Unannounced Care Inspection Report
6 June 2019

Corriewood Private Clinic Ltd – Croob Cottage

Type of Service: Domiciliary Care Agency
Address: 119 Clonvaraghan Road, Castlewellan, BT31 9LA
Tel No: 02843771412 ext.1.
Inspectors: Aveen Donnelly
Briege Ferris

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

Corriewood Private Clinic Limited, Croob Cottage is registered as a domiciliary care agency (supported living type). The service is situated within Seeconnell Private Village outside Castlewellan, Co Down. The supported living scheme comprises seven self-contained cottages with a separate office. The agency provides care and support services to adults with learning disabilities and mental health issues, to enable them to live as independently as possible within the community. The services are being commissioned by the Southern Health and Social Care Trust.

3.0 Service details

Organisation/Registered Provider: Corriewood Private Clinic Ltd **Responsible Individual:** Theresa McClean	**Registered Manager:** Grainne Cupples (Acting)
Person in charge at the time of inspection: Acting manager	**Date manager registered:** Application not yet submitted

4.0 Inspection summary

An unannounced inspection took place on 6 June 2019 from 10.00 to 19.30.

As a public-sector body, RQIA have duties 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 choices and freedoms associated with any person living in their own home.

Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection identified concerns in relation to the governance and management arrangements in place; that a number of staff may not have been registered with the Northern Ireland Social Care Council (NISCC) within the agreed timescale; and that there had been failings within the agency regarding aspects of the oversight of service users' monies.

In light of the concerns received, the inspection sought to examine the agency's governance and management arrangements. The inspection also assessed progress with any areas for improvement identified during and 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.

On the day of inspection the agency was not found to be in compliance with the required regulations. Several areas for improvement were identified in respect of service users' finances; The inspectors found evidence to substantiate the reported concerns regarding the governance and management arrangements, including evidence to support that staff had not been registered with NISCC within the agreed timescales.

The concerns identified included failings in the recruitment practices, staff induction, supervision and training; and ineffective quality monitoring processes.

In accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to advise of the intention to issue three notices of failure to comply with regulations. A meeting was held at RQIA offices on 17 June 2019 to discuss these matters and other serious matters that arose during this inspection.

The outcome of the meeting resulted in three failure to comply notices being issued.

One failure to comply notice related to the agency's failure to ensure that safe recruitment practices were in place.

The second failure to comply notice related to the lack of appropriate staff induction, supervision and training.

The third failure to comply notice related to the lack of robust quality monitoring processes.

Given the assurances provided during the meeting, RQIA also made the decision to issue a Quality Improvement Plan (QIP) outlining a number of areas for improvement and additionally, in accordance with Regulation 23 (2) (3), the responsible individual is required to forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.

Areas for improvement made in the QIP related to staff registrations with NISCC; staff appraisals; the reporting of incidents to the HSC trust; the lack of manager oversight of restrictive practices, accidents, incidents and behaviours; service user agreements and the annual quality monitoring process.

Areas for improvement made in relation to finances included those in relation to ensuring that service users' independence (as tenants) is supported, maintaining income and expenditure records and associated documents (such as deposit receipts) appropriately and ensuring there are regular recorded checks of the balances of monies held, ensuring that bank account names clearly reflect the ownership of the monies deposited in them and ensuring that individual service users' financial and other records are not held in another service user's home.

There were no concerns raised with the inspectors in relation to staffing provision and service users' needs not being met. There were examples of good practice found throughout the inspection in relation to the care records which were generally well maintained. There was evidence that the agency engaged and communicated appropriately with the trust representatives. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. It was good to note that the new acting manager had begun to take appropriate action in relation to remedying the problems identified with the staff NISCC registrations.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice and dignity.

Service users and their representatives spoken with indicated that they were generally happy with the care and support provided.

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.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	16	6

Details of the Quality Improvement Plan (QIP) were discussed with the manager and Angela McKeever, responsible individual (acting), as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

Enforcement notices for registered establishments and agencies are published on RQIA's website at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection dated 19 July 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 July 2018.

5.0 How we inspect

Prior to inspection the inspectors reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspectors, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responses were received.

Questionnaires were also provided for distribution to the service users and their representatives; no questionnaires were returned within the timescale for inclusion within this report.

The inspectors spoke with one service users, the manager, the assistant manager, one staff member, four relatives and one HSC representative. Comments received are included within the body of the report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 July 2018

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dared 19 July 2018

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</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>Area for improvement 1

Ref: Regulation 13 (d)

Stated: First time</td><td>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

This related specifically to:

• the requirement to obtain two references, one from an applicant’s most recent employer,
• the completion of a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work he is to perform.</td><td rowspan="2">Partially met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:
Inspectors confirmed that a declaration of staff fitness was in place. However, references had not been consistently obtained from the applicant’s most recent employer. This area for improvement was not met and has been</td></tr>
</table>

	included in a failure to comply notice in relation to regulation 23 (d). Refer to section 6.4 for further detail.	
Area for improvement 2 **Ref:** Regulation 16 (5) (a) **Stated**: First time	The registered person shall ensure that (a) a new domiciliary care worker is provided with appropriately structured induction training lasting a minimum of three full working days.	**Not met**
	Action taken as confirmed during the inspection: A review of the induction records identified that the induction had not been provided over three days in line with regulations. This area for improvement was not met and has been included in a failure to comply notice in relation to regulation 16 (5)(a). Refer to section 6.4 for further detail.	

6.3 Inspection findings

6.4 Is care safe?

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

Information received by RQIA prior to this inspection identified concerns in relation to the governance and management arrangements in place; and that a number of staff may not have been registered with NISCC within the agreed timescale.

There were no concerns raised with the inspectors in relation to staffing provision and service users' needs not being met. The agency's arrangements for the recruitment of staff were examined. Whilst there was evidence that some improvement had been made since the date of the last care inspection, review of two staff records identified that there were failings in relation to references not being received from the staff member's most recent employer, gaps in employment were not consistently accounted for and the reasons for staff having left their previous employment had not been recorded. Deficits were also identified in relation to the recruitment information provided to the agency, in respect of care workers (agency staff) who had been supplied to them from another domiciliary care agency. Failure to adhere to safe recruitment practices has the potential to place service users at risk or harm.

Following the inspection and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a failure to comply notice in respect of Regulation 13 (d) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A meeting with the responsible individual and the manager was held at RQIA offices on 17 June 2019.

During this meeting the management response to the recruitment failings were discussed and the responsible individual was informed of RQIA's expectation that the recruitment of care workers (agency staff) who had been supplied to them from other domiciliary care agencies would be subject to the same level of rigour, as would be expected for staff who are directly employed by Corriewood Private Clinic Ltd.

A failure to comply notice was issued on 20 June 2019 in respect of Regulation 13 (d) and the registered person is required to demonstrate compliance with this regulation on or before 30 July 2019.

The systems in place to monitor staff performance and to ensure that they received support and guidance were reviewed. The review of two induction records and a review of the staffing rota did not evidence that all staff had been provided with an induction lasting a minimum of three full working days. It was concerning to note that staff had not consistently had formal supervision or observation of their practice, in keeping with the agency's policies and procedures. Out of forty five staff members, dates of supervisions had only been recorded in respect of 23 staff. Seven staff members had not had any formal supervision since June 2018 and five staff members had not had any formal supervision since July/August 2018. Additionally the names of new staff members had not been included in the supervision matrix.

The training matrix was not up to date with numerous gaps present and the names of new staff members had not been added to the list. The inspectors were advised that the agency were having difficulties in receiving certificates following the training that had been provided. There were no assurances provided as to how or when this was going to be addressed. In addition there was no evidence to show that adult safeguarding was discussed in sufficient detail as part of the induction process and the agency's own staff had to wait three months for their mandatory training to be provided. Failure to provide staff with appropriate induction, supervision and training has the potential to place service users and staff at risk or harm.

Following the inspection and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a failure to comply notice in respect of Regulation 16 (2)(a) (4) and (5)(a) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A meeting with the responsible individual and the manager was held at RQIA offices on 17 June 2019.

During this meeting the concerns relating to the lack of staff induction, supervision and training were discussed. A failure to comply notice was issued on 20 June 2019 in respect of Regulation 16 (2)(a) (4) and (5)(a) and the registered person is required to demonstrate compliance with this regulation on or before 30 July 2019.

