PRIMARY INSPECTION

Name of Establishment:	**Aisling Better Care**
Establishment ID No:	**10715**
Date of Inspection:	**26 June 2014**
Inspector's Name:	**Caroline Rix**
Inspection No:	**16552**

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Aisling Better Care
Address:	Unit 24, Glenwood Business Centre Pembrook Loop Road Dunmurry BT17 0QL
Telephone Number:	(028) 9060 1504
E mail Address:	aisling.better.care@talktalk.net
Registered Organisation / Registered Provider:	Aisling Better Care / Mr Christopher McNeill
Registered Manager:	Mr Christopher McNeill
Person in Charge of the agency at the time of inspection:	Mr Christopher McNeill
Number of service users:	41
Date and type of previous inspection:	29 April 2013, Primary Announced
Date and time of inspection:	26 June 2014 10.00am to 5.30pm. Primary unannounced inspection.
Name of inspector:	Caroline Rix

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	3
Staff	0
Relatives	2
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	**Number issued**	**Number returned**
Staff	20	0 plus 6 after the closure date

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
  Standard 8 – Management and control of operations
  Management systems and arrangements are in place that support and promote the delivery of quality care services.

- **Theme 2**
  Regulation 21 (1) - Records management

- **Theme 3**
  Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Aisling Better Care service is a private domiciliary care agency, established in 2009 to provide care and support to people in their own homes. The agency office is based at Unit 24, Glenwood Business Centre, Pembrooke Loop Road, Dunmurry, Northern Ireland and provides a domiciliary care service to people in the Glenavy, Ballinderry, Moira and rural Lisburn areas. Their commissioning Trusts are currently South Eastern HSC Trust and Northern HSC Trust and have capacity for private service users. Under the direction of the manager Mr Christopher McNeill, a staff of 19 provides assistance with activities of daily living to 41 frail older people, those with a physical disability and those with mental health problems in their own homes.

Aisling Better Care had five requirements and three recommendations made during the agency's previous inspection on 29 April 2013. Two of the requirements were found to be 'compliant' and the remaining three requirements found to be 'moving towards compliance'. Two of the three recommendations were found to be 'compliant' with the third 'moving towards compliance'. These outstanding requirements and recommendation have been carried forward and included within the quality improvement plan (QIP) attached to this report. This outcome was disappointing.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Aisling Better Care was carried out on 26 June 2014 between the hours of 10.00hours and 17.30hours. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the inspector during the inspection day and a summary of findings is contained within this report. Findings following these home visits were discussed with the registered person/manager.

Three requirements (all restated from 29 April 2013) and three recommendations (one restated) have been made in respect of the outcomes of this inspection.

Staff survey comments.

Twenty staff surveys were issued and none were received (although six were received after the closure date) which is a disappointing response.

Staff comments were included on a number of the returned surveys as follows;

'I feel like I can talk to any member of management and also my team members. I am happy within my placement'.
'I find the standard of care with this company up to an excellent standard. They treat everyone as individuals at all times and care needs are met'.
'I feel that the care provided by the agency is excellent'.

Home Visits summary

As part of the inspection process the inspector spoke with three service users and two relatives on the day of inspection to obtain their views of the service being provided by Aisling Better Care. The service users interviewed have been using the agency for a period of time ranging from approximately eight months to three years, receive at least two calls per day and are receiving the following assistance:

- Personal care
- Meals
- Sitting service

The inspector was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are introduced to new members of staff by a regular carer. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be advised by the agency if their carer had been significantly delayed, this is good practice.

All of the people interviewed had no concerns regarding the service being provided by the carers from Aisling Better Care. None of the people interviewed had made a complaint about the agency, however they were aware of whom to contact should any issues arise. A number of the people interviewed were able to confirm that management from the agency visit on a regular basis to ensure their satisfaction with the service and that observation of staff practice had taken place in their home. One service user confirmed that the agency management contact her regularly by phone to ensure she remains satisfied with the quality of service being provided.

Examples of some of the comments made by service users or their relatives are listed below:

- "They're a great group of girls; we have built up a good friendship and trust over time. They know exactly how to manage my XXX care needs and notice the smallest changes. I couldn't praise them highly enough."
- "Couldn't ask for better care, and could not manage without them. Although we dreaded having to accept helpers, it was no time before we settled into a routine. They are caring, reliable, and skilled. They even arrived early and waited to help my XXX on discharge from hospital."
- "I feel the staff are approachable and respect my confidentiality. They treat me very well, and we have a good rapport."

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the inspector reviewed the documentation kept in the home of two service users. During the home visits, the inspector noted that two service users were experiencing restraint in the form of bed rails; the use of such was documented in one of the two care plans / risk assessments.

Review of the risk assessments and care plans advised that none of the service users receives financial assistance, for example shopping, from the agency. During the home visits, the inspector was advised that none of the service user is receiving assistance with medication by the carers.

All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets, it was noted that the information was being consistently completed on the majority of occasions. However the staff had not always signed their full signature as opposed to first names only or their departure times on the log sheets, this matter was discussed with the registered manager who has been requested to ensure that the matter is addressed accordingly.

Summary

Theme one - Management and control of operations

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The agency has achieved a level of **compliant** in relation to this theme.

Discussions with the registered manager during inspection and review of records supported a process in place relating to areas of mandatory training and this was found to be consistent with the RQIA mandatory training guidelines 2012.

A staff competency process is in place for all staff including the registered manager along with appropriate supervision and appraisal processes. Records evidenced that the senior staff had received annual appraisals along with regular supervision meetings.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update during inspection to include an area for staff competence matters as appropriate.

The inspector was unable to review the agency incident log as no incidents have occurred since the previous inspection.

No requirements or recommendations have been made in relation to this theme.

Theme 2 - Records management

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has a policy and procedure in place on 'Recording and Reporting' which contains clear guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care. Review of two service user files during home visits by the inspector confirmed appropriate recording in the general notes. However the staff had not always signed their full signature as opposed to first names only or their departure times on the log sheets.

The area of service user restraint was reviewed during inspection. Records viewed in two service user's homes noted that each service users was experiencing restraint in the form of bed rails; the use of such was not documented in the care plan or risk assessment records for one of the service users and this is recommended to be addressed.

The agency currently provides prompting in relation to administration of medications to a number of service users as detailed within their care plans and records were review as satisfactory.

Two recommendations have been for quality improvement in relation to this theme.

The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily records.

The registered manager is recommended to ensure individual care plans and risk assessments include specific management plans relating to the area of restraint.

Theme 3 – Recruitment

The agency has achieved a level of **compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

No requirements or recommendations have been made in respect of this theme.

The Inspector would like to express her appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Regulation 5	The registered manager is required to update their Statement of Purpose to include their revised complaints procedure.	The Statement of Purpose dated June 2013 was viewed, this had been revised but needs further expanded to include their revised complaints procedure.	Moving towards compliance
2	Regulation 6	The registered manager is required to update the service user guide with the revised complaints procedure and provide all service users with the updated information.	The complaints procedure had been revised and shared with service users during June 2013. The service user guide should be updated again with their updated complaints procedure and a copy provided to all service users.	Moving towards compliance
3	Regulation 22	The registered manager is required to update their complaints procedure to include the role and contact details of the NI Ombudsman, RQIA and independent advocacy services. (Standard 15)	The complaints procedure viewed dated June 2013 had been updated. However this procedure needs further expanded to include the role of RQIA in relation to unresolved complaints and the contact details of independent advocacy services to be corrected.	Moving towards compliance
4	Regulation 15(6)(a)	The registered manager is required to update their Protection of vulnerable adult's policy and procedure to reference the relevant legislation. The procedure must also be updated with the process for reporting incidents to RQIA. (Standard 14.1)	The Protection of Children and Vulnerable Adults procedure dated June 2013 reviewed. This document had been revised and includes the relevant legislation referenced along with details of the process for reporting of allegations to RQIA.	Compliant

5	Regulation 16(2)(a)	The registered manager is required to ensure staff knowledge and competence following staff training in the area of Vulnerable Adults protection. The registered manager should develop and implement a staff competency assessment tool regarding staff knowledge. (Standards 14.4 and 12.9)	The manager has developed a staff competency assessment tool regarding staff knowledge in this area post training. The implementation of this assessment tool is planned to be completed by September 2014.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 14.9	The registered manager is recommended to retain records to evidence that learning from vulnerable adult investigations are shared with full staff teams.	Staff meeting minutes now include the topic of protection of vulnerable adults as an agenda item. One vulnerable adult matter has recently been concluded and learning planned to be shared with staff during meetings by September 2014.	Compliant
2	Standard 8.10	The registered manager is recommended to develop a scheduling tool to ensure service users monitoring visits and staff monitoring/supervision visits are completed in compliance with the policy timeframe.	The agency has developed a scheduling tool for service user monitoring visits which was viewed and found to be in line with their policy timeframe. A scheduling tool has also been developed for staff monitoring / supervision visits and found to be in line with their policy timeframe.	Compliant
3	Standard 12.8	The manager is recommended to develop and implement a training plan to ensure all staff are provided with mandatory update training within the required timeframes.	The agency has developed a staff training plan. However this plan is contained within each individual staff file, not centrally. The registered manager is recommended to develop a central staff training plan listing all staff, the mandatory training subject areas and the related timescales for completion.	Moving towards compliance

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
Criteria Assessed 1: Registered Manager training and skills Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency. Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill. Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). **Ref: RQIA's Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012**	
Provider's Self-Assessment:	
The Registered Manager is a Registered Nurse since 1987, He has a degree in Health Care Management from the University of Westminster. we have in place audits and processes to assess the quality of staff, their competences and performance. we regularly contact our clients formally and informally to ensure that they are satisfied with the care they receive and the staff providing that care. **Most of the Registered Managers training and development is self directed, reflecting the neeeds of both staff and the care needs of our clients.. Tn the past 12 months, this has included managing ill health absences, skin care and the prevention of pressure sores, H&S wrt lone workers. However he has recently enrolled for formal training to enable us to bring all certified and accredited training in house.**	Substantially compliant

Inspection Findings:	
The Statement of Purpose dated June 2013 was viewed; this had been revised but as detailed within the follow up section above, needs further expanded to include their revised complaints procedure. The statement of purpose reflects a clear structure regarding management within the agency. This structure included the registered person/ manager Chris McNeill, together with an assistant manager, two senior carers and care staff. Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). The frequency of the training completed had met the timescales specified as best practice. Most areas of training reviewed included a competency assessment element. The registered manager has also completed training in the areas of supervision and appraisal and this is to be commended. The registered manager is currently enrolled on an additional training course with NI First Aid Services Ltd and this was discussed during inspection in terms of keeping abreast of new areas of development. It was discussed and reviewed during inspection that the registered manager is currently registered with NMC with renewal date of January 2015.	Compliant

Criteria Assessed 2: Registered Manager's competence Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary. Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement. Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.	
Provider's Self-Assessment:	
Induction seminar and training cover statutory requirements prior to staff being allowed to practice unsupervised, **Subsequent supervision and audit is designed to assess compliance with working policies and procedures. we pay particular attention to compliance with record keeping, and safer delivery of care, including the appropriate use of equipment, and the safe handling of medications. and shortcomings are noted and reported back to all staff as a 'learning' experience.** **Appraisal is normally undertaken aside from supervised practice and is scheduled to take place annually, however this can be more frequently should the need arise. currently it is the role of the registered manager to undertake appraisal of staff.**	Substantially compliant
Inspection Findings:	
The agency Supervision and Appraisal policy and procedure dated June 2013 was clearly referenced regarding practices for all staff, both care staff and management staff, as quarterly supervision and annual appraisals. The registered person / manager is not reflected within this procedure due to the size and structure of the agency. Supervision and appraisal for the registered person / manager does not currently take place due to the size and structure of the agency.	Compliant

The inspector was unable to review the agency incident log as no incidents have occurred since the previous inspection. No medication errors in last year reported to RQIA and this was discussed with manager. Monthly monitoring reports completed by the registered person / manager were reviewed during inspection for February to April 2014 and were found to be compliant, and contained relevant details including service user's feedback and staff monitoring outcomes. The agency had completed their annual quality review for the year 2013-14 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements.	

Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc) Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform. Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional. Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.	
Provider's Self-Assessment:	
our assessment of suitability starts from the interview process, and rather than look specifically at work based experiences, we assess an individuals capacity for empathy, and any life experiences they may have in care. the training process commences prior to starting and during induction period with carers instructing and directing new starts until the new start feel confident and competent in what it is they are being asked to do. **their comtpetence is subsequently assessed by either the manager or a senior carer, and the induction check list completed.** **no person is allowed contact with clients until we have confirmed their identity, have received 2 references, which are preferably from previous employers, and received and enhanced AccessNI check (including a barred list check for most recent recruits).** **all staff are given a detailed session on the administration/dispensing of medications, and a copy of the relevant policy and procedures prior to meeting with the clients. this instruction is from the registered manager.. currently we have no staff member trained in the administration of eye or ear drops. the administration of all "internal" preparations is strictly prohibited..**	Substantially compliant

Inspection Findings:	
The agency holds a training and development policy and procedure dated June 2013. However as detailed within the follow up section above, a central staff training plan is recommended for development. Review of this policy was found to be in line with RQIA mandatory training guidelines (September 2012) and confirmed as compliant. Training records for the assistant manager and two senior care staff were found to be in place regarding each area of mandatory training. The assistant manager has completed training in the area of staff supervision and this is to be commended. Most areas of training reviewed included a competency assessment element signed off by the assessor. Supervision records for the assistant manager and senior care staff were viewed within their individual files and had been completed in line with their policy timescale. Records evidenced that the assistant manager and senior care staff are currently registered with NISCC.	Compliant

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc) Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary. Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement. Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
working practices are regularily assessed in various ways. we audit a 40% sample of client records bi-monthly to assess compliance with identified standards, any shortcomings are fed back to staff as a learning outcome. we undertake spot checks on staff and their time-keeping, and our supervised practice is a hands on method of assessing competences and skills. **we have very few clients receiving our assistance with medications. where there is any intervention wrt medicines, staff are required to record the level of intervention . we have had no reported drug incidents involving our staff.** **supervised practice, whilst not directly assessing training outcomes, does assess individuals staff members skill, competences and abilities when working with clients.** **as a result of appraisal, we are currently supporting 4 staff members undertaking H&SC L3 training, and have identified specific development needs for individuals. it is also important to recognise that for some people, being able to work and provide care for our clients is fulfilling and a developmental aim in itself.**	Substantially compliant

Inspection Findings:	
The agency Supervision and appraisal policy and procedure dated June 2013 was clearly referenced regarding practices for care staff and reflected the processes for management staff supervision and appraisal. Appraisal for the assistant manager and one senior carer currently takes place annually and was reviewed during inspection for 2013. Appraisal for the second senior care worker has not taken place in 2013-14 as this staff member has recently been appointed. Supervision for the assistant manager and both senior care staff currently takes place quarterly and has been recorded. The current monthly monitoring reports do not provide comment on management staff matters and competence should they arise and this was discussed during inspection with the registered person / manager for future consideration (as required).	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Compliant

THEME 2 Regulation 21 (1) - Records management	
Criteria Assessed 1: General records Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are— (a) kept up to date, in good order and in a secure manner; and (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority. (2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user's home and that they are kept up to date, in good order and in a secure manner. Standard 5.2 The record maintained in the service user's home details (where applicable): • the date and arrival and departure times of every visit by agency staff; • actions or practice as specified in the care plan; • changes in the service user's needs, usual behaviour or routine and action taken; • unusual or changed circumstances that affect the service user; • contact between the care or support worker and primary health and social care services regarding the service user; • contact with the service user's representative or main carer about matters or concerns regarding the health and well-being of the service user; • requests made for assistance over and above that agreed in the care plan; and • incidents, accidents or near misses occurring and action taken. Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.	**COMPLIANCE LEVEL**

Provider's Self-Assessment:	
our bi-monthly audit and spot checks by the senior carers/registered manager ensures compliance with records and record keeping., All staff are instructed to notate their care interventions and any findings on each visit. these records reflect the care plan. any changes in condition or alterations that are made will only be with the authority of the registered manager and client/NOK. any such deviations or alterations are recorded as they occur. **Records for many clients are returned to the office every 4 weeks approx. only the registered manager and the senior carers are authorised to remove records from the clients house. upon arrival at the office a sample are held for audit and the rest filled.** **client records retreived from the clients home are archived every 6 months approximately (or as required).. all notes are stored within lockable cabinets..** **Issues identified during these audits are fedback to staff as learning issues and compliance then re-examined to ensure compliance.**	Compliant
Inspection Findings:	
The agency policies on Recording and reporting Handling service user's monies and the Restraint policy each dated June 2013 were all reviewed during inspection as compliant. Templates were reviewed during inspection for: • Daily evaluation recording • Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications. The agency hold a money agreement within the service user agreement • Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping • Staff spot checking template which includes a section on adherence to the agency recording policy • Staff group supervision template includes records management (recording and reporting) All templates were reviewed as appropriate for their purpose.	Substantially compliant

Review of four staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2013-14. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising**.** Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as compliant in these areas. As detailed within the follow up section above- the agency has a staff training plan contained within each individual staff file, not centrally. It is recommended that a central staff training plan listing all staff, the mandatory training subject areas and the related timescales for completion is developed. Records evidenced that an audit of service user daily record sheets was completed when they were returned to the office, with these being date stamped and signed off by the senior care staff and also as part of the monthly monitoring audits completed by the registered manager. A review of the log sheets in service user's homes and within the office files found that the information was being consistently completed. The agency currently provides prompting in relation to administration of medications to a number of service users as detailed within their care plans and records were review as satisfactory. Review of two service user files during home visits by the inspector confirmed appropriate recording in the general notes. However the staff had not always signed their full signature as opposed to first names only on the log sheets or the departure times. The registered manager is recommended to ensure that staff completed these daily records fully. One care plan was noted to be out of date regarding the number of calls received per day. The registered manager confirmed that due to a recent change in care needs following this service user's hospital discharge the revised care plan has been requested from the care manager. Records viewed in two service user's homes noted that each service users was experiencing restraint in the form of bed rails; the use of such was not documented in the care plan or risk assessment record for one of the service users. The matter was discussed with the registered manager and it is recommended that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.	

Criteria Assessed 3: Service user money records Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user. Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user's agreement (Standard 4).	
Provider's Self-Assessment:	
we do not have any involvement with a clients finances at any level.	Provider to complete
Inspection Findings:	
Review of the care plans during the inspector home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the inspector. The manager confirmed that no service users currently require financial assistance.	Not applicable

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1: Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. Standard 8.21 The registered person has arrangements in place to ensure that: • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . Standard 11.2 Before making an offer of employment: • the applicant's identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed.	**COMPLIANCE LEVEL**

Provider's Self-Assessment:	
we fulfil all pre-employment requirements	Compliant
Inspection Findings:	
The agency has a policy and procedure in place titled 'Staff Recruitment' dated June 2013 which was reviewed. This policy and procedure was confirmed as compliant with Regulation 13, Schedule 3. Review of four staff recruitment files during inspection for those recruited since April 2013, evidenced that the requirements of Regulation 13 Schedule 3 have been fully met. All documentation in relation to the recruitment process for these staff members was retained and stored securely.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed the records relating to the one complaint received during 2013 which evidenced that it had been appropriately managed.

Records of the two complaints received during 2014 to date were reviewed; one complaint had been received relating to care practices and has not been resolved as service suspended.

The second complaint had been received two days before the inspection date and the outcome has not yet been concluded.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Christopher McNeill registered person/manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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

Quality Improvement Plan

Unannounced Primary Inspection

AISLING BETTER CARE

26 JUNE 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered person/ manager Mr Christopher McNeill during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements **This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007**					
No.	**Regulation Reference**	**Requirements**	**Number Of Times Stated**	**Details Of Action Taken By Registered Person(S)**	**Timescale**
1	Regulation 5	The registered manager is required to update their Statement of Purpose to include their revised complaints procedure. **(Restated from 29 April 2013)**	Twice	Complaints procedure has been amended to take account of Inspectors comments	Within three months of inspection date.
2	Regulation 6	The registered manager is required to update the service user guide with the revised complaints procedure and provide all service users with the updated information. **(Restated from 29 April 2013)**	Twice	Service Users Guide, complaints procedure has been amended to take account of Inspectors comment	Within three months of inspection date.
3	Regulation 22	The registered manager is required to update their complaints procedure to include the role of RQIA in relation to unresolved complaints and the contact details of independent advocacy services to be corrected. **(Restated from 29 April 2013)**	Twice	Complaints procedure has been amended to take account of Inspectors comment	Within three months of inspection date.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 12.8	The registered manager is recommended to develop a central staff training plan listing all staff, the mandatory training subject areas and the related timescales for completion. **(Restated from 29 April 2013)**	Twice	A central record of staff training and outstanding training has been completed. The Registered Manager has just completed EAT award which enables plan to bring all training inhouse. A comprehensive plan to address outstanding training is being compiled with a completion date for all updates estimated to be December 2014	Within three months of inspection date.
2	Standard 5.6	The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily log records.	Once	Bi Monthly Audit of a 20% sample of call logs show 99% compliance with required standards. we will continue to work with staff to improve on this.	Within two months of inspection date.
3	Standard 5.2	The registered manager is recommended to ensure individual care plans and risk assessments include specific management plans relating to the area of restraint.	Once	We are continuing to work on this as we review and renew care plans. new care plans will be issued to all clients by December 2014.	Within two months of inspection date.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Chris McNeill
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Chris McNeill

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	yes	C.RIX	12/08/ 14
Further information requested from provider			