issues.

The organisational and management structure of the agency outlines lines of accountability and roles and responsibilities of staff. Staff are provided with a job description at the commencement of employment which outlines the role and responsibilities of their job role. Staff could describe their roles and responsibilities; service users were aware of staff roles and knew who to talk to if they had a concern.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review, and have been reviewed and updated.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussion with the manager and staff indicated that there are effective collaborative working relationships with external stakeholders, including where appropriate other HSCT representatives.

Staff stated that they can access support of the manager at any time and described the process for receiving support out of office hours and in the absence of the manager. Staff indicated that they were confident that their views and opinions are listened to and that the management addresses issues raised.

Staff could describe the detail of the agency's whistleblowing policy and their responsibility in reporting concerns.

Eight staff and four service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate a high level of satisfaction that the service is well led.

Service user comments

- 'Staff are great.'
- 'Staff listen to me.'
- 'The manager is great.'

Staff comments

- 'Cuan Court is well managed.'
- 'Manager is very supportive and approachable.'
- 'I have recently joined the team and I love it.'
- 'I feel the service is well managed.'
- 'We are encouraged to do extra training; I have completed QCF 3.'
- 'We have staff meetings.'
- 'I have been supported to return to work on alternative duties following a period of sick leave.'

Areas for improvement

One area for improvement was identified during the inspection in relation to the reviewing of the agency's policies and procedures.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Rhonda Robinson, Registered 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk 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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 9.5

Stated: First time

To be completed by:
14 October 2016

The registered person should ensure that the agency's policies and procedures are subject to a systematic three yearly review.

This recommendation relates specifically to the agency's Recruitment, Induction, Safeguarding Vulnerable Adults, Supervision, Confidentiality and Assessment and Care Planning policies.

Response by registered person detailing the actions taken:

The Trust Adult Safeguarding Policy is currently being updated in line with the regional policy.

The other policies are being devised as part of our ISO 9001:2015 management system and will be completed within timeframe

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



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