The review of the NISCC register identified that there had been significant numbers of staff whose registrations had not been completed within the agreed timeframe with NISCC. A number of staff had submitted their application forms to NISCC; however they were not endorsed by the responsible individual. It was good to note that the new manager had taken appropriate action in relation to remedying the problems identified with the staff NISCC registrations. Whilst the majority of applications had been endorsed on the day of the inspection, two staff had not submitted their applications. Two other staff whose registrations had lapsed, had paid their fees, however they are required to submit new applications to comply with NISCC requirements. The NISCC matrix was difficult to interpret because it did not include employee start dates and no records of fee renewal dates were available. The manager agreed to cleanse this matrix and submit it to RQIA by email.

This was received post inspection, however it still required the staff start dates to be added. Assurances were provided that these four staff members would remain off rota until this is addressed. An area for improvement has been made in this regard.

Completed appraisal records for two staff were reviewed. However there was no overall matrix/schedule in place. The manager advised that she had not been in place long enough to undertake appraisals with staff and that she plans to start undertaking these in the near future. An area for improvement has been made in this regard. Advice was given in relation to developing a matrix which would enable the manager to have better oversight as to when staff were due to have their appraisals completed. An area for improvement has been made in this regard.

A review of the accident/incident records identified that an incident report had been completed for a staff member who had been injured when using a high level hold technique with a service user. There was evidence that a Behaviour Chart had been completed, in addition to a form the staff used to record use of such physical restraint. However, there was no incident report completed for the service user who had been restrained and therefore no evidence that the care manager had been informed. The manager advised that behaviour and use of restraint charts were audited by the Trust on a monthly basis. It was unclear if this was identified by the Trust as part of their monthly auditing processes. An area for improvement has been made in this regard.

During the inspection the inspectors reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. There were also no audits undertaken by the manager in relation to accidents, incidents, behaviour charts or the use of restraint. Additionally, a review of the risk assessments relating to restrictive practices identified that these were up to date. However, it was noted that these were only reviewed on an annual basis. Although the manager was knowledgeable in relation to restrictive practices, there was no oversight and governance of the use of restrictive practices in the service as a whole. An area for improvement has been made in this regard.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. A number of incidents had been reported to the safeguarding team and the investigations had not been concluded on the day of the inspection. These will be followed up at future inspection. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspectors were advised that there is an identified ASC within the organisation. The manager was unclear as to whether or not the Annual Position Report had been completed. Advice was given in relation to the requirement for this to be completed by 31 March 2020.

The inspectors discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspectors discussed the agency's arrangements for managing this and the manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

There were no concerns raised with the inspectors in relation to staffing provision and service users' needs not being met.

Areas for improvement

Areas for improvement related to poor recruitment practices; staff induction, supervision and training; staff registrations with NISCC; staff appraisals; the reporting of incidents to the HSC trust; and the lack of manager oversight of restrictive practices, accidents, incidents and behaviours.

	Regulations	Standards
Total number of areas for improvement	6	2

6.5 Is care effective?

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

The care records evidenced that risk assessments and care plans were in place. Care plans reviewed identified that they had been reviewed on a monthly basis by the manager. The inspectors evidenced that the care plan reviews had only been conducted since March 2019, when the acting manager started. The manager was unable to confirm whether or not care plan reviews had been undertaken prior to her commencing in post. Advice was given in relation to retaining the care plan reviews within the service user care record.

Trust care review records were not available on the day of the inspection. The manager agreed to follow this matter up with the HSC representative, to ensure that this was received. Following the inspection, the manager confirmed to RQIA that these had been requested from the HSC trust.

Service User Agreements were noted to be standardised and did not include all the information outlined in the Minimum Standards. Refer to section 6.7 for further detail. The service user agreements, which were held at head office, were only signed by the provider and there was no evidence of service user, family or trust involvement. They were also not presented in a suitable format which meant that the service users would not have been able to understand the content. Two areas for improvement have been made in this regard.

The Service User Guide requires the inclusion of the Patient Client Council and the contact details of the trust's complaints department. The manager agreed to address this. Of note was the fact that this was not available in easy read format in support of service users living at the Croob Cottages who would be unable to read or understand the information provided in the current guide. This was discussed with the management team who advised that a service user guide had previously been developed in easy read format. The manager agreed to follow this matter up.

Although the content of the daily records was generally of a good standard, there were some issues identified in relation to the standard of record keeping. This related specifically to staff signing their initials, rather than their full name; the time entries were made were not recorded

correctly and staff had not amended written errors, in keeping with good practice. This was discussed with the manager who agreed to address this matter with staff.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users.

Areas for improvement

Two areas for improvement were made in relation to the service user agreement.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

The inspectors discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity and the review of the complaints records did not evidence that any complaints had been raised in relation to service users not being treated equally.

Picture cards were available to assist staff in ascertaining the service users' preferences. The staff member consulted with spoke confidently regarding how they used objects of reference, such as car keys, to find out if the service users wanted to go somewhere. Examples were given in relation to how they provided service users with choice in relation to a number of activities of daily living.

Records of service user meetings and reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders.

Participation in activities in the local and wider community were encouraged, with appropriate staff support; it was good to note that the service users were involved in planning the activities they wished to partake in. The manager gave examples of individual service users who were supported to go on car trips, shopping and for walks. A number of service users had enclosed gardens and were observed using trampolines.

The inspectors spoke with one service user, who indicated that they were happy living in The Croob Cottage.

The inspectors also spoke with the assistant manager, one staff member, four relatives and one HSC representative. Some comments received are detailed below:

Staff

- "It is very good here, I have seen the transition of service users from nursing home to supported living and can really see the difference."

HSC representative

- "We are in close contact with the service, almost on a daily basis, I have no concerns the care has been good and they communicate everything appropriately to the trust."

Relatives

- "They were great, not a thing wrong with then and (my relative) is settling in well."
- "Not a bother, they treat (my relative) respectfully, I have no complaints. If there have been any changes, they have always been for the better."
- "I have no concerns, one hundred percent, I have no complaints."
- "They are ok really."

One relative consulted with spoke about staff manner and their approach to care. The relative was unclear as to whether or not they had raised this with the manager. With the relative's permission, the specific matters discussed were relayed to the management team during feedback and the manager agreed to arrange a care review for the service user. Following the inspection, the manager confirmed to RQIA by email on 21 June 2019 that a meeting has been scheduled with the relative and the trust' representative to address the matters raised.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the way service users were treated with dignity and respect and how staff communicated with them; this was evident in feedback received from relatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

As discussed in section 6.4, information received by RQIA prior to this inspection identified concerns in relation to the governance and management arrangements in place. Information had also been received which indicated that there had been failings within the agency regarding aspects of the oversight of service users' monies.

As part of the inspection process, the inspectors reviewed the management and governance systems in place within the agency to meet the assessed needs of service users. Inspection findings indicated that there was a lack of robust governance and management arrangements within the agency.

RQIA were aware that there had been three acting managers in place in 2018. The agency is currently managed on a day to day basis by an acting manager. The acting manager arrangements have been in place within the agency since March 2019. The acting manager was advised to make application to be registered as the manager of the agency.

RQIA were aware that the responsible individual was going to be absent for an unspecified period. The proposed acting arrangements were submitted to RQIA on 12 June 2019 and were approved.

Monthly monitoring reports were not consistently undertaken. They were not done in July, September, October and November 2018, March and May 2019. Two monthly monitoring visits had been done in June 2018, two days apart. There was little or no evidence that service users, relatives or visiting professionals' views had been sought. Records pertaining to training, supervisions, appraisals, accident/incident reports or recruitment records had not been checked as part of this process. The section relating to the follow up on RQIA Quality Improvement Plans had not been completed; which meant that the areas for improvement previously required by RQIA had not been followed up. There was no traceability in relation to the records reviewed, which meant that the inspectors could not identify which records had been reviewed as part of the monitoring visit. Visits were short in duration and noted to last between one and two hours. There was no follow up action plans generated. Failure to effectively evaluate the provision of good quality services has the potential to place service users and staff at risk or harm.

Following the inspection and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a failure to comply notice in respect of Regulation 23 (1) (2)(a)(b)(c) and (4) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A meeting with the acting responsible individual and an operations manager (for Corriewood Private Clinic Ltd) was held at RQIA offices on 17 June 2019.

During this meeting the concerns relating to the lack of effective quality monitoring was discussed. A failure to comply notice was issued on 20 June 2019 in respect of Regulation 23 (1) (2)(a)(b)(c) and (4) and the registered person is required to demonstrate compliance with this regulation on or before 30 July 2019.

Additionally, the responsible individual is required, in accordance with Regulation 23 (2)(3), to forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.

A range of service users' financial records were reviewed including the following: individual agreements, tenancy agreements, income and expenditure records and supporting receipts, bank reconciliations and statements in relation to tenancy costs. Overall, controls to safeguard service users' monies and property were found to be in place. Staff spoken with including a director of the organisation who owns the service and the assistant manager had a high degree of familiarity with the individual financial arrangements in place to support service users.

As part of the inspection process, the inspectors reviewed the arrangements in place for the agency to support service users with aspects of managing their finances. A number of areas for improvement were identified as part of the inspection. These are set out in detail within the accompanying quality improvement plan and related to areas including: banking, the maintenance of income and expenditure ledgers and supporting receipts, reconciliations, the management of utility bills, service user agreements and the location for storing identified service users' records. These matters were discussed with one of the operational managers of the organisation and the assistant manager.

The inspectors requested the annual quality report on a number of occasions during the inspection, this was not provided. The manager was unaware of it and was unable to describe how the views of people with limited communication skills were ascertained. An area for improvement has been made in this regard.

The review of the complaints records identified that there had been one complaint recorded since the date of the last inspection. No records were available pre-dating March 2019 when the acting manager commenced working at the Croob Cottages. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

The inspectors were advised that the following audits were completed in accordance with the agency's policies and procedures:

- care plan reviews
- service users' finances
- medicine records
- environmental audits

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy format and were accessible to staff.

On the date of inspection the certificate of registration was reflective of the service provided.

Areas of good practice

All those consulted with were confident that staff/management would manage any concern raised by them appropriately. It was good to note that the new acting manager had taken appropriate action in relation to remedying the problems identified with the staff NISCC registrations.

Areas for improvement

Areas for improvement related to the annual and monthly quality monitoring processes. Areas for improvement in relation to finances included those in relation to ensuring that service users' independence (as tenants) is supported, maintaining income and expenditure records and associated documents (such as deposit receipts) appropriately, ensuring there are regular recorded checks of the balances of monies held, ensuring that bank account names clearly reflect the ownership of the monies deposited in them and ensuring that individual service users' financial and other records are not held in another service user's home.

	Regulations	Standards
Total number of areas for improvement	10	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 Grainne Cupples, manager and Angela McKeever, acting responsible individual, 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 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 inspectors.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref**: Regulation 13 (d) **Stated**: Second time **To be completed by**: 30 July 2019 (as outlined in failure to comply notice: FTC000054	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. **This refers to all staff recruited, including care workers (agency staff) who are supplied, to work in the Croob Cottage, from other domiciliary care agencies.** Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: The registered person going forward shall ensure that no employed domiciliary care worker or agency staff is supplied unless they have full and satisfactory information in respect of matters specified in Schedule 3.
Area for improvement 2 **Ref**: Regulation 16 (2)(a) **Stated**: First time **To be completed by**: 30 July 2019 (as outlined in failure to comply notice: FTC000055	Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that— (2) The registered person shall ensure that each employee of the agency— (a)receives training which are appropriate to the work he is to perform; **This refers to all staff recruited, including care workers (agency staff) who are supplied, to work in the Croob Cottage, from other domiciliary care agencies.** Ref: 6.4
	Response by registered person detailing the actions taken: **The registered person going forward shall ensure that no employed domiciliary care worker or agency staff is supplied unless they have received the training appropriate to the work they are required to perform.**
Area for improvement 3 **Ref**: Regulation 16 (4) **Stated**: First time **To be completed by**: 30 July 2019 (as outlined in	Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that— (4) each employee receives appropriate supervision. Ref: 6.4

