

Unannounced Care Inspection Report 14 September 2018



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

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Cuan Court Supported Living Service, is a domiciliary care agency supported living type located in Newtownards. It 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 and accessed from a shared entrance.

The agency's aim is to provide individualised 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'.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Hugh Henry McCaughey	Registered Manager: Rhonda Robinson
Person in charge at the time of inspection: Rhonda Robinson	Date manager registered: 05/02/2015

4.0 Inspection summary

An unannounced inspection took place on 14 September 2018 from 10.00 to 16.00.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- engagement with service users and relevant stakeholders
- staff supervision and appraisal
- provision of care in an individualised manner
- quality monitoring process

Two areas for improvement were identified during the inspection in relation to the agency's policies and procedures and information retained in respect of domiciliary care workers.

The comments of service users and staff have been included within the report.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection dated 12 December 2017

No further actions were required to be taken following the most recent inspection on 12 December 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the registered manager
- examination of records
- consultation with staff and service users
- evaluation and feedback

During the inspection the inspector met with the manager, six service users and three staff.

The following records were viewed during the inspection:

- service users' care records
- risk assessments
- monthly quality monitoring reports
- minutes of service user meetings
- minutes of staff meetings
- staff induction records
- staff training records
- records relating to staff supervision and appraisal
- complaints records
- incident records
- records relating to adult safeguarding
- staff rota information
- Statement of Purpose
- Service User Guide

A number of policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; no questionnaires were returned to RQIA.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that the manager display 'Have we missed you' card within the premises. No responses were received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 December 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 December 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspection reviewed the agency's systems to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The recruitment policy details the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation's Human Resources (HR) department co-ordinates the recruitment process in conjunction with the Business Services Organisation (BSO) and includes input from the manager.

It was noted that confirmation is received by the manager in the form of an email indicating that all pre-employment checks have been satisfactorily completed for any new staff. The manager stated that staff are not provided for work prior to the completion of pre-employment checks and induction.

It was identified that the agency does not currently have in place a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3. An area for improvement has been identified.

The agency's induction policy details the induction programme provided; it was noted that the policy needs to be updated to include details of the duration of the induction programme. Records viewed indicated that the induction is at least three days as outlined within the domiciliary care agencies regulations. It was identified that staff are required to complete initial induction and to shadow other staff employed by the agency at the commencement of employment for a period of time determined by the manager based on the needs of the staff member.

The agency retains details of induction provided; the inspector discussed with the manager the need to ensure that all induction records details the actual dates of induction. Staff could describe the details of the corporate and local induction provided; they indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The manager described the process for ensuring that staff provided at short notice had the knowledge and skills for the roles and appropriate induction. It was identified that staff provided at short notice are from staff employed by the SEHSCT or currently working within the agency.

Discussions with the manager and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of the service users.

It was identified that the agency has recently implemented an electronic rostering system. The agency's staff rota information was presented in an organised format and reflected staffing levels as described by the manager. Staff indicated that they had enough staff to meet the assessed needs of the service users.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The agency retains a record of staff supervision and appraisal; records reviewed relating to four staff indicated that they had received supervision and appraisal in accordance with the agency's policies.

The agency has a matrix for recording training completed by staff; records viewed indicated that the majority of staff had received appropriate training. The manager and staff could describe the procedure for identifying and ensuring that training updates are completed as required. Staff are required to complete training in a range of mandatory areas and in addition training specific to the individual needs of service users. Information viewed during and following the inspection indicated that staff had completed required training. Staff indicated that their training was effective and that it had provided them with the knowledge and skills for their job.

The agency has a process for managing staff registration status with NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that the registration status of staff is monitored by a monthly basis; they stated that staff would not be supplied for work if they are not appropriately registered. Staff who spoke to the inspector were aware of their responsibility for ensuring that they remain appropriately registered; records viewed indicated that all staff were appropriately registered. The agency retains a list of staff, their contact details and next of kin details; this information can be accessed by the manager and seniors if required.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC).

Staff had an understanding of the process for reporting adult safeguarding concerns. Training records viewed provided evidence that staff had received safeguarding adults training. It was noted that staff are required to complete safeguarding training during their induction programme and two yearly updates thereafter. Service users could describe how to raise concerns in relation to their safety or the care they received. It was good to note that service users had been provided with information in relation to keeping themselves safe.

The inspector viewed the agency's records maintained in relation to safeguarding adults. Discussions with the manager and records viewed evidenced that the agency has a process for recording details of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager evidenced that referrals made by the agency had been managed in accordance with policy and procedures.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. Service users are supported to participate in the development of their care and support plans and in annual reviews involving their HSCT community keyworker. The inspector viewed a range of risk assessments in place relating to individual service users. It was noted that prior to receiving care the agency receives a range of assessments and a HSCT care plan. Staff record daily the care and support provided to service users.

The agency's office is located in the same building as the home of a number of the service users and accessed from a shared entrance. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose.

Comments received during inspection.

Service users' comments

- "I love it here; staff are great."
- "I am happy here."
- "I enjoy the company in here."

Staff comments

- “I feel that the service users are safe.”
- “Supervision is worthwhile.”
- “Training is good.”
- “We provide end of life care; this is their home for life.”
- “The job can be challenging but we support each other.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff, supervision, appraisal, training and adult protection processes.

Areas for improvement

One area for improvement was identified during the inspection in relation to the information retained in respect of domiciliary care workers.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspection reviewed the agency’s arrangements for responding to, assessing and appropriately meeting the needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s record keeping policy outlines the process for the creation, storage, retention and disposal of records. Staff stated that they had received information relating to good record keeping and confidentiality. The majority of records viewed during the inspection were noted to be well organised and retained securely in accordance with legislation, standards and the organisational policy. However it was noted that records relating to staff supervision, training and induction are required to be managed and stored in a more organised manner; this was discussed with the manager and assurance provided that this system would be reviewed.

Discussions with staff and service users indicated that staff support service users to be involved in risk assessment and care planning processes. It was noted that risk assessments and care plans are reviewed three monthly.

The agency has processes for monitoring, auditing and reviewing the effectiveness and quality of care provided to service users; it includes monthly monitoring visits by a manager from another of the organisation’s registered services.

The quality monitoring reports viewed indicated that the process assists in identifying areas for improvement and an action plan is developed. The reports included comments from service users, staff, and where appropriate service user representatives. The reports included details of the review of complaints, accidents and incidents; including those reportable to RQIA.

In addition safeguarding matters, staffing arrangements, training, care records are reviewed as part of the process.

The agency's systems to promote effective communication between service users, staff, relatives and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate effectively with service users.

The agency's Service User Handbook includes details of information relating to advocacy services that service users can access if required.

The manager could describe the methods used to develop and maintain effective working relationships with other HSCT representatives, local community representatives and other relevant stakeholders. Local school children visit the facility on a weekly basis to meet and engage with service users and a number of activities are facilitated on an annual basis to encourage engagement with the local community.

It was good to note that the agency had recently been awarded money to open a small sweet shop within the same building as the home of the services users; a number of staff and service users had been involved in developing the proposal for the funding application.

The agency facilitates twice yearly staff and regular service user meetings. It was noted that service users are encouraged to meet weekly to agree activities that they wish to participate in.

Comments received during inspection.

Service users' comments

- "I love living here; I have settled well."
- "I have my own flat; I can do what I want."
- "I really enjoy the company."
- "I go up to the town; I love getting out."
- "I would be lost without the staff."

Staff comments

- "We encourage the tenants to come to the activities."
- "Some of the tenants go to the lunch club in the church."
- "We have lunch clubs, chippy night, coffee mornings and different afternoon activities."
- "We try to organise things that appeal to the tenant's."
- "All staff in Cuan are fantastic, everyone knows their boundaries."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with service users and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency's ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive was assessed.

Staff had received training relating to equality, diversity and human rights during their induction. Staff who spoke to the inspector had a clear understanding of the need to provide care and support to service users in an individualised manner. Discussions with service users and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed by the inspector contained information in relation to their individual needs, choices and preferences.

Discussions with staff and service users and observations made indicated that staff provide care and support in a person centred manner; they discussed a range of methods used for effectively supporting service users in making informed choices. Service users indicated that staff support them to be involved in discussions relating to their care, support and individual daily routines; they stated that they can make choices about their everyday lives.

