

# Inspection Report

31 March 2022



## Cuan Court Supported Living Service

Type of Service: Domiciliary Care Agency  
Address: 11-34 Cuan Court, Dakota Avenue, Newtownards,  
BT234XN  
Tel No: 028 9181 9286

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust	<b>Registered Manager:</b> Mrs Rhonda Robinson
<b>Responsible Individual:</b> Ms Roisin Coulter, registration pending	<b>Date registered:</b> 8 May 2017
<b>Person in charge at the time of inspection:</b> Mrs Rhonda Robinson	
<b>Brief description of the accommodation/how the service operates:</b>  <p>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 office is located in the same building as the service users' apartments.</p> <p>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.</p>	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 31 March 2022 10.00 a.m. and 3.20 p.m. by the care inspector.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users, staff registrations with NISCC and the management of complaints and adult safeguarding. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff and service users. There was evidence of robust management and governance arrangements.

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

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, Health and Social Care (HSC) Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

### 4.0 What people told us about the service

During the inspection we spoke with 10 service users, four staff members and one HSC Trust representative.

The information provided during the inspection indicated that there were no concerns in relation to the agency.

#### Comments received during inspection process included:

##### Service users' comments:

- "I am very happy; staff are great. I have no complaints."
- "All good, staff are great; they are so good to us."
- "I am happy with everything."
- "Talk to staff if worried."

##### Staff comments:

- "No Issues, all good."
- "I am well supported and can report concerns."
- "I love working here; I am very supported."

- “I am very happy. I came as part of the workforce planning and I am now permanent. I received induction.”

#### **HSC Trust representative’s comments:**

- “I have no problems, the communication is good. Staff are approachable and the service users are very happy.”
- “Staff all very pleasant and attentive.”

No staff responded to the electronic survey.

One questionnaire was returned; the respondent indicated that they were satisfied with the care and support provided. Comments included: “The manager is excellent.”

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Cuan Court Supported Living Service was undertaken on 6 February 2020 by a care inspector; no areas for improvement were identified. An inspection was not completed during the 2020-2021 inspection year due to the first surge of the Covid -19 pandemic.

## **5.2 Inspection findings**

### **5.2.1 Are there systems in place for identifying and addressing risks?**

The agency’s provision for the welfare, care and protection of service users was reviewed. 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 clearly outlines the procedure for staff in reporting concerns.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

It was identified that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that one referral made with regard to adult safeguarding since the last inspection had been managed in accordance with the policy and procedure. It was identified that adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to the manager or staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures and are reviewed as part of the quality monitoring process.

It was identified that staff have completed DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance. It was noted that the agency are not appointee for any of the service users.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### **5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?**

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that the agency has supported service users had regular contact with relatives during the pandemic.

### **5.2.3 Are there robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in conjunction with the organisation's Human Resources (HR) department and in accordance with the regulations and minimum standards. It was noted checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details are monitored by the manager in conjunction with the organisation's HR department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

#### **5.2.4 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

It was noted that a small number of service users have been assessed by the SALT in relation to swallowing issues and dysphagia needs. Discussions with the manager, staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe, effective and specific to the individual assessed needs of service users.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated SALT dietary requirements. Staff were knowledgeable with regard to how food and fluids should be modified. It identified that staff had completed dysphagia awareness training in 2018-2019 and that an update was planned for April 2022.

#### **5.2.5 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, staff, service users' relatives and HSC Trust representatives as appropriate.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed appropriately. Complaints are reviewed as part of the agency's monthly quality monitoring process.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

## **6.0 Conclusion**

Based on the information reviewed we were satisfied that the agency was providing safe, effective and compassionate care and that the agency was well led.

## **7.0 Quality Improvement Plan/Areas for Improvement**

Findings of the inspection were discussed with Mrs Rhonda Robinson, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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