



The Regulation and  
Quality Improvement  
Authority

Clogher Valley Care Ltd  
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**Announced Care Inspection  
of  
Clogher Valley Care Ltd  
15 December 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced care inspection took place on 15 December 2015 from 09.00 to 13.45 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	4

The details of the QIP within this report were discussed with the registered manager Jennifer Frizelle as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Clogher Valley Care Ltd/Evelyn (Jennifer) Frizelle	<b>Registered Manager:</b> Evelyn (Jennifer) Frizelle
<b>Person in charge of the agency at the time of Inspection:</b> Evelyn (Jennifer) Frizelle	<b>Date Manager Registered:</b> 6 January 2009
<b>Number of service users in receipt of a service on the day of Inspection:</b> 93	

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

### 4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report

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

- Discussion with the responsible person who is also the registered manager
- Consultation with four care workers
- Examination of records
- File audits
- Evaluation and feedback

### 5. The Inspection

#### Profile of service

Clogher Valley Care Ltd provides domiciliary support to 93 service users by a team of 64 staff. Services are provided to geographical areas including Armagh, Keady, Dungannon, Coalisland, Stewartstown and all of the Clogher Valley. The Southern Health and Social Care Trust commission the majority of their services with small number commissioned by the Western Health and Social Care Trust.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Four staff records
- Staff duty rota for December 2015
- Monthly monitoring reports for September October and November 2015
- Record of late or missed calls.

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and with five relatives, in their own home on 21 September 2015, to obtain their views of the service. The service users interviewed live in the Dungannon and surrounding areas and receive assistance with the following:

- Personal care
- Sitting service
- Meals.

On the day of inspection the inspector met with four care workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report. The inspector gave the acting manager ten questionnaires to distribute to randomly selected staff members for their completion, asking for their views regarding the service, and to return to RQIA. No staff questionnaires were received following the inspection, which was disappointing.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 22 July 2014. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 11(3)	The registered manager is required to complete mandatory update training in the area of protection of vulnerable adults and children.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager advised the inspector that she had attended training on 19 August 2014.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 13 Schedule 3	The registered manager is required to expand their staff recruitment procedure to ensure full information and documents are obtained in respect of domiciliary care workers as listed within schedule 3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector was satisfied that the recruitment procedure as amended in July 2014 was in line with matters listed within schedule 3.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 12.9	The registered manager is recommended to ensure staff competency assessments are completed for management following each area of mandatory training.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that competency assessments are undertaken annually for the three members of management staff.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 13.3	The registered manager is recommended to expand their staff supervision procedure to include the process for management staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that procedures for supervision and appraisal were updated in July 2014 to include the policy to have four supervisions each year.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 5.6	The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily records.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The UCO reviewed the agency's documentation relating to five services users and noted two out of date care plans and issues in respect of signatures and call times not being properly recorded. This recommendation is restated.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 5.2	The registered manager is recommended to review their policy and procedure on restraint to ensure individual care plans and risk assessments include specific management plans relating to the area of restraint.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that the policy and procedure on restraint was updated in July 2015. Care plans which the inspector viewed included specific details on restraint.	

### **5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.**

#### **Is Care Safe?**

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users and/or representative's views had been obtained and incorporated. The inspector noted the agency care plans to be very detailed and person centred.

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the services users' security and the carers' knowledge of the required care.

Four staff members interviewed on the day of inspection confirmed that they are provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They also said that they believe there is a consistency of care provided by the agency and one person stated that the care plans are "brilliant".

Documentation relating to five service users was reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan and risk assessment; however two of the care plans were noted to be out of date. The out of date care plans were discussed with the registered manager who confirmed that the trust care manager had recently updated these care plans however copies had not yet been placed in the service users' home file and this would be addressed. The agency's log sheets in the files reviewed were being completed appropriately by the carers; however issues were identified regarding signatures and recording of call times. A recommendation is restated in respect of this.

The inspector viewed four staff files and noted the evidence for attendance at training sessions was scant. The agency had issued sheets indicating attendance at training on certain dates but the record did not include the names and signatures of those attending training events, the name and qualification of the trainer or training agency and the content of the programme. Two recommendations are made in respect of this.

#### **Is Care Effective?**

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise. Questionnaires have been sent out by the agency to obtain the views of the service from service users or their representatives.

The inspector also viewed a quality assurance report dated March 2015 which summarised feedback from service users and their relatives. The people interviewed were able to confirm that management and observation of staff practice had taken place. Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis.

No staff practise issues were identified during the spot checks which the inspector viewed in four staff files.

The inspector asked to see the complaints log which was not available in the office on the day of inspection. The inspector informed the manager that a record of complaints should always be available for agency staff to monitor and update investigations and also for inspection purposes and a requirement and a recommendation is made in respect of this matter.

The registered manager confirmed there were no formal staff meetings, discussions with staff often occur after training sessions and staff are updated about changes if required by notes sent with pay slips. The inspector advised the registered manager that it would be good practice to set a timetable of staff meetings with an agenda which staff could contribute to, to ensure changes and information are shared with staff.

### **Is Care Compassionate?**

No concerns regarding the quality of care being provided by the carers from Clogher Valley were raised with the UCO. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; those interviewed stated they felt this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t say a bad word”.
- “All the girls are very good to my XXX.”
- “ It’s a great service”
- “ Very helpful if we need to change time of call for appointments”

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included dementia and working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

### **Areas for Improvement**

The registered person must ensure that all issues of concern raised by service users or representatives are managed in accordance with the agency’s complaints procedures and that records are maintained and available within the agency.

The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users’ daily records; this includes ensuring full signatures and call times and duration are recorded by carers.

The registered manager must ensure that a record is kept in the agency of all staff training including the names and signatures of those attending training events, the name and qualification of the trainer or training agency and the content of the programme.

A written training and development plan should be reviewed annually and should reflect the training needs of individual staff and the aims and objectives of the agency.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>3</b>
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#### **5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.**

##### **Is Care Safe?**

A range of management systems and processes in operation within the agency ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and the policy on the management of missed and late calls dated July 2014. The inspector viewed two personnel files where references had not been sourced from the last employers of the members of staff concerned and a requirement is made in respect of this.

##### **Is Care Effective?**

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced missed calls from the agency. Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting where calls are running late or may be missed. They discussed communicating such matters with service users and with the office management. There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed.

##### **Is Care Compassionate?**

Four staff members spoken to on the day of inspection emphasised the importance of dignity and respect when working with service users. A member of staff spoken to on the day of inspection outlined examples of how staff respond with compassionate care outside of commissioned visits to a particular service user who lives alone.

##### **Areas for Improvement**

The registered person shall ensure that full and satisfactory information is available in relation to each domiciliary worker supplied in respect of matters specified in Schedule 3.

An audit of all staff files should be undertaken and an assurance provided to RQIA that satisfactory references have been sought, retrospectively if necessary.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.3 Additional Areas Examined**

### **5.3.1 Records to be maintained for inspection.**

On the day of inspection the registered manager was unable to produce a complete alphabetical list of staff and service users. As mentioned earlier in this report the complaints log was also unavailable in the agency's office. A requirement is made in respect of these matters.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jennifer Frizelle registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

### **6.1 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 (Northern Ireland) 2007.

### **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

## Quality Improvement Plan

Statutory Requirements	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13 (4) Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 March 2016</p>	<p>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. An audit of all staff files should be undertaken and an assurance provided to RQIA that satisfactory references have been sought, retrospectively if necessary.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All staff files have been audited and where any have shown a reference from a present or most recent employer is not in place, evidence as to why that is not in place and what measures were taken to obtain that reference has been completed for each instance. This is also in place for all future employees where we may be unable to obtain a reference and the measures taken to ensure that that employee is suitable for employment.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 21 (1) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained , and that they are - At all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> An up-to-date alphabetical index of both Service Users and employees is available for inspection.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 22 (8)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>The registered person shall maintain a record of each complaint, including details of investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A paper copy of all complaints which includes all investigations, outcomes and action taken is kept on file. Any previous complaints stored on computer, has been printed and included in our paper file.</p>

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 5.6</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>It is recommended that all service user daily records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All staff were forwarded our procedures on record keeping and an example of a daily report sheet, that has been completed to show the information that is required on every visit. Reporting and recording is also included in our annual training.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.7</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing.</p>	<p>It is recommended that a record is kept in the agency, for each member of staff of all training, which includes:</p> <ul style="list-style-type: none"> <li>• The names and signatures of those attending the training event;</li> <li>• The date(s) of the training;</li> <li>• The name and qualification of the trainer or the training agency; and</li> <li>• Content of the training programme</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Our training file has been updated to include the qualifications of the trainer and a copy of the course content when training is provided by an outside training agency. This is in place for all future training and has been completed, where possible, for all previous training sessions.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 March 2016</p>	<p>It is recommended that there is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the agency.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A file is in place which details our training programme and it includes the training requirements of each employee and when their training sessions are due. This is updated after each training session.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 15.15</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>It is recommended that a summary of all complaints, outcomes and actions taken is made available to the Regulation and Quality Improvement Authority when required.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All our complaints, outcomes and actions are included in our Annual Quality Assurance report. A summary of these are now included in our complaint file.</p>

<b>Registered Manager Completing QIP</b>	Jennifer Frizelle	<b>Date Completed</b>	08/03/2016
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>	Michele Kelly	<b>Date Approved</b>	10/03/2016

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.