The inspector discussed with the manager the arrangements in place relating to the equality of opportunity for service users and the importance of and awareness of equality legislation, whilst identifying and responding to the diverse needs of individual service users, in a safe, effective and compassionate manner. Staff described how their training and experience has equipped them with knowledge and skills to engage with a diverse range of service users.

It was noted that service users and or their relatives had been provided with information relating to the agency's complaints process and that adult protection and human rights had been discussed at a tenant's meeting.

Discussions with the service users and staff highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user choice
- individualised risk assessment processes.
- equity of provision of care and support
- provision of care in a person centred manner

Records viewed by the inspector provided evidence that the agency has systems for recording comments made by service users and where appropriate their representatives.

Records of service user meetings included evidence of engagement with service users and where appropriate relevant stakeholders.

Engagement with service users and their representatives is maintained through the agency's complaints process, tenant's meetings and care review meetings. Discussions with service users indicated that they are encouraged to make choices regarding their daily routines and activities. During the inspection the inspector met with a group of service users enjoying afternoon tea in a shared area; service users appeared to be relaxed and stated that they enjoyed meeting together for a chat and a cup of tea on a daily basis. Service users could describe some of the activities they enjoy such as 'chippy tea night' and 'singing'.

Comments received during inspection.

Service users' comments

- "The staff are great; they are always spoiling us."
- "You can talk to any of the staff if you are worried, nothing is too much trouble."
- "I love coming up here for a wee cup of tea; I love the company."
- "The staff are always doing something for us; they are very good."

Staff comments

- "Service users have choice; they can choose what they want to do."
- "Everything here is good; the care is good."
- "We try to make it as good as possible for the service users."
- "We know the needs of the service users."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care to meet the diverse needs of individual service users and the effective engagement with service users and where appropriate other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspection reviewed management and governance systems in place within the agency to meet the individual assessed needs of service users.

The agency is managed on a day to day basis by the manager. Staff stated that the manager is approachable and supportive and could describe the process for obtaining support including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; they are retained electronically and in a paper format. The majority of policies and procedures viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards. It was identified that the complaints, record keeping and whistleblowing policies are required to be reviewed and updated. An area for improvement was identified as detailed above.

The agency's complaints policy details the processes for managing complaints. Staff stated that they receive complaints awareness training during their induction programme; staff who spoke to the inspector had a clear understanding of the actions to be taken in the event of a complaint being received. Service users who spoke to the inspector indicated that they knew how to raise concerns.

The agency maintains a record of complaints received and outcomes of investigation are clearly recorded. It was identified from records viewed that complaints received since the previous inspection had been managed in accordance with the agency's policy and procedures.

The agency has processes for monitoring the quality of the service; these include arrangements for the monthly auditing of staffing arrangements, incidents, accidents, safeguarding referrals and complaints.

There was evidence of ongoing collaborative working with relevant stakeholders, including community representatives, other HSCT representatives and relatives. The inspector viewed evidence which indicated appropriate staff recruitment, induction, supervision and appraisal.

The agency maintains a record of all accidents and incidents including those reportable to RQIA; records viewed were noted to be comprehensive and include details of the incident and the actions taken. Incidents are reviewed by the manager and the person completing the quality monitoring audit.

The organisational and management structure of the agency and lines of accountability are outlined in the Statement of Purpose. Staff had a good understanding of the responsibilities of their job roles.

On the date of inspection the RQIA certificate was displayed appropriately.

Comments received during inspection.

Service user comments

- "The manager is great and all the staff; they are very good to us."

Staff comments

- "I can raise issues at the team meeting."
- "I feel supported; the manager is approachable."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the effective management of complaints and incidents.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rhonda Robinson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13.(d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>(1) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3</p> <p>This relates specifically to the agency having a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A statement will be completed for all staff and held in their staff file at the facility. This will be operational from 24/10/18</p>
--	--

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure that policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>This relates specifically to the agency's complaints, record keeping and whistleblowing policies</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: With exception of the complaints policy, Policies reviews are now up to date. Record keeping next review 2019 Whistleblowing next review 2021 Complaints review due 2017 SET Complaints department have confirmed the updated policy is in draft form at present and content of the old policy remains accurate until review completed</p>
---	--

Please ensure this document is completed in full and returned via Web Portal



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)