

Inspection Report

5 September 2023



West Belfast Living Options

Type of Service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: The Cedar Foundation	Registered Manager: Mrs Jeanette Marie McGeown
Responsible Individual: Mrs Mary Elaine Armstrong	Date registered: Acting, no application required
Person in charge at the time of inspection: Mrs Jeanette Marie McGeown	
Brief description of the accommodation/how the service operates: West Belfast Living Options is a domiciliary care agency operated by the Cedar Foundation which provides a supported living service to adults living with a learning disability, who may have additional physical disabilities and mental health problems. The agency provides domiciliary care and housing support for 36 service users living in individual or shared accommodation in the West Belfast area. Service users may receive up to 24-hour care and support from agency staff, dependent on needs as commissioned by the Belfast Health and Social Care (HSC) Trust.	

2.0 Inspection summary

An unannounced inspection took place on 5 September 2023 between 9.30 a.m. and 3.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

No areas for improvement were identified.

Good practice was identified in relation to service user involvement, staff training, and the management of complaints, incidents and adult safeguarding matters. There were good governance and management arrangements in place.

We wish to thank the service users and staff for their support and co-operation during the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were 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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

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

Comments received included:

Service users' comments:

- "Love it here, the staff are kind to me. Staff help me with my shopping and getting a shower."
- "No concerns; speak to staff if worried."

- “The staff are good to us.”
- “Staff take us out to where we want.”
- “I like living here.”

Staff comments:

- “Good, love it here. I can raise concerns and the service users are well looked after.”
- “Worked here 20 years. Staff go above and beyond; the service users are well looked after.”
- “We get so fond of the clients; they are very well cared for and are safe.”
- “We can support the service users to do what they want.”
- “No concerns, no issues; lovely place to work.”
- “We are listened to. Love getting the service users out and about. We have a great staff team it is all about inclusion in community.”
- “Staffing is good at present.”
- “Love getting the service users out and about, they choose where they want to go.”
- “I am supporting a service user to go on holiday.”
- “Staff team very good at present, good morale and new staff with new ideas.”

During the inspection we provided a number of easy read questionnaires for service users to complete and share their views in regard to service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

No questionnaires were returned.

On individual responded to the electronic survey, they indicated that they were very satisfied that care and support provided was safe, effective and compassionate and that the service was well led. They commented, “My experience with Belfast living options, is an organisation that prides itself in helping its service users”.

5.0 The inspection

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

The last care inspection of the day care setting was undertaken on 4 October 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 4 October 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that staff are trained for their roles and responsibilities. This relates specifically to Dysphagia training. Ref: 5.2.3	Met
Action taken as confirmed during the inspection: Inspector confirmed that the majority of staff had completed dysphagia training and that training dates had been booked for the remaining staff now due an update.		

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager and deputy manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records including care plans, contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

Some matters discussed included:

- Christmas
- Health and Safety
- Health workshop
- Bi-monthly party

We discussed with the manager and deputy manager the benefits of including more comments made by the service users in the minutes of the meetings.

The deputy manager advised that staff had supported services to develop a newsletter, 'The Best of the West'; it was noted to contain information and photographs of activities undertaken by service users.

It was noted that staff have supported service users to visit a local hotel on a bi-monthly basis for entertainment of their choice; service users who spoke with us stated that they enjoyed going and wanted it to continue.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A small number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. 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 in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. A check of registrations completed during the inspection indicated that staff were appropriately registered with the relevant professional body.

It was identified that ancillary staff employed have received training in Adult Safeguarding and had an AccessNI check completed.

The manager advised that there were no volunteers being used within the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a structured induction programme lasting at least three days which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained an electronic record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. Comments included: "I feel a sense of pride in my role, in the team and in the service."; "I am settled."

The reports included details of a review of service user care records; accident/incidents; safeguarding matters; DoLS; restrictive practice; health and safety; and staffing arrangements including staff recruitment and training.

The Annual Quality Report was reviewed and was satisfactory. It contained a range of comments from service users, they included:

- "I am grateful for staff to get my hair washed and making my dinner."
- "Staff listen to my concerns and this helps my mental health. I am grateful for the support given to me by The Cedar Foundation."
- "Staff and team leaders talk to me and listen to my problems."
- "Would like to do arts and crafts as a one to one with staff."
- "I prefer male staff."

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

We discussed the acting management arrangements which have been ongoing since 15 August 2022; RQIA will keep this matter under review.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

There is a process whereby staff can use a master key where they are unable to gain access to a service users home. Service users have consented to these arrangements.

6.0 Conclusion

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Jeanette Marie McGeown, Manager, and the deputy manager, as part of the inspection process and can be found in the main body of the report.



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