



The Regulation and
Quality Improvement
Authority

Cuan Court Supported Living Service
RQIA ID: 12237
1-26 Cuan Court
Dakota Avenue
Newtownards

Inspector: Joanne Faulkner
Inspection ID: IN022772

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**Unannounced Care Inspection
of
Cuan Court Supported Living Service
7 May 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 07 May 2015 from 09.45 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. An area for improvement was identified and is 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

There were no 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	0

The details of the QIP within this report were discussed with the Rhonda Robinson, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Hugh Henry McCaughey	Registered Manager: Rhonda Robinson
Person in charge of the agency at the time of Inspection: Mrs Rhonda Robinson	Date Manager Registered: 05 February 2015
Number of service users in receipt of a service on the day of Inspection: 17	

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 - Staffing arrangements:

Suitable staff are supplied to meet the assessed needs of service users

Theme 2 – Service User Involvement:

Service users are involved in the care they receive

4. Methods/ Process

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders/ Staff/ Relatives
- File audit
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection

During the inspection the inspector met with three service users, four care staff and a relative of one the service users. The inspector spoke to one HSC trust professional.

The following records were examined during the inspection:

- Two care and support plans
- HSC trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care records
- Monthly monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment policy (April 2013)
- Pre- employment checklist
- Induction policy
- Supervision policy (January 2014)
- Appraisal policy
- Staff register/ information
- Agency's rota information

Staff questionnaires were completed by five staff following the inspection; they indicated the following:

- Staff are satisfied that the induction process prepared them for their role
- Staff are satisfied that the care is delivered in a person centred manner
- Concerns raised are taken seriously
- Staff are satisfied that they are familiar with service users care needs
- Staff are satisfied that there is appropriate number of suitably skilled staff provided to meet the needs of service users.

One individual who completed a questionnaire provided feedback on their experience of service user involvement and the availability of relevant policies. This was discussed by the inspector with a manager covering the agency in the absence of the registered manager prior to this report being issued. The inspector was satisfied that the agency has processes in place to consider the views of individual service users.

Service users' questionnaires were completed by five service users following the inspection; they indicated that:

- Service users are satisfied with the care and support they receive
- Service users are satisfied that they are consulted in relation to the quality of the service
- Service users feel safe and staff respond to their needs

One service user raised a concern about the staffing levels. This was discussed with a manager covering the agency in the absence of the registered manager prior to the report being issued; they stated that staffing levels are monitored monthly by the senior management team. They stated that staffing arrangements would be discussed at the forthcoming tenants meeting. During the inspection the inspector viewed the agency's staff rota for the forthcoming days and staff were allocated shifts as required.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the cuan court supported living was an announced pre-registration inspection dated 13 May 2014. There was no QIP issued following this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection

No previous recommendations or requirements made.

5.3 Theme 1 - Staffing arrangements

Suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy in place and a mechanism to ensure that appropriate pre-employment checks are completed; the agency retains a copy of the pre-employment checklist. The agency maintains an alphabetical index of all domiciliary care workers supplied

to the agency. A record is maintained of those supplied on a temporary or short notice basis. Prior to employment staff are required to complete a medical.

The agency has an induction policy in place it outlines the induction programme lasting at least three days which also includes shadowing staff members in the service users' homes; agency's staff are required to attend corporate induction and this was confirmed by the agency's staff. The agency maintains a record of the induction provided to staff; it details areas discussed during the induction process. Staff are provided with a handbook and have access to the agency's policies and procedures. Staff receive supervision during their induction period and a record maintained.

The manager stated that relief staff receive the induction programme provided to permanent staff. The agency has a process for verifying the identity of all staff prior to their supply.

The agency has policies and procedures in place for staff supervision and appraisal they outline the frequency and process to be followed. Records are maintained of supervision and appraisal and indicated that they are completed in accordance with the agency's policies and procedures. Staff undertaking supervision have received appropriate training.

Is Care Effective?

Discussions with the manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rotas viewed reflected staffing levels as described by the manager. The inspector viewed the agency's staff rota for the forthcoming days and staff were allocated shifts as required.

Agency staff are provided with a job description which outlines the roles and responsibilities of their individual role. Staff could describe their roles and responsibilities and the process for reporting any concerns or training needs to the manager.

Staff could describe the detail of the induction programme received and stated that they felt they had the skills and knowledge to fulfil the requirements of their role. The agency maintains a record of induction which details regular supervision is completed during the induction period.

Staff stated that they receive two monthly supervision and annual appraisal and that they are encouraged to highlight any concerns to their line manager at any time. The agency has a process to identify and respond to training needs; it was viewed by the inspector. The agency provides mandatory training to all staff and training specific to meet the needs of individual service users.

The manager has received supervision training; the agency's policy details the frequency of supervision and appraisal; the manager stated that staff are presently receiving more frequent supervision.

Staff were aware of the whistleblowing policy and their responsibility in highlighting concerns.

Is Care Compassionate?

The agency maintains a record of comments made by service users/ representatives in relation to staffing arrangements on the monitoring forms issued to service users six monthly.

Concerns raised by service users and their representatives are discussed at tenant and staff meetings.

Service users are provided with detail of staff being provided by the agency to support them; this is included in their care and support plan. Staff could describe the impact of staff changes on service users.

Induction records viewed indicated that staff receive structured induction and ongoing training specific to the needs of service users such as Dementia awareness. The manager stated that all staff are supported to complete Best Practices in Dementia Care training at the commencement of employment. Staff stated that they had the appropriate knowledge and skills to carry out their roles. Relatives confirmed that staff have the knowledge and skills to provide care to meet the needs of individual service users.

Agency staff described how their induction included meeting service users and becoming familiar with their care and support needs; and the importance of respecting their privacy, dignity and choices. Service users can decline to receive care and support from staff; they stated that their privacy and dignity is respected at all times.

Service User Comments:

- “I have no complaints; I am very happy”
- “Staff are good discuss my help with me; they know what I need help with”
- “Staff are fantastic”

Staff Comments:

- “I receive supervision”
- “I can speak to the manager at any time”
- “I received induction at the commencement of my employment”
- “I feel I can raise issues”
- “I recently moved to supported living team; it is different in a good way”
- “Service users can choose their routine”

Relatives' Comments:

- “Staff are great, they are very approachable”
- “I can speak to the manager at any time; they will get any problems sorted out”
- “Staff do a great job”
- “The staff are warm and welcoming”
- “The care at Cuan Court has been fantastic”

Professional Comments:

- “I am informed of any changes”
- “An issue identified was dealt with appropriately”

Areas for Improvement

There were no areas for improvement identified in relation to Theme 1.

Number of Requirements	0	Number Recommendations:	0
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5.4 Theme 2 – Service User Involvement

Service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments viewed reflected the views of service users and/or representatives. Service users and their representatives stated that they are involved in the assessment of need and completion of their individual care and support plans and that their views and wishes are reflected. One relative described how their relative had visited the service to meet with other service users prior to moving to the service.

There was evidence of positive risk taking in collaboration with the service user and/ or their representative. Staff complete a risk assessment in conjunction with service users and their representatives; the assessments viewed provided examples of positive risk taking. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible and provided examples of how service users are supported to be as independent as possible.

Is Care Effective?

Service users are encouraged to participate in an annual review of their care and support; the manager stated that this is in conjunction with representatives for the HSC trust. Staff record the care and support provided and care plans are reviewed quarterly or as required. Service users and their relatives stated that they are involved in the development of their care and support plans and views reflected. One service user described the process of meeting weekly to discuss their plans for the incoming week. Care and support plans viewed detail the views, choices and routines of service users and contain information specific to the needs of individual service users.

The agency facilitates monthly tenants meetings with service users; records viewed indicate that service users are encouraged to express their views and opinions. In addition six monthly monitoring forms are completed by service users to encourage them to comment on the care and support provided. Service users and their relatives are informed of the agency's complaints procedure the agency maintains a record of all compliments and complaints. Monthly monitoring visits are completed and documentation viewed indicates engagement with service users and their representatives.

Service users have been provided with information relation to their human rights booklet the service user guide details the process of accessing an independent advocacy service. Staff stated that they have received human rights training.

Is Care Compassionate?

Discussions with staff, service users, relatives and a professional indicate that service users receive care in an individualised manner. Care plans and agency records examined were written in a person centred manner; service users and their relatives stated that they are consulted about the care they receive.

Staff discussed examples of responding to service users' preferences; families described having their views taken into account; records of monthly tenant meetings and returned monitoring questionnaires reflected their involvement. Service users described how they meet with staff weekly to develop their individual plan for the week. One service user could describe the detail of the agreed support that they required from staff.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Human rights were outlined in care plans the agency provides service users with information relation to human rights.

The manager described how the agency liaises with the HSC trust regarding assessment of capacity. The agency's response to complaints and comments made by service users and their representatives shows how individual views are taken into account and responded to.

Staff Comments:

- "Service users are encouraged to make their own choices"
- "Service users are involved in developing their care and support plans"
- "There is flexibility in the times that care is provided to ensure that service users have choice"

Relatives' Comments:

- 'I am informed of any concerns; I can speak to staff at any time'
- 'My relative is given choice and respect'

Service User Comments:

- "I attend the tenants meeting"
- "We can choose what we want to do"
- "Staff meet with me weekly"
- "If I have any problems I speak to the manager"

Professional Comments:

- 'Staff informs me of any issues or concerns'
- 'I was involved in the care review of a service user'

Areas for Improvement

There were no areas for improvement identified in relation to Theme 2.

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

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by a manager from another of the agency's facilities. From records viewed the views of service users, their relatives and where appropriate relevant professionals had been recorded. The documentation details any incidents or safeguarding concerns and contains an action plan.

It was identified that documentation for two of the monitoring visits was not in place. Following the inspection the registered manager forwarded to RQIA a copy of the monthly monitoring report for April 2015. A requirement has been made.

5.5.2 Complaints

The agency has received two complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the manager. The agency's complaints policy outlines the procedure in handling complaints from documentation viewed it was indicated that the agency's procedure had been followed.

Areas for Improvement

Regulation 23 (2) (3)

The inspector discussed with the manager the need to retain copies of the agency's monthly monitoring visits.

Number of Requirements	1	Number Recommendations:	0
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6. Quality Improvement Plan

The issue identified during this inspection is 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.

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 Supportedliving.services@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 agency. 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 agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 23 (2) (3)</p> <p>Stated: First time</p> <p>To be Completed by: 07 July 2015</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>Response by Registered Person(s) Detailing the Actions Taken: Monthly audits are now being comprehensively completed in a timely manner. Manager will ensure reports are completed and forwarded to RQIA until further notice. Reports for April and May have been submitted as requested.</p>		
Registered Manager Completing QIP	Rhonda Robinson	Date Completed	15.06.15
Registered Person Approving QIP	Hugh McCaughey	Date Approved	09.07.15
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	14.07.15

Please ensure the QIP is completed in full and returned to Supportedliving.services@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below: