

Unannounced Care Inspection Report 12 December 2017



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

Assurance, Challenge and Improvement in Health and Social Care

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, 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'.

3.0 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

4.0 Inspection summary

An unannounced inspection took place on 12 December 2017 from 10.00 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine 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 staff recruitment, staff supervision and appraisal, communication with service users and other relevant stakeholders and the agency's quality monitoring processes.

No areas for improvement were identified.

Comments made by service users are 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Rhonda Robinson, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 14 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 June 2016.

5.0 How we inspect

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

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

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

During the inspection the inspector met with the registered manager, a senior support worker, a number of service users and three staff members.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Risk and needs Assessment Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Quality Assurance Policy
- Complaints Policy
- Confidentiality Policy
- Incident Policy

- Data Protection Policy
- Records Management Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that organisation's Human Resources (HR) department to review staff recruitment records; details of the findings are included within the report.

At the request of the inspector, the registered manager was asked to display a poster within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received. Questionnaires were provided for service users; no returns were received prior to the issuing of this report.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 June 2016

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 14 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards		Validation of compliance
Recommendation 1 Ref: Standard 9.5 Stated: First time	<p>The registered person should ensure that the agency's policies and procedures are subject to a systematic three yearly review.</p> <p>This recommendation relates specifically to the agency's Recruitment, Induction, Safeguarding Vulnerable Adults, Supervision, Confidentiality and Assessment and Care Planning policies.</p>	Met

	Action taken as confirmed during the inspection: The inspector viewed a range of the agency's policies and procedures and identified that those highlighted as requiring to be reviewed had been updated. It was noted that the Safeguarding Vulnerable adult policy is currently in draft form.	
--	--	--

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

The agency's staff recruitment process is managed by the organisation's HR department. Prior to the inspection the inspector visited the organisation's HR department and reviewed a number of staff personnel records; those viewed included details of the agency's recruitment processes and evidence of pre-employment checks completed. Documentation viewed and discussions with HR personnel and the registered manager indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's recruitment policy outlines the process for ensuring that staff pre-employment checks are completed prior to commencement of employment. It was identified that staff records retained at the agency's office and in the HR department were retained securely and in an organised manner.

The agency's induction programme is noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was noted that staff are required to complete corporate induction during the initial induction period, a range of mandatory training and to shadow other staff employed by the agency.

The agency retains a record of the induction provided to staff; the inspector viewed a number of individual staff induction records. Discussions with the registered manager and staff indicated that they had the knowledge and skills to fulfil the requirements of their job roles.

It was noted from discussions with the registered manager that relief staff are not accessed from another domiciliary care agency. The registered manager described the process for ensuring that staff provided at short notice have the skills to fulfil the requirements of the job role.

Discussions with the registered manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons

available to meet the assessed needs of the service users. It was identified that the agency is currently in the process of recruiting additional staff; the manager stated that to ensure adequate staffing levels are maintained additional staff are accessed from a team of relief staff and also the current staff team. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager.

The agency's staff supervision and appraisal policies outline the timescales and procedures to be followed. It was identified that staff receive bi-monthly supervision and annual appraisal. The agency provides staff with a supervision contract and retains a record of staff supervision and appraisal; those viewed by the inspector indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures.

The inspector viewed details of training completed by staff; records viewed indicated that staff had complete appropriate training to their job roles. Staff are required to complete corporate induction training, a range of mandatory training and training specific to the needs of individual service users. It was noted that in addition all staff are required to complete training in dementia awareness. The registered manager and staff could describe the process for identifying training needs and for ensuring that required training updates are completed.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was identified that the agency's policy and procedures have been updated to reflect information contained within the regional policy and are currently in draft form. The policy and procedures outline the procedure for staff in relation to reporting concerns.

The agency maintains a record 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. Documentation viewed and discussions with the registered manager indicated that the agency has made one referral in relation to adult protection and has acted in accordance with the current procedures. It was noted that the agency retains details of the outcome of any investigation completed.

Staff are required to complete safeguarding vulnerable adults training during their induction programme and an update two yearly. It was noted from records viewed that one staff member was required to complete a training update. Staff who met with the inspector demonstrated that they had a clear understanding of adult safeguarding matters and the process for reporting 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 policy outlines the process for assessing and reviewing risk.

It was identified that the agency has a range of risk assessments in place relating for individual service users. The agency receives a range of relevant information and assessments relating to individual service users prior to them receiving care and support.

Staff described how they support service users to be involved in the development and review of their care plans. Staff record the care and support provided to service users at each visit. Service users have an annual review involving their HSCT keyworker and care plans are reviewed and updated three monthly or as required. It was identified that service users are supported to complete an easy read record of their life story.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose. The agency's office is accessed from the same entrance as the service users' accommodation.

Comments received during inspection.

Service user comments

- 'I am happy here; I feel safe.'
- 'Any of the staff will listen if I'm worried.'
- 'Nothing I am unhappy about.'

Staff comments

- 'I think service users are safe.'
- 'Supervision is worthwhile.'
- 'Training is good.'

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The inspector reviewed agency's arrangements for appropriately responding to and meeting the assessed 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 data protection and records management policies detail the processes for the creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed by the inspector at the organisation's head office prior to the inspection were noted to be maintained in an organised manner; both electronic and paper records retained in the agency's office were noted to be organised and held securely.

Staff could describe the processes used to support service users to be effectively engaged in the development of their care plans; they stated that service users are provided with a copy of their care plan. The agency requests that service users sign the care plan to indicate that they have agreed to the care and support to be provided.

The agency's arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users were reviewed. The agency has a system in place for monitoring the quality of the service provided; it was noted that the process involves a monthly audit being completed by a manager from another of the HSCT facilities. Records viewed indicated that the process seeks to obtain feedback from service users, relatives and relevant stakeholders in relation to the quality of the service provided.

Records of monthly quality monitoring visits viewed during and following the inspection were noted to include details of the review of the agency's systems and an improvement plan. The documentation includes details of the review of complaints, compliments, staffing arrangements, accidents, incidents or safeguarding referrals, medication, and training.

Compliments received

- 'Thank you for all your support to *****. I can feel she is safe and if there is a problem she is reassured.'
- 'Thanks you for the time you took to help us and listen to our concerns.'
- 'I will never forget what you have done for dad and I.'
- 'I highly commend the professionalism of a staff member whilst out shopping with a tenant.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with the registered manager, staff and service users and observation of staff and service user interactions indicated that staff communicate appropriately with service users and in a respectful manner.

Staff were knowledgeable about the individual needs of service users; they could describe the processes used to support service users to remain as independent as possible in their own homes.

The agency facilitates bi-monthly staff meetings; records viewed indicated that a range of standard items are discussed at each meeting, they include staff training, policies and procedures, staffing arrangements and service user issues. Bi-monthly service user meetings are held and service users stated that they are supported to attend; the inspector discussed with the registered manager the benefits of including comments made by service users in the minutes of the meetings.

Discussions with the registered manager and staff demonstrated that they endeavour to develop and maintain effective working relationships with the other HSCT representatives and relevant stakeholders. The inspector viewed evidence of engagement between the agency's staff and HSCT community keyworkers; during the inspection the inspector observed service users participating in an activity with local school children who visit on a weekly basis.

Comments received during inspection.

Service user comments

- 'Staff are great.'

Staff comments

- 'Staff are good; we communicate well.'
- 'We help the tenants to be involved in the local community.'
- 'We discuss issues at the team meeting.'
- 'We provide individual and group support; it would be good to have a cooker in the main shared kitchen area.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's record keeping, auditing arrangements and communication with service users and 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 inspector assessed the agency's ability to treat service users with dignity, respect and compassion and to engage service users in decisions affecting the care they receive.

Discussions with the registered manager, service users and staff and observation of staff and service user interactions indicated that values such as choice, dignity and respect were embedded in the culture of the organisation; staff stated that they had received training in relation to confidentiality during their corporate induction.

Staff could describe the processes used for supporting service users to be involved in making informed choices and for respecting their views and wishes.

There are a range of systems in place to promote effective engagement with service users and where appropriate their representatives. The systems include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings and tenant's meetings. The agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The agency has processes in place to record comments made by service users; details of the annual service user satisfaction survey, records of service user care review meetings, monitoring visits and quality monitoring reports viewed by the inspector provided evidence that the agency strives to engage with service users and where appropriate their representatives in relation to the quality of the service provided.

During the inspection the inspector observed staff supporting service users to make choices in relation to the care and support they receive. Service users who spoke to the inspector stated that they have choice and can do what they want.

The inspector noted that staff facilitate service users to meet daily for afternoon tea; during the inspection the inspector spoke to a number of service users who stated that they enjoyed meeting together for a chat.

Service user comments

- 'I can do what I want; staff help me with anything I ask.'
- 'We have good staff.'
- 'Staff take me out.'

Staff comments

- 'Tenants have choice; we support them with activities related to their likes and dislikes.'
- 'It's sometimes having a listening ear; communicating with the tenant's and noticing changes.'
- 'I like working here.'
- 'We support tenant's to be involved in the community; they go to tea dances, church coffee morning and the allotment.'

Areas of good practice

There were examples of good practice identified in relation to the agency's processes for engaging with service users, effective communication and providing care in a person centred manner.

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 agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis the registered manager and senior support workers. Staff who met with the inspector could describe the process for obtaining support and guidance if required.

The agency has a range of policies and procedures noted to be in accordance with those as required within the minimum standards; they are retained in an electronic format which staff can access and in a paper format stored in the agency's office. During the inspection the inspector

viewed a number of the organisation's policies; it was identified that the majority viewed had been reviewed and update in accordance with timescales for review as outlined within the minimum standards. It was identified that the Adult Safeguarding and complaints policies are currently in draft form.

The agency's procedures for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users were reviewed. Records viewed and discussions with the staff indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

It was identified that the agency's complaints policy, April 2014 was recently reviewed and is currently in draft form. The policy outlines the process for effectively handling complaints; discussions with staff indicated that they had a clear understanding of the actions required in the event of a complaint being received. It was noted that staff receive training in relation to managing complaints and customer care during their induction programme.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that the agency has received a number of complaints since the previous inspection. The inspector identified from records viewed that the agency has acted in accordance with their policy and procedures in the management of complaints and has a proforma to record of the actions taken and outcome of the investigation of any complaints received. Staff who spoke to the inspector could describe the process for managing complaints.

Records viewed and discussions with the registered manager indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for the monthly review of incidents, accidents, safeguarding referrals and complaints by the registered manager and the person completing the quality monitoring visit. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, training, supervision and appraisal.

The organisational and management structure of the agency is outlined in the service user guide. Staff had a clear understanding of their job roles and responsibilities; it was noted that they are provided with a job description at the commencement of their employment. Staff who met with the inspector demonstrated that they had a clear understanding of the procedure for raising concerns and had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body; copies of individual staff member's registration certificates are retained by the agency and monitored by the manager. Discussions with HR personnel and the registered manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered. It was identified that registration status is discussed with individual staff members at their supervision.

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

Comments received during inspection.

Service user comments

- 'The manager is great.'

Staff comments

- 'I feel supported.'
- 'I can report any concerns to the senior.'
- 'Communication is good.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements, management of complaints and monitoring of staff registration with regulatory bodies.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)