failure to comply notice: FTC000055	**Response by registered person detailing the actions taken:** **The registered person has established a robust system for supervision and going forward shall ensure that all employee receive appropriate supervision.**
Area for improvement 4 **Ref**: Regulation 16 (5)(a) **Stated**: Second time **To be completed by**: 30 July 2019 (as outlined in failure to comply notice: FTC000055	Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that— (a)a new domiciliary care worker ("the new worker") is provided with appropriately structured induction training lasting a minimum of three full working days. **This refers to all staff recruited, including care workers (agency staff) who are supplied, to work in the Croob Cottage, from other domiciliary care agencies.** Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: **The registered person going forward shall ensure that all new workers will be provided with structured three days induction training.**
Area for improvement 5 **Ref**: Regulation 13 (d) **Stated**: First time **To be completed by**: Immediately from the date of the inspection	The registered person shall ensure that a system in developed and maintained for ensuring that care workers are registered with the Northern Ireland Social Care Council in keeping with NISCC processes. Ref: 6.4
	Response by registered person detailing the actions taken: The registered person has established a robust system for maintain and ensuring that all care workers are registered with NISCC and audited monthly during the registered individual visit.
Area for improvement 6 **Ref**: Regulation 13 (d) **Stated**: First time **To be completed by**: Immediately from the date of the 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 need for audits of accidents, incidents, behaviours to be undertaken; and the need for the manager to have oversight of the use of restrictive practices used within the service.** Ref: 6.4

	Response by registered person detailing the actions taken: The registered person has established a system to evaluate the quality of service to include auditing of accidents, incidents and behaviours and will ensure the manager has oversight of any use of restrictive practices within the service.
Area for improvement 7 **Ref:** Regulation 23 (1) **Stated**: First time **To be completed by**: 30 July 2019 (as outlined in failure to comply notice: FTC000053	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. Ref: 6.7
	Response by registered person detailing the actions taken: The registered person has established a system to evaluate the quality of service that is provided within the facility.
Area for improvement 8 **Ref:** Regulation 23 (2)(a)(b)(c) **Stated**: First time **To be completed by**: 30 July 2019 (as outlined in failure to comply notice: FTC000053	At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency— (a)arranges the provision of good quality services for service users; (b)takes the views of service users and their representatives into account in deciding— (i)what services to offer to them, and (ii)the manner in which such services are to be provided; and (c)has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. Ref: 6.7
	Response by registered person detailing the actions taken: The Registered Person has and will going forward supply a a report which will include reference to regulation 23 (2)(a)(b)(c)
Area for improvement 9 **Ref:** Regulation 23 (4) **Stated**: First time **To be completed by**: 30 July 2019 (as outlined in failure to comply notice: FTC000053	The registered person shall ensure that the monthly quality monitoring report also contains details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided. Ref: 6.7
	Response by registered person detailing the actions taken: The registered person will include going forward on their monthly report details of the measures that they consider necessary to take in order to improve the quality and delivery of services.
Area for improvement 10	At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system

Ref: Regulation 23 (2)(3) **Stated**: First time **To be completed by**: Immediately from the date of the inspection	referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency— (a)arranges the provision of good quality services for service users; (b)takes the views of service users and their representatives into account in deciding— (i)what services to offer to them, and (ii)the manner in which such services are to be provided; and (c)has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. (3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority. Ref: 6.7
	Response by registered person detailing the actions taken: The registered person has supplied their report for June 2019 will include going forward on their monthly report details of the measures that they consider necessary to take in order to improve the quality and delivery of services.
Area for improvement 11 **Ref:** Regulation 14 (d) **Stated**: First time **To be completed by**: 30 June 2019	The registered person shall ensure that the name on the bank account used for the deposit of monies on behalf of service users is amended to clearly reflect that the monies belong to service users and not the organisation. Ref: 6.7
	Response by registered person detailing the actions taken: The name on the bank account set up by the company on the request on request of the Southern Trust has been altered to have the name of the service before that of the limited company. The bank has confirmed that as it is a corporate account the name of the limited company cannot be removed.
Area for improvement 12 **Ref:** Regulation 14 (c) **Stated**: First time **To be completed by**: 30 July 2019	The registered person shall ensure that there is engagement with the relevant stakeholders to enable the commencement of use of the utility meters in situ at each service user's home, so that individualised bills can be received in future. Ref: 6.7
	Response by registered person detailing the actions taken: The works required to set up metered utilities has commenced and will be completed by 2nd August 2019. The service users will not be charged with this and they will not experience any disruption.
Area for improvement	The registered person shall ensure that entries in service users'

13 **Ref:** Regulation 14 (d) **Stated**: First time **To be completed by**: 7 June 2019	income and expenditure records are double signed and that any error on the records is clearly crossed through and initialed by the person making the entry. Ref: 6.7 **Response by registered person detailing the actions taken:** The registered person shall ensure that all entries into the records for finances are double signed and errors are managed appropriately and initialled by the person making the entry.
Area for improvement 14 **Ref:** Regulation 14 (d) **Stated**: First time **To be completed by**: 7 June 2019	The registered person shall ensure that persons making a deposit of cash are provided with a receipt. Best practice is for both the person making the deposit and the person receiving the deposit to sign the receipt. The duplicate should be retained by the service. Ref: 6.7 **Response by registered person detailing the actions taken:** The registered person ensures that person making a withdrawal and subsequent entry to the cash account will use a receipt. A duplicate book is used for this purpose.

Area for improvement 15 **Ref:** Regulation 14 (d) **Stated**: First time **To be completed by**: 30 June 2019	The registered person shall ensure that there is a regular reconciliation of the cash held on behalf of service users. Best practice is for two people to carry out, sign and date the reconciliation at least every quarter. Ref: 6.7
	Response by registered person detailing the actions taken: The registered person ensures that there is a monthly reconciliation for cash held on behalf of the service users. This is signed off and dated by 2 persons.
Area for improvement 16 **Ref:** Regulation 21 (2) **Stated**: First time **To be completed by**: 30 June 2019	The registered person shall ensure that the records for the two identified service users are no longer held in another service user's home. Ref: 6.7
	Response by registered person detailing the actions taken: The registered person has moved the records to the correct service users home.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 **Ref**: Standard 13.5 **Stated**: First time **To be completed by**: Immediately from the date of the inspection	The registered person shall ensure that all staff have appraisals in keeping with the agency's policies and procedures. Ref: 6.4
	Response by registered person detailing the actions taken: The registered person has schduled staff appraisals for the staff in line with the agencys policy and procedure.
Area for improvement 2 **Ref**: Standard 5.4 **Stated**: First time **To be completed by**: Immediately from the date of the inspection	The registered person shall ensure that any changes in the service user's situation and issues relevant to the health and well-being of the service user are reported to the referring HSC Trust and keeps a record of such reporting with the agency's policies and procedures. Ref: 6.4
	Response by registered person detailing the actions taken: The registered person has discussed this with the manager, team lead and seniors to ensure that there is a record of all reports ti the HSC Trust regarding service users health and well being
Area for improvement 3 **Ref**: Standard 4.1 **Stated**: First time	The registered person shall ensure that the service user agreement between the service user and the agency is provided in a format and language suitable for the service user and or his or her carer/representative.

To be completed by: Immediately from the date of the inspection	Ref: 6.5
	Response by registered person detailing the actions taken: A service user agreement has been provided in the format suitable to the individual service user.
Area for improvement 4 **Ref**: Standard 4.4 **Stated**: First time **To be completed by**: Immediately from the date of the inspection	The registered person shall ensure that where the service user is unable or chooses not to sign the service user agreement, this is recorded. Ref: 6.5
	Response by registered person detailing the actions taken: The registered person shall ensure that if the service user is unable to or chooses not to sign the service user agreement this will be recorded
Area for improvement 5 **Ref**: Standard 4.2 **Stated**: First time **To be completed by**: 30 June 2019	The registered person shall ensure that service users' written agreements are appropriately personalised and reflect the particular financial arrangements in place within the service to appropriately support the individual service user. Agreements should contain at a minimum the information set out within standard 4.2. Ref: 6.7
	Response by registered person detailing the actions taken: The service users written agreement has been personalised and relect the particular financial arrangements in place to support the inividual service user.
Area for improvement 6 **Ref**: Standard 8.12 **Stated**: First time **To be completed by**: 31 March 2020	The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process. Ref: 6.7
	Response by registered person detailing the actions taken: The registered person shall ensure that the quality of service is provided is evaluated annually, and any follow up action will be taken. This report will include key stakeholder involvement.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews