

Unannounced Care Inspection Report

3 August 2017



The Cedar Foundation - Meadowvale Court

Type of Service: Domiciliary Care Agency

Address: 195 Hillsborough Old Road

Tel No: 02892662208

Inspector: Jim McBride

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

Meadowvale Court is a, supported living type domiciliary care service, situated in North Lisburn. The agency provides personal care and housing support to up to 13 individuals who have tenancies in self-contained apartments'. The tenant group includes people with Brain Injury and/or Physical / Sensory Disability and who require support to increase independence and enhance their quality of life.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Eileen Marian Thomson	Registered Manager: Colette Mary Speight
Person in charge at the time of inspection: Colette Mary Speight	Date manager registered: 22 August 2016

4.0 Inspection summary

An unannounced inspection took place on 3 August 2017 from 09.30 to 13.30.

This inspection was underpinned by 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:

- Staff induction and training
- Recruitment
- Quality monitoring
- Service user engagement.

The comments of service users and staff have been included in the relevant report sections.

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.

The inspector would like to thank the person in charge, service users and staff for their support and co-operation throughout the inspection process.

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 Ms Collette Speight, Registered Manager and Mrs Deborah Stevenson, Co-Head of Living Options 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.

No further actions were required to be taken following the most recent inspection on the 29 June 2016.

5.0 How we inspect

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

- Discussion with the registered manager, two support workers and two service users
- Examination of records
- Discussion with service users
- Consultation with staff
- Evaluation and feedback.

The inspector observed service users going about their daily activities during the inspection. It was noted that staff and service users appeared comfortable with each other and were engaging and communicating well with each other.

The manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Ten staff questionnaires were returned to RQIA. The inspector also asked staff to distribute ten questionnaires to tenant's. Ten questionnaires were returned. Further detail of feedback is included throughout this report.

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

- Previous RQIA inspection report (Pre-Registration)
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection.

The following records were examined/reviewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Annual customer satisfaction survey
- Records relating to staff supervision
- Staff training records including:
 - Safeguarding
 - Human rights
 - Challenging behaviour
 - Medication
 - Supervision and appraisal
 - Roles and responsibilities
 - Restrictive practice
- Staff rota information

- Adult safeguarding Policy (2016)
- Statement of Purpose (2016)
- Service User Guide (2017)
- Confidentiality policy (2016)
- Supervision policy (2015)
- Complaints policy (2017)
- Risk management policy(2017)
- Personal and professional boundaries guidance (2017)
- Whistle blowing policy and guidance (2017)
- Incidents policy (2015)
- Data protection and record storage(2017)
- Supervision policy (2015).

The findings of the inspection were provided to the person in charge and another agency representative at the conclusion of the inspection.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

During the inspection the agency's processes to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements in place within the agency.

The manager stated that the agency's recruitment policy (2016) outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The inspector noted a number of staff recruitment information records. Checklists were available for inspection and the records in place were satisfactory.

The agency's training and development policy (2016) outlines the induction programme provided to staff; the inspector noted from records viewed and discussions with the registered manager and staff that the organisation has a rolling induction programme which staff are required to complete. Staff interviewed stated that they were required to complete an induction programme that includes shadowing other staff employed by the agency during their induction programme.

Discussions with 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. The inspector viewed the agency's staff rota information for weeks ending 5 August 2017, 12 August 2017 and 19 August 2017 and noted it reflected staffing levels as described by the registered manager. Staff who spoke to the inspector felt that there was enough staff to meet the needs of the service users. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

It was noted that relief staff are currently accessed from other registered domiciliary care agency's; the registered manager could describe the process for ensuring that any staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role. The inspector viewed a number of staff profiles for staff provided from other agencies and noted that they contained information in relation to training, experience, induction and registration with the Northern Ireland Social Care Council (NISCC).

The inspector viewed the supervision and appraisal records for six staff; those viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector indicated that supervision and appraisal benefited them in their job roles.

The agency has an electronic system for recording staff training; the manager could describe the process for identifying training needs in conjunction with staff. Staff interviewed were aware of their responsibility for ensuring that required training updates are completed whilst ensuring that they had the required skills and knowledge to fulfil their roles. The inspector noted from records viewed and discussion with staff that staff were required to complete training in a range of identified areas and if required training specific to the assessed needs of individual service users.

The inspector viewed the agency's staff training matrix and noted that the records indicated that staff had completed relevant mandatory training. Staff who met with the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role. 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 DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has updated their policy and procedures to reflect information contained within the policy.

The inspector noted that a senior manager is identified as the "Adult safeguarding champion." The Safeguarding champion is responsible for advising on safeguarding, monitoring safeguarding and monitoring appropriate returns. The safeguarding champion provides safeguarding advice and has overall responsibility to ensure staff training is provided.

The inspector noted that the agency's policy and procedures clearly outline the process for staff in reporting concerns. Discussions with the manager and staff demonstrated that they had a clear understanding of adult safeguarding and the process for reporting concerns; in addition staff had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are provided with training in relation to safeguarding vulnerable adults during their induction programme and in addition are required to complete updates as required.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager and records viewed it was identified that the agency has a system for recording any referrals made to the relevant Health and Social Care Trust safeguarding teams and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that the agency has made a number of referrals in relation to safeguarding since the previous inspection.

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

risk management policy (2017) outlines the process for assessing and reviewing risk; it details that risk assessments and management plans are required to be completed in conjunction with service users and where appropriate their representatives. It was noted that service users are supported to participate in an annual review involving a HSC Trust keyworker if appropriate and that care and support plans are reviewed as required.

It was identified that the monthly governance arrangements include an audit of individual care records and risk assessments and any practices that may be deemed as restrictive.

The agency's registered premises are located within the same building as the service users' accommodation and accessed from a shared entrance; the premises includes offices that are suitable for the operation of the agency as described in the Statement of Purpose (2016).

Service user comments during inspection:

- "I feel safe here and love my new home"
- "The staff are very good."

Staff comments during inspection:

- "My induction was positive and helped prepare me for the role. The other staff were very supportive and encouraging"
- "Training is relevant and regular and helps maintain your skills"
- "Service users are safe and are given choice."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

Ten returned questionnaires from service users indicated that:

- Feel safe and protected from harm
- They can talk to staff if they are unhappy or have any concerns
- The care received helps you feel safe
- Staff are trained to meet your needs.

Ten returned questionnaires from staff indicated:

- They feel that service users are safe and protected from harm
- There are risk assessments and Care Plans in place for the people who use the service
- Feel they receive appropriate training for their role
- They receive supervision and appraisal.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

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

During the inspection the inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users. It was noted that the agency's Statement of Purpose and Service User Guide detail the nature and range of services provided.

Records viewed both prior to and during inspection indicated that they are maintained in accordance with legislation, standards and the agency policy. Staff stated that service users/relatives are supported to be effectively engaged in the care planning process.

The inspector noted comprehensive pre-service assessment information in place that helps to inform individual care and support plans. The document includes information relating to service users:

- Level of need
- Activity
- Level of independence
- Level of support required

Activities are assessed in partnership with service users and/or their representatives to ensure all needs are met in relation to the following areas of activity:

- Personal care
- Health
- Medication
- Mobility
- Communication
- Activities
- Housing
- Food preparation
- Housekeeping
- Shopping
- Finances
- Personal safety.

The agency has systems in place to monitor, audit and review the effectiveness and quality of care provided to service users. The inspector viewed the records of monthly quality monitoring visits completed by a senior manager from the agency and the action plans developed; they indicate that the system is effective in identifying areas for improvement. Records of quality monitoring visits viewed during the inspection were noted to include comments made by service users, staff, HSC Trust representatives and where appropriate service user's representatives. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, record keeping and financial management arrangements.

Comments received during the monthly quality monitoring:**Service users' comments**

- "I'm pleased with the quality of care provided"
- "I'm happy and comfortable here"
- "I enjoy my independence"
- "I'm happy"
- "I'm very happy with the staff."

Staff Comments

- "Care is second to none"
- "This is what I always wanted"
- "The care and support is good"
- "Supervision and appraisal training was good"
- "We can meet to share good practice."

Relative's comments

- "My ***** is happy and is being taken care of well"
- "Staff work very well to support my *****"
- "Staff are doing a great job"
- "I have great confidence in the team."

HSC Trust representatives' comments

- "I have no concerns and I'm happy with the standard of care provided"
- "Communication with the staff has improved"
- "The manager is very accommodating"
- "The move to Meadowvale was very positive for my client."

The agency's systems to promote effective communication between service users, staff and other key stakeholders were reviewed during the inspection. Observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users. One service users stated:

- "Staff always listen to me and help with any problems I have."

The agency facilitates service user meetings; the inspector noted that service users are provided with the opportunity to express their views. Service users who met with the inspector indicated that they are supported to attend and provided with the opportunity to express their views and opinions. The inspector noted some of the areas for discussion during service users meetings:

- Complaints
- Safety
- Quality survey.

Staff meetings are facilitated by the manager and/or senior staff; it was noted that a number of standard items are discussed at each meeting:

- Staffing/rotas
- Medication
- Fire awareness
- Competency tests
- Tenant updates/finances
- Complaints
- Key-working
- Care plans
- New staff
- Communication
- Reviews
- NISCC
- Training
- RQIA.

The registered manager could describe a range of methods used to develop and maintain effective working relationships with the HSC Trust representatives and other relevant stakeholders.

Service user comments during inspection:

- “My keyworker has helped me to do the things I have to do in supported living”
- “The staff are great and I get all my needs met”
- “My home is great and I have my independence here”
- “This is so much better than my last home.”

Staff comments during inspection:

- “My supervision is one to one and gives you the opportunity to discuss any areas of concern”
- “I have had excellent training here”
- “The tenants have settled well and have been well supported by staff.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

Ten returned questionnaires from service users/relatives indicated that:

- They were aware of systems in place to monitor the quality/safety of the service they receive
- They were involved in a review of their care needs.

Ten returned questionnaires from staff indicated that:

- Service users get the right care, at the right time and with the best outcome for them
- Service users involved in the development of their plan of care.

Questionnaire comments:

- “Care is as near or on time as possible as per service user guide.”

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection the inspector sought to assess the agency’s ability to treat service users with dignity and respect and to involve service users in decisions affecting the care and support they receive.

It was good to note that staff had been provided with information relating to human rights and confidentiality during their initial induction programme. Discussions with staff, and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

The inspector noted from observation of staff interactions with service users that staff endeavour to provide care in an individualised manner and support service users to make informed choices. Staff stated that if necessary the agency can provide a range of information in an alternative format to assist service users to effectively engage in decisions about their care and support.

The agency has a range of processes for recording comments made by service users and/or their representatives were appropriate. Systems for effectively engaging and responding to the comments and views of service users and their representatives are maintained through the agency’s compliments/complaints process; quality monitoring visits; service user meetings and care review meetings. The organisation’s quality monitoring process supports the agency in the evaluation of the quality of the service provided and in identifying areas for improvement.

It was identified from records viewed that the agency’s quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The inspector noted the positive feedback received from the annual customer satisfaction survey completed by the agency and the areas that service users had the opportunity to agree or disagree on:

Empathy

- I am treated with dignity and respect
- Staff are understanding and give me support and reassurance.

Assurance

- Staff understand my abilities, needs and challenges.

Responsiveness

- I am listened to
- I can discuss my needs/concerns appropriately with staff.

Reliability

- I receive information and advice on any changes
- When my care/support plan changes, staff meet my needs.

Tangibles

- I am supported to make sure my home is maintained to my satisfaction
- I receive support when I need it or as agreed with me and my family.

Service user comments during inspection:

- “The staff really care and help you with everything”
- “I have great staff and great friends here”
- “You have freedom and independence here.”

Staff comments during inspection:

- “The tenants care and support comes first”
- “The care is person centred and appropriate to each tenant”
- “I have seen the positive changes in tenants since the move”
- “The service has given tenants confidence and independence”
- “Tenants are involved in their care and encouraged to be independent.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

Ten returned questionnaires from service users/relatives indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care
- Their views and opinions were sought about the quality of the service
- The care you receive meets needs and expectations.

Ten returned questionnaires from staff indicated that:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- They were satisfied that the people who use the service have their views listened to
- They were satisfied that improvements are made in line with the views of the people who use the service
- They were satisfied that the agency provides the people who use the service with information on their rights, including the choices and decisions they can make about the service they receive.

Questionnaire comments:

- “Staff accommodate service users when they require times to be changed.”

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 inspector reviewed management and governance systems in place within the agency to meet the needs of service users; documentation viewed and discussion with staff indicated that the agency has implemented effective systems of management and governance.

The agency is managed on a day to day basis by the registered manager a number of practice leaders and support staff. Ongoing support and guidance from a senior manager within the organisation can be accessed at any time.

It was noted from a range of policies and procedures viewed during the inspection that the agency's policies and procedures were in place and had been reviewed and updated in accordance with those outlined within the minimum standards. Staff could describe the procedure for accessing the agency's policies and procedures; it was noted that they can be accessed both electronically and in a paper format.

The inspector noted that the agency has effective systems for reviewing information with the aim of improving safety and quality of care for service users.

It was identified from records viewed and discussions with staff that the agency's governance arrangements promote the identification and management of risk; these include the provision of and review of relevant policies and procedures, monthly and quarterly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy (2017) outlines the process for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Staff who spoke to the inspector could describe the process for making and dealing with a complaint. It was identified from discussion with the registered manager and records viewed that the agency has received a number of complaints since the previous inspection; these were dealt with effectively by the agency and to the satisfaction of the complainants.

The inspector viewed information that indicated that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints. Throughout the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. The registered manager and staff could describe the benefits of reviewing the quality of the services provided and of identifying examples of good practice and areas for improvement.

Feedback provided to the inspector by staff and documentation viewed indicated that there are effective collaborative working relationships with relevant stakeholders.

The Statement of Purpose outlines that organisational and management structure of the agency and details lines of accountability. Staff had a clear understanding the responsibilities and requirements of their individual job roles. Staff who spoke to the inspector stated that the manager is very approachable and supportive to all staff encouraging ongoing learning and development.

The inspector reviewed arrangements in place for ensuring that were required staff are registered with the Northern Ireland Social Care Council (NISCC). It was noted that a record is maintained by the agency and the HR department which records registration details and expiry dates. 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.

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.

Service user comments made during inspection:

- "I have good faith in the manager and the staff"
- "I'm treated well by everyone"
- "My care plan is in place and it helps me with my life here."

Staff comments made during inspection:

- "The managers are supportive and always available for advice"
- "Training an induction is excellent"
- "We have a good team working here."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements, management of complaints and incidents and quality monitoring and improvement.

Ten returned questionnaires from service users indicated that:

- They feel the service is managed well
- They were satisfied that any concerns or complaints would be listened to and responded to.

Ten returned questionnaires from staff indicated that:

- The service is managed well
- They were satisfied that quality monitoring is undertaken regularly for both staff and people who use the service
- Were satisfied that complaints from the people who use the service are listened to
- Were satisfied that the current staffing arrangement meets the service user's needs.

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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews