

# Announced Care Inspection Report 13 August 2020



## West Belfast Living Options

**Type of Service: Supported Living**  
**Address: 151 Glen Road, Belfast, BT11 8BS**  
**Tel No: 02890300609**  
**Inspector: Jim McBride**

[www.rqia.org.uk](http://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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

West Belfast Living Options is a domiciliary care agency operated by the Cedar Foundation which provides a supported living service to adults with a learning disability, who may have additional physical disabilities and mental health problems.

The agency provides domiciliary care and housing support for up to 43 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 assessed by the Belfast Health and Social Care (HSC) Trust.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> The Cedar Foundation  <b>Responsible Individual:</b> Margaret Cameron	<b>Registered Manager:</b> Susan McCartney
<b>Person in charge at the time of inspection:</b> Susan McCartney	<b>Date manager registered:</b> 12 November 2018

### 4.0 Inspection summary

An announced inspection took place on 13 August 2020 from 09.30 to 12.30.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence and other contacts related to the Agency. Since the last inspection on: 11 April 2019. Correspondence has included: Incident notifications and other calls to RQIA.

Following review of this information, the inspector identified that the information received show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time.

In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using an On-site inspection approach

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines. Covid-19 education and management including: infection prevention and control were found to be in line with latest guidelines measures.

The agency is to be commended for their comprehensive work completed on "Competency Assessments" for all staff relating to Infection Protection and Control and Personal Protective Equipment during the Covid-19 period.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Susan Mc Cartney 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.

## 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided for service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for care givers detailing how they could complete an electronic questionnaire. 14 responses were received prior to the issue of the report. Respondents were satisfied or very satisfied.

### Comments received:

- “I feel that Cedar have always had the needs of the service users as a priority, particularly during the difficult times we have currently encountered with the coronavirus pandemic.”
- “I feel that both staff and service users have coped extremely well in current Covid climate and individuals’ wellbeing is at the core of all we do.”
- “I really enjoy my work and I have great colleagues who always support me.”
- “I am happy with the Cedar Foundation the way they look after their staff and tenants. The workplace runs very smoothly with the Team Leaders on shift.”
- “Service is well led, and support staff receive a lot of support from their team leader on shift to ensure that all tenants are supported appropriately.”
- “All the tenants and staff are great.”

- “I feel very supported by the staff team I work with and very much enjoy all aspects of my job. The support from senior management within the service is second to none.”
- “I’m very happy working in Cedar, staff friendly and helpful.”
- “I am very happy with my managers and Team Leaders; they are very knowledgeable and understanding of our tenants needs.”
- “Team leaders and managers are very supportive, and always willing to help.”
- “I feel both the staff and team leader provide great insight and knowledge when I am on shift.”

Ten questionnaires were also provided for distribution to the service users and their representatives, no responses were received prior to the issue of this report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately.

During the inspection the inspector communicated with the registered manager and three staff. No service users were met during this inspection due to social distancing. However a number of questionnaires were distributed for completion and “Tell us” cards were also distributed with the inspectors contact details.

#### **Staff comments:**

- “I had a good very comprehensive induction.”
- “The staff are well supported by managers.”
- “Excellent training opportunities.”
- “The covid-19 training was helpful and informative.”
- “We all feel safe and secure at this time.”
- “Staff all support each other.”
- “The activities and opportunities offered to service users recently have been welcomed and enjoyable for them.”

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

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

## **6.1 Inspection findings**

#### **Recruitment:**

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department, located at the organisation’s head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. The inspector reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of six records confirmed that all staff are currently registered with NISCC. The inspector noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

The service use a number of outside agency staff when required and it was good to note that all guidance for recruitment and induction records were in place, including the most recent Covid-19 guidance from the PHA July 2020 relating to agency staff use.

### **Service quality:**

The inspector noted comments from service users, relatives, staff and HSC trust professionals during regular monthly quality monitoring:

#### **Service Users:**

- “I have no concerns about the quality.”
- “I’m happy with my care and support.”
- “Support service is excellent.”
- “I have been here seven years and I’m happy.”

#### **Staff:**

- “A good quality of care is provided.”
- “We have a good team here.”
- “I’m happy with the standard of care.”
- “No concerns with the support received.”

#### **Relatives:**

- “I have a good relationship with the team.”
- “No concerns.”
- “I’m happy with the care and support my sister receives.”
- “Staff could not do more.”

#### **HSC Trust professionals:**

- “Staff are friendly and approachable.”
- “The care and support received is excellent.”
- “Cedar staff are doing a good job.”
- “Thanks for the efforts to keep people safe.”

### **Areas of good practice**

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with HR Department and staff registrations with NISCC.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### Care planning and review:

The inspector reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included:

- referral information
- care plan
- risk assessments
- reviews

### Review comments:

- "I like the company of other service users."
- "The staff are great, I have no concerns or issues."
- "It was good for me here."
- "I continue to enjoy living here."

### Covid-19:

The inspector spoke with the manager and to three staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- BHSCT infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily In line with guidance
- Used PPE storage and disposal
- Staff training and guidance on: a. infection prevention and control and b. the use of PPE equipment, in line with guidance.

The inspector reviewed records relating to Infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office.

The inspector reviewed records that indicated that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance.

Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the agency for service users, staff and visitors to use to ensure good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC; this was facilitated by staff from the BHSCT.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and senior staff spot check the use of PPE by staff during shifts. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a caring manner, whilst being caring and compassionate to both service users and their relatives.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring tenants for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

### **Areas of good practice**

Compliance with Covid-19 guidance and comprehensive competency assessments relating to IPC and PPE.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.



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