

# Announced Care Inspection Report 28 February 2018



## Domus Care NI Ltd

Type of service: Domiciliary Care Agency  
Address: 5 Hillview Avenue, Newtownabbey BT36 6EA  
Tel No: 07746935494  
Inspector: Caroline Rix

[www.rqia.org.uk](http://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

Domus Care NI Ltd is a domiciliary care agency; their office is situated in Newtownabbey and they plan to provide support and care services to adults living in their own homes within the Northern Health and Social Care Trust area. The agency has not yet become operational.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Domus Care NI Ltd/Henry James McIlveen	<b>Registered manager:</b> Michelle Parica Santos
<b>Person in charge of the agency at the time of inspection:</b> Henry James McIlveen	<b>Date manager registered:</b> 23/02/2017

### 4.0 Inspection summary

An announced inspection took place on 28 February 2018 from 09.30 to 11.45 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The registered person James McIlveen advised the inspector that the agency, while registered as a domiciliary care agency, is not currently operating as such.

The inspector was informed, on the day following this inspection that the registered manager has resigned. The registered person confirmed the relevant notification form would be submitted to RQIA to identify proposed management arrangements while recruitment of a manager is undertaken.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during the previous inspection and are restated in relation to staff training, induction and appraisal. The service quality assurance procedures and whistle blowing have also been identified as areas for improvement.

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>	4	2

Details of the Quality Improvement Plan (QIP) were discussed with James McIlveen, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## **4.2 Action/enforcement taken following the most recent care inspection dated 22 November 2016**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 November 2016.

## **5.0 How we inspect**

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

- Previous inspection report and Quality Improvement Plan
- All communication with the agency

During the inspection the inspector spoke with the registered person.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, training, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting
- Statement of purpose
- Service user guide

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the registered person at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 22 November 2016**

The most recent inspection of the agency was an announced pre-registration inspection.

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care (pre-registration) inspection dated 22 November 2016**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</b>		<b>Validation of compliance</b>
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13 Schedule 3.  <b>Stated:</b> First time	The registered provider is required to review their Recruitment and Selection policy and procedure to ensure it includes all elements listed within Regulation 13 Schedule 3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that their policy and procedure had been updated to include all the required elements in line with the regulation.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 15(6)(a)  <b>Stated:</b> First time	The registered provider is required to expand their Safeguarding Adults policy and procedure to include details of the types and symptoms of abuse and develop a flowchart of the key steps staff should follow if they suspect abuse.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that the Safeguarding Adults policy and procedure had been expanded and now includes all the information required.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 21 Schedule 4  <b>Stated:</b> First time	The registered provider must develop a staff training and development plan.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector found that a staff training and development plan had not yet been completed.  Action required to ensure compliance with this regulation will be carried forward to the next care inspection.	

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 21(1) Schedule 4 (6)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must expand their Staff Training and Development policy and procedure to ensure it is in line with best practice.</p> <p>The procedure should include post training assessment tools for all subject areas.</p> <p>A scheduling tool for staff training should be developed which will identify when each staff member has completed training and highlight when due refresher training on each subject area.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector found that the staff training and development policy and procedure had not yet been expanded.</p> <p>Action required to ensure compliance with this regulation will be carried forward to the next care inspection.</p>	<p><b>Not met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 16 (4) and Regulation 21(1) Schedule 4 7</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must expand their staff supervision procedure to include details of the process, type and frequency staff will receive supervision. A template for staff appraisals and supervision recording should be developed.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that the staff supervision procedure had been expanded as required. A template for staff supervision recording had been developed. However, the template for staff appraisals has not been developed and will be carried forward to the next care inspection.</p>	<p><b>Partially met</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 21(1) Schedule 4 3</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must develop an alphabetical index template that can be populated with the service users' required information.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that an alphabetical index of service users' template has been developed.</p>	<p><b>Met</b></p>



<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 21(1) Schedule 4 4</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must develop an alphabetical index template that can be populated with the required staff information.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that an alphabetical index of staff template has been developed.</p>	<b>Met</b>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 22</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must expand their Complaints policy and procedure to include: details of the roles of independent advocacy services, the RQIA and the commissioning trust, and define the complaints appeal process.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The inspector reviewed the Complaints policy and procedure and confirmed that it had been expanded to include full information as required.</p>	<b>Met</b>
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 23</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must expand their Quality Assurance, and their Management, Control and Monitoring policies and procedures to detail the processes they plan to use for obtaining key stakeholders' views on the quality of service provision.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The inspector found that Quality Assurance, and their Management, Control and Monitoring policies and procedures had not been expanded as required.</p> <p>Action required to ensure compliance with this regulation will be carried forward to the next care inspection.</p>	<b>Not met</b>
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 8(3) &amp; Regulation 10(2) Schedule 2 (9)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must submit a copy of their insurance certificate prior to registration being confirmed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed a copy of their insurance certificate had been submitted as required.</p>	<b>Met</b>

<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Minimum Standard 14  <b>Stated:</b> First time	The registered provider should develop a separate policy and procedure on the 'Protection of Children and Young People'.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the separate Protection of Children and Young People policy and procedure which was found to be satisfactory.	
<b>Recommendation 2</b>  <b>Ref:</b> Minimum Standard 8.19  <b>Stated:</b> First time	The registered provider should expand their whistle blowing procedure to include reference to the Public Interest Disclosure (Northern Ireland) Order 1998.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector found that the whistle blowing procedure had not been expanded to include reference to the Public Interest Disclosure (Northern Ireland) Order 1998.  Action required to ensure compliance with this minimum standard will be carried forward to the next care inspection.	
<b>Recommendation 3</b>  <b>Ref:</b> Minimum Standard 12.1  <b>Stated:</b> First time	The registered provider should review their staff induction procedure to confirm the training programme is in line with NISCC induction standards for care workers.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector found that the staff induction procedure had not been reviewed to confirm the training programme is in line with NISCC induction standards for care workers. Action required to ensure compliance with this minimum standard will be carried forward to the next care inspection.	



### 6.3 Inspection findings

From discussions with the registered person, it was evident that at the time of the inspection and since the registration inspection, the agency was not supplying domiciliary care workers into service users' homes. The day to day operation of the agency is proposed to be overseen by a manager who will direct a team of care workers. The inspector was informed, on the day following this inspection that the registered manager has resigned. The registered person confirmed the relevant notification form would be submitted to RQIA to identify proposed management arrangements while recruitment of a manager is undertaken.

The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide. The inspector found that this information was appropriately detailed and in line with regulations and standards.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found a number of these policies and procedures are to be updated and expanded to be compliant with related regulations and standards.

The inspector noted that arrangements are in place to ensure that staffs will be registered as appropriate with the relevant regulatory body, The Northern Ireland Social Care Council (NISCC).

The agency's supervision and appraisal policies outline the timescales and processes to be followed. However, the template for staff appraisals has not been developed and was discussed during inspection as an area for improvement.

The agency's policy and procedure in relation to safeguarding adults was reviewed. The 'Safeguarding Adults' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The details of the agency's Adult Safeguarding champion with key responsibilities are detailed in their procedure.

The agency's whistleblowing policy and procedure was reviewed and the inspector found that this document had not been expanded to include reference to the Public Interest Disclosure (Northern Ireland) Order 1998 and was discussed during inspection as an area for improvement.

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records were maintained in accordance with legislation, standards and the organisational policy.

The agency's complaints procedure viewed was found to be in line with regulations and standards.

The agency has not developed a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of services delivered to service users. The inspector discussed the monthly quality monitoring report template, to be completed by the registered person. This report should include sections for consultation with a range of service users, relatives, and staff and as appropriate HSC Trust professionals; and progress on improvement

matters. An annual quality review of services template needs to be developed to include details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training and was discussed during inspection as an area for improvement.

### Areas for improvement

Areas requiring improvement were identified in relation to staff training, induction and appraisal. The service quality assurance procedures and whistle blowing have also been identified as areas for improvement.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with James McIlveen the registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 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/or the Domiciliary Care Agencies Minimum Standards, 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail [address info@rqia.org.uk](mailto:info@rqia.org.uk)

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 Schedule 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 27 April 2018	<p>The registered provider must develop a staff training and development plan.</p> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21(1) Schedule 4 6  <b>Stated:</b> Second time  <b>To be completed by:</b> 27 April 2018	<p>The registered provider must expand their Staff Training and Development policy and procedure to ensure it is in line with best practice.</p> <p>The procedure should include post training assessment tools for all subject areas.</p> <p>A scheduling tool for staff training should be developed which will identify when each staff member has completed training and highlight when due refresher training on each subject area.</p> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 21 (1)Schedule 4 7  <b>Stated:</b> Second time  <b>To be completed by:</b> 27 April 2018	<p>The registered provider must develop a template for staff appraisal recording.</p> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 23  <b>Stated:</b> Second time  <b>To be completed by:</b> 27 April 2018	<p>The registered provider must expand their Quality Assurance, and their Management, Control and Monitoring policies and procedures to detail the processes they plan to use for obtaining key stakeholders' views on the quality of service provision.</p> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p>

<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.19 <b>Stated:</b> Second time <b>To be completed by:</b> 27 April 2018	The registered provider should expand their whistle blowing procedure to include reference to the Public Interest Disclosure (Northern Ireland) Order 1998.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12.1 <b>Stated:</b> Second time <b>To be completed by:</b> 27 April 2018	The registered provider should review their staff induction procedure to confirm the training programme is in line with NISCC induction standards for care workers.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b>

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



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