Inspection Report

17 June 2024

Cedar Court Supported Housing Facility

Type of service: Domiciliary Care Agency
Address: 100a Bridge Street, Downpatrick, BT30 6HD
Telephone number: 028 4461 7260

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: South Eastern HSC Trust **Responsible Individual:** Ms Roisin Coulter	**Registered Manager:** Mr Mark Baker **Date registered:** 08 September 2014
Person in charge at the time of inspection: Mr Mark Baker	
Brief description of the accommodation/how the service operates: Cedar Court Supported Housing Facility is a domiciliary care agency, supported living type, located in Downpatrick which provides domiciliary care and housing support to individuals. Staff are available to support service users 24 hours per day. The agency provides care and support to service users; this includes help with tasks of everyday living and emotional support with the overall goal of promoting independence and maximising quality of life.	

2.0 Inspection summary

An unannounced inspection took place on 17 June 2024 between 9.15 a.m. and 3.50 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.

Areas for improvement identified related to the Annual Quality Report and Restrictive practice.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

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.

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, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included 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, relatives and staff members.

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

Comments received included:

Service users' comments:

- "The staff are great here."
- "I am lucky to be living here."
- "There is great companionship here."
- "Everything runs smoothly here; the whole place is well managed."
- "I feel safe here."
- "I have plenty to do and really enjoy getting out and about especially the men's' club on a Thursday."
- "It is great that we can meet up with others who live here, I go most afternoons."
- "I love living here, everything is great."

Service users' relatives' comments:

- "The staff are wonderful to my mum."
- "There is nothing our family would want to change about this service."
- "I never have to worry about my mum when she is here."

Staff comments:

- "I have concerns relating to the increasing complexity of service users' needs."
- "We can be short staffed."
- "I love my job."
- "The standard of care for our service users is very high."
- "I feel very supported by the manager."

- "We all support each other here."
- "My training is all up-to-date."

HSC Trust representatives' comments:

- "If I or either of my parents required support I would happily recommend Cedar court."
- "The tenants are well cared for."
- "There is consistency in staff providing care to the tenants, this is key for their wellbeing."
- "It was lovely to see the tenants interacting with each other."
- "There are lovely shared spaces."

There were no responses to the questionnaires.

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 care inspection of the agency was undertaken on 10 July 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.

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 10 July 2023</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 22 (6)

Stated: First time

To be completed by:
Immediately from the date of inspection</td><td>The registered person shall ensure that every complaint is fully recorded and investigated.

Ref: 5.2.6</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The registered manager has a system in place to investigate and appropriately record every service complaint and share learning</td></tr>
</table>

Area for improvement 2 **Ref:** Regulation 23 (1) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall maintain a system for evaluating the quality of the service provided. Ref: 5.2.6	**Met**
	Action taken as confirmed during the inspection: There are appropriate governance arrangements in place, with monthly monitoring reports.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 7:13, 7:14 **Stated:** First time **To be completed by:** Immediately from the date of inspection.	The registered person shall ensure medication errors and incidents are reported and actions taken when necessary. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: Evidence seen that investigation and appropriate recording of all incidents including medication errors in a timely manner.	
Area for improvement 2 **Ref:** Standard 10:4 **Stated:** First time **To be completed by:** Immediately from the date of inspection.	The registered person shall ensure that all information held on record is accurate, up-to date and necessary. Ref: 5.2.2	**Met**
	Care records now maintained using encompass.	

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).

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.

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.

Staff were provided with 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 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 Mental Capacity Act (MCA).

The service maintains a restrictive practice register, however on inspection a documented restrictive practice relating to one service user to have their medication stored in a locked cupboard was not in place. This was corrected at inspection. An area for improvement has been identified.

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 services 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.

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.

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). 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.

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 robust, structured induction programme 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.

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 not found to be robust. An area for improvement has been identified.

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.

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.

The Statement of Purpose and Service User Guide documents required minor updates. These documents were amended following the inspection and found to be adequate.

There is a system in place that clearly directs staff as to what actions they should take if they are unable to gain access to a service user's home.

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.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the QIP were discussed with Mr Mark Baker, 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 (a) **Stated:** First time **To be completed by:** Immediately	The registered person shall make suitable arrangements to ensure the safety and well-being of service users, this relates specifically to reporting and resolving any challenges to implementing agreed restrictive practice. Ref: 5.2.1
	Response by registered person detailing the actions taken: All restrictive practices agreed are in place to support tenants and will be audited on a monthly basis to ensure their ongoing effectiveness. Staff will report to the Registered Manager any operational challenges relating to fully implementing restrictive practices.

Area for improvement 2 **Ref:** Regulation 23 (1) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This relates specifically to the annual quality report. Ref: 5.2.6
	Response by registered person detailing the actions taken: The Registered Manager will continuously seek, gather, and collate data to enable a comprehensive evaluation of the quality of the service, and provide this in the form of an annual report. The next annual report will be published during March 2025.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA