The Regulation and Quality Improvement Authority

Inspection Report

10 September 2024

Johnston Way

Type of Service: Domiciliary Care Agency
Address: 1 Johnston Way, Ballymacoss, Lisburn, BT28 2AQ
Tel No: 028 9260 1895

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: The Cedar Foundation **Responsible Individual:** Mrs Mary Elaine Armstrong	**Registered Manager:** Mrs Susan Margaret McBride **Date registered:** 24 October 2023
Person in charge at the time of inspection: Mrs Susan Margaret McBride	
Brief description of the accommodation/how the service operates: Johnston Way is a domiciliary care agency supported living type, situated in Lisburn. The agency provides personal care and housing support to individuals whose accommodation consists of separate bedrooms and bathrooms, with some shared living areas. The service user group includes people with disabilities, autism or mental health issues and who require support to increase independence and enhance their quality of life. The services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 10 September 2024 between 9.30 a.m. and 5.30 p.m. The inspection was conducted by two care inspectors.

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 were also reviewed.

Areas for improvement identified related to adult safeguarding information, the environment and finance records.

Good practice was identified in relation to service user engagement. There was evidence of good governance and management arrangements in place.

We wish to thank the manager, service users and staff for their support and cooperation during the inspection process.

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.

Information was provided to service users, 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. We observed a number of service users being supported by staff; they appeared relaxed and comfortable in their home environment.

The information provided indicated that they had no concerns in relation to the care and supported provided within the agency.

Comments received included:

Service users' comments:

- "Like living here."
- "I go swimming and to the gateway club."
- "Staff are good."

Staff comments:

- "I feel the service users are safe and have choice."
- "Service users can decide what if they want to go swimming or watch movies; they have choice."

- "There have been challenges with staffing but we get agency staff."

No questionnaires were returned.

There were no responses to the electronic survey.

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 inspection of the agency was undertaken on 21 April 2023 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 21 April 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 21(1) Schedule 4 **Stated:** First time **To be completed by:** Immediate and ongoing from the inspection	The registered person shall ensure that an alphabetical index of domiciliary care workers supplied or available for supply by the agency, including any serial numbers assigned to them is completed and available for inspection. Ref: 5.2.4	**Met**
	Action taken as confirmed during the inspection: Inspectors confirmed that an alphabetical index of domiciliary care workers supplied or available for supply by the agency was being maintained.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 10.4 **Stated:** First time **To be completed by:**	The registered person shall ensure that information held on record is accurate, up-to-date and necessary. This relates specifically to the staff register, NISCC information and staff induction records. Ref: 5.2.4	**Met**

Immediate and ongoing from the date of inspection	**Action taken as confirmed during the inspection**: Inspectors confirmed that records retained by the agency in regard to the staff register, NISCC information and staff induction were accurate and up to date.	

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 clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual ASC reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting. It was identified that the agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding; however, information was not available of the outcomes of the referral, actions taken or any identified learning. An area for improvement has been identified.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspectors had an understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice.

RQIA had been notified appropriately of any adult safeguarding incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. The review of information indicated that 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 relevant staff had been provided with training in relation to medicines management. The manager advised that none of the service users required their medicine to be administered orally 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 inspectors 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 contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

We observed that the glass panes in two windows needed replace; one was a window in a shared lounge area accessed by a number of service users and one in a bathroom. This was discussed with the manager and an area for improvement identified.

The review of finance records relating to monies held by the agency on behalf of service users' identified that full signatures were not consistently recorded and did not include accurate details of the timings of the transactions. In addition, the records did not reflect clearly each occasion that money was taken out or replaced. An area for improvement has been identified.

5.2.2 What are the arrangements for promoting service user involvement?

The manager and staff could describe the processes used to support the service users to have a meaningful input into devising their individualised 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 quarterly basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- Staffing
- Vaccines
- Activities

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 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.

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. We discussed with the manager the need to record the job role of the person verifying the information.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. A spot check completed during the inspection indicated that staff were appropriately registered. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager advised that there were no volunteers supporting 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. The induction programme lasted at least three days and 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 a 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. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

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.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the QIP were discussed with Mrs Susan McBride, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 14. (d) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection.	The registered person shall make suitable arrangements to ensure that the agency is conducted and the prescribed services arranged by the agency are provided- (d) so as to ensure the safety and security of service users' property, including their homes. This relates specifically to the agency supporting service users in having necessary repairs to their home carried out. Ref: 5.2.1
	Response by registered person detailing the actions taken: The agency will ensure that all repairs are carried out in a timely manner to ensure the safety and security of all service users. Discussion with Housing Association regarding the necessity for urgent repairs given the requirements to the service and risk to service users.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 14.7 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection.	The registered person shall ensure that written records are kept of suspected, alleged or actual incidents of abuse and include details of the investigation, the outcome and action taken. Ref: 5.2.1
	Response by registered person detailing the actions taken: Safeguarding Register reviewed and columns added to capture additional information re details of the investigation, the outcome and action taken in line with Organisational Safeguarding Policy and Procedure.
Area for improvement 2 **Ref:** Standard 8.15 **Stated:** First time **To be completed by:**	The registered person shall ensure that there is a system in place for ensuring that staff accurately record all financial transactions made on behalf of service users in accordance with their policies and procedures. Ref: 5.2.1

Immediate and ongoing from the date of inspection	**Response by registered person detailing the actions taken:** All transactions are recorded in line with Organisational Policy and Procedure , all staff will ensure they complete full signatures and record time of money withdrawn from service user finances.

Please ensure this document is completed in full and returned via Web Portal

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