

## **PRIMARY INSPECTION**

**Name of Establishment:** Clogher Valley Care

**Establishment ID No:** 10732

**Date of Inspection:** 22 July 2014

**Inspector's Name:** Caroline Rix

**Inspection No:** 16553

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**General Information**

<b>Name of agency:</b>	Clogher Valley Care Ltd
<b>Address:</b>	The Bungalow Riverview Augher BT77 0BJ
<b>Telephone Number:</b>	(028) 8554 8378
<b>E mail Address:</b>	miriamcvc@utvineternet.com
<b>Registered Organisation / Registered Provider:</b>	Clogher Valley Care Ltd / Miss Evelyn Jennifer Frizelle
<b>Registered Manager:</b>	Miss Evelyn Jennifer Frizelle
<b>Person in Charge of the agency at the time of inspection:</b>	Miss Evelyn Jennifer Frizelle
<b>Number of service users:</b>	95
<b>Date and type of previous inspection:</b>	8 July 2013, Primary announced inspection
<b>Date and time of inspection:</b>	22 July 2014 from 9.30am to 3.30pm Primary unannounced inspection
<b>Name of inspector:</b>	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	1
Relatives	4
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	30	0

## 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:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 - Moving towards compliance</b>	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.
<b>4 - Substantially Compliant</b>	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.
<b>5 - Compliant</b>	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**

Clogher Valley Care Ltd provides domiciliary support to 95 service users by a team of 80 staff. Services are provided to the geographical areas including Armagh, Keady, Dungannon, Coalisland, Stewartstown and all of the Clogher Valley. Staffs supports service users in their own homes with a range of needs including personal care, practical support, day and night sitting. Service users are older people, those who have mental health care needs, adults and children with a physical and learning disability. The Southern Health and Social Care Trust commission the majority of their services with a small number commissioned by the Western Health and Social Care Trust.

Clogher Valley Care had one recommendation made during the agency's previous inspection on 8 July 2013. This recommendation was reviewed and found to be 'compliant'. This outcome is to be commended.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Clogher Valley Care was carried out on 22 July 2014 between the hours of 09.00 and 15.30. 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 UCO prior to the inspection between 5 and 7 July 2014 and a summary of findings is contained within this report. Findings following these home visits were discussed with the manager.

Two requirements and four recommendations have been made in respect of the outcomes of this inspection.

### **Staff surveys**

Thirty staff surveys were issued and none received which is a disappointing response. The manager confirmed that all surveys had been provided to staff who had been chosen randomly.

### **Home Visits summary**

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with three service users and four relatives between 5 and 7 July 2014 to obtain their views of the service being provided by Clogher Valley Care. The service users interviewed are located in the Dungannon area, have been using the agency for a period of time ranging from approximately nine months to five years, receive at least two calls per week and are receiving the following assistance:

- Management of medication
- Personal care
- Sitting service
- Housework

The UCO 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 usually 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.

It was good to note that all of the people interviewed had no concerns regarding the service being provided by the staff from Clogher Valley Care. None of the people interviewed had made a complaint recently about the agency, however all were aware of whom they should contact if any issues arise. All of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service, however only two people were able to confirm that observation of staff practice had taken place in their home.

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

- “The consistency of the staff is very good as my XXX can get confused with lots of different people calling.”
- “I find the manager is very approachable if I have any issues.”
- “Very reliable, never let me down.”
- “I have only praise for them.”
- “If I need to change the time of my calls it is no problem.”

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of three service users. During the home visits, the UCO did not note that any service users were experiencing restraint in the form of bed rails, lap bands or locked doors.

Review of the risk assessments and care plans 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 UCO.

During the home visits, the UCO was advised that one service user is receiving assistance with medication by the carers from Clogher Valley Care and the medication records were being completed consistently.

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, a number of issues were identified in regards to the entries being made by the carers who were discussed with the registered manager as part of the inspection.

## 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 **substantially compliant** in relation to this theme.

The agency's 'Management Control and Monitoring' policy dated July 2012 and 'Statement of Purpose' dated March 2013 viewed contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager during inspection and review of records for the manager and management staff supported a process in place for some but not all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. The area of management staff competency assessments have been requested for review.

A staff competency process is in place and is operational for staff with the exception to those areas referenced in the previous paragraph.

Review of appropriate appraisal processes for all management staff were confirmed during inspection however supervision processes were not in place and have been requested for implementation.

Monthly monitoring processes are currently in place and operational. The reports viewed were concise and found to be appropriate.

One requirement and two recommendations have been made in relation to this theme.

The registered manager is required to complete mandatory training in the area of protection of vulnerable adults and children.

The registered manager is recommended to ensure staff competency assessments are completed for management following each area of mandatory training.

The registered manager is recommended to expand their staff supervision procedure to include the process for management staff.



## 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 was found to be satisfactory and in line with standard 5 and contains 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 three service user files during home visits 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. The policy and procedure on 'Restraint' is recommended for review to include details of the care plan and risk assessments required in relation to bedrails. Records viewed in one service user's office file noted that the service user was experiencing restraint in the form of bed rails; the use of such was clearly documented in the care plan or risk assessment record.

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

The agency has a policy and procedure on 'Safeguarding and Protecting Service users Money and Valuables' which was found to be appropriately detailed. The agency currently provides assistance to one service user in relation to weekly shopping, with records being maintained and audited in line with their procedure.

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 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.

### Theme 3 – Recruitment

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

Review of the agency's 'Staff Recruitment' policy and procedure was found to be partially compliant with Regulation 13 and schedule 3. All the points listed within schedule 3 are to be included within their procedure.

Records confirmed that, with the exception of the statement from the registered manager that the person is physically and mentally fit for the work he is to perform, information had been obtained for staff as required.

One requirement has been made in respect of this theme.

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.

**The Inspector and UCO would like to express their 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.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 14.1	The registered manager is recommended to expand their protection of vulnerable adult's procedure to include a flowchart of key steps staff should follow within the process.	The protection of vulnerable adult's procedure dated July 2013 was viewed. This document has been expanded and now includes a flowchart of key step for staff to follow within the process. Staff were provided with a copy of the flowchart when post to all along with their payslips.	Once	Compliant

<p style="text-align: center;"><b>THEME 1</b></p> <p style="text-align: center;"><b>Standard 8 – Management and control of operations</b></p> <p style="text-align: center;"><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></p> <p>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.</p> <p>Regulation 11 (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.</p> <p>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). <b>Ref: RQIA's Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The registered Manager undertakes training to ensure they are up to date in all relevant areas. she has completed her Level 5 Diploma in Leadership and Management. Details of training completed is available for inspection</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency's 'Management Control and Monitoring' policy dated July 2012 and 'Statement of Purpose' dated March 2013 viewed contain details of the organisational structure and the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.</p> <p>The structure also detailed the agency management staff in terms of one registered manager, one office manager and one monitoring officer.</p>	<p>Substantially compliant</p>

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) with exception to protection of vulnerable adults and children due in May 2014 which is scheduled for September 2014. This area of mandatory training has been recommended for renewal. The manager has also completed training in the areas of supervision and appraisal and this is to be commended.

Some areas of training reviewed included a competency assessment element however these had not been consistently signed off by the assessor in relation to management staff. The agency has in place a process of competency assessments with an appropriate sign off section and this is to be implemented across all mandatory areas for each grade of staff.

The registered manager is not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development. However she had completed the Level 5 Diploma in Leadership for Health and Social Care Services in June 2013.

It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from November 2011 to 2014.

<p><b>Criteria Assessed 2: Registered Manager's competence</b></p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>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.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>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.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Medication errors and incidents are reported if and when they occur in line with procedures. Our annual Service User surveys are used to provide information for our Quality Assurance report and to develop an improvement plan. Staff appraisals, monitoring reports, staff views, complaints and compliments, accidents and incidents are all taken into account to ensure our working practices are consistent and that the training we provide is effective. Our staff have annual appraisals which reviews their performance and what action, if any, is required and to agree a development plan for the next 12 months.</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency 'Supervision and appraisal' policy and procedure dated June 2012 viewed clearly referenced practices for care staff but did not clearly reflect the processes for management staff supervision. Revision of the policy and procedure is required in this respect.</p> <p>Appraisal for the manager currently takes place on an annual basis and was reviewed for November 2013. Supervision records for the manager were recorded as part of senior team meetings quarterly; however, as discussed with the manager it is recommended that individual staff supervisions take place with management staff.</p> <p>The inspector reviewed the agency's incident log and confirmed that no incidents had been reported through to</p>	<p>Substantially compliant</p>

RQIA over the past year.

Monthly monitoring reports completed by the registered person were reviewed during inspection for January to June 2014 and found to be detailed, concise and compliant.

The agency had completed their annual quality review for the year 2013 which was viewed. Records evidenced that a copy had been issued March 2014 by post to all service users.

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></p> <p>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.</p> <p>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.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Our staff complete our induction programme and are provided with the mandatory training to ensure they have the required skills. any training required specific to individual Service User's eg. epilepsy, eye drops etc is provided to the care worker by a profesional from the commissioning trust. Service User's with specific equipment or moving and handling techniques is provided with an induction completed by the comissioning trust. Managers have been trained in supervision and appraisal by an outside consultant. certificates are available for inspection.</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency has in place a 'Staff training and development' policy and procedure dated July 2012 which sits alongside the quarterly training programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p> <p>Training records for the monitoring officer and office manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>Both the monitoring manager and office manager have completed training in the areas of staff supervision and appraisal and this is to be commended.</p>	<p>Substantially compliant</p>



Most areas of training reviewed included a competency assessment element however these had not been consistently signed off in relation to management staff and this is recommended for review as detailed within criteria 1 above.

It was discussed and reviewed during inspection that the monitoring officer and office manager are both currently registered with NISCC, certificates viewed expiry dates of 2015 and 2016.

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>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.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>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.</p>	
<b>Provider's Self-Assessment:</b>	
<p><b>Medication errors and incidents are reported if and when they occur in line with procedures. Our annual Service User surveys are used to provide information for our Quality Assurance report and to develop an improvement plan. Staff appraisals, monitoring reports, staff views, complaints and compliments, accidents and incidents are all taken into account to ensure our working practices are consistent and that the training we provide is effective. Our staff have annual appraisals which reviews their performance and what action, if any, is required and to agree a development plan for the next 12 months.</b></p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The agency 'Supervision and appraisal' policy and procedure dated June 2012 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision as detailed within criteria 2 above, revision of the policy and procedure is required in this respect.</p> <p>Appraisals for management staff currently takes place annually and was reviewed during inspection for 2013/14. Appraisal records for the monitoring officer were viewed dated November 2013 and the office manager for April 2014, which contained appropriate information.</p> <p>Supervision records for the monitoring officer were recorded quarterly; however the office manager supervision records did not include individual meeting records and has been requested for review as above.</p>	Compliant

The current monthly monitoring reports viewed for January to June 2014 included comment on management staff matters and competence (as required).

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
	Substantially 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:**

**All records are kept up to date, in good order and in a secure manner. They are available for inspection when required and only accessed by those authorised to do so. All service users are provided with an**

**Substantially compliant**

<p>information file which includes report sheets to be completed by the agency staff. These records should be clear, concise and accurate. They should be dated and signed by the person making the entry. These records should include arrival and departure times, duties provided in line with the care plan, any changes to those duties and any changes to the service users condition or situation. It should also be recorded any contact with the service users representative or a professional person eg. GP, OT, District Nurse etc. Any incidents, accidents or near misses should also be recorded and procedures followed in notifying the agency as soon as possible.</p>	
<p><b>Inspection Findings:</b></p>	
<p>The agency policies on 'Recording and reporting care practices' and 'Safeguarding and Protecting Service users Money and Valuable' each dated July 2012 were reviewed during inspection as compliant. The Employee handbook dated August 2011 viewed contains these procedures. The agency policy and procedure on 'Management of medicines in service users home, including administration and assistance with medication' dated July 2012 was viewed as satisfactory. The policy and procedure on 'Restraint' dated July 2012 was viewed and is recommended for review to include details of the care plans and risk assessments required in relation to bedrails.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>• Daily evaluation recording</li> <li>• Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications. This was confirmed as compliant</li> <li>• The agency hold a money agreement within the service user agreement</li> <li>• Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping</li> <li>• Staff spot checking template which includes a section on adherence to the agency recording policy</li> <li>• Staff group supervision template includes records management (recording and reporting)</li> </ul> <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising.</p> <p>Review of service user files during home visits 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</p>	<p>Substantially compliant</p>

times. The registered manager is recommended to ensure that staff completed these daily records fully.

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.

The registered manager had discussed records management as a regular topic during staff meetings/group supervision, review of the most recent staff meeting minute records dated April 2014 evidenced this topic.

Review of two service user files during the inspection confirmed appropriate recording in the general notes and medication records, including staff detailing the administration of liquid medicine and application of creams to a service user.

Records viewed in one service user file during inspection noted that this service user was experiencing restraint in the form of bed rails. The use of such was fully documented in the care plan and risk assessment record for this service user. 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.

<p><b>Criteria Assessed 2: Service user money records</b></p> <p>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.</p> <p>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).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>A policy and procedure is in place when a care worker is required to handle monies for a service user. A record is kept with receipts of any transactions made.</b> <b>Where a service user purchases their own care provision, a service user agreement is completed by the manager and the service user or their representative This is signed by both parties and a copy held on file.</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>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 UCO.</p> <p>The registered manager confirmed that they currently provide assistance to one service user in relation to weekly shopping. Records within the care plan and agreement relating to this service user were viewed and detailed the level of assistance provided by care staff; appropriate records were confirmed as being maintained and audited.</p>	<p>Compliant</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Substantially compliant</p>

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



<b>THEME 3</b> <b>Regulation 13 - Recruitment</b>	
<p><b>Criteria Assessed 1:</b></p> <p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> <li>(a) he is of integrity and good character;</li> <li>(b) he has the experience and skills necessary for the work that he is to perform;</li> <li>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</li> <li>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</li> </ul> <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> <li>• all necessary pre-employment checks are carried out;</li> <li>• criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and</li> <li>• all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .</li> </ul> <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> <li>• the applicant's identity is confirmed;</li> <li>• 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;</li> <li>• any gaps in an employment record are explored and explanations recorded;</li> <li>• 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);</li> <li>• professional and vocational qualifications are confirmed;</li> <li>• registration status with relevant regulatory bodies is confirmed;</li> <li>• a pre-employment health assessment is obtained</li> <li>• where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and</li> <li>• current status of work permit/employment visa is confirmed.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<b>Provider's Self-Assessment:</b>	
<p>The agency is registered with Access NI, who carry out an enhanced disclosure check for all potential employees.</p> <p>Prior to employment all necessary checks are completed. Identity is confirmed, 2 written references are obtained and any gaps in their employment is explored. Any qualifications are checked and where applicable copies of certificates are obtained. All potential staff complete our medical questionnaire and if required a valid driving licence and insurance cover for business use is confirmed. A current work permit or employment visa is obtained where applicable and any registration with regulatory bodies is confirmed.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>Review of the 'Staff Recruitment' policy and procedure dated July 2012 confirmed general compliance with regulation 13 and schedule 3. However this procedure is required to be expanded to ensure information and documents are obtained regarding all points listed within schedule 3 for all domiciliary care workers.</p> <p>Review of four files, for staff recruited since April 2014, confirmed compliance with regulation 13, schedule one and standard 11 with exception to, confirmation of a statement by the registered manager that the person is physically and mentally fit for the work which he is to perform. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.</p>	Substantially compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially 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 each of the three complaints records received during 2013 during the agency's inspection which evidenced that they had been appropriately managed. No complaints have been received during 2014 to date.

### **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 Jennifer Frizelle 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

### Clogher Valley Care

**22 July 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 Jennifer Frizelle registered person/manager 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**

<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Regulation 11(3)	The registered manager is required to complete mandatory update training in the area of protection of vulnerable adults and children.	Once	Training was completed for the registered manager on 19 <sup>th</sup> August 2014.	Within three months of inspection date.
2	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.	Once	Our Staff recruitment policy and procedure has been updated in line with guidance listed in schedule 3.	Within two 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.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Minimum Standard 12.9	The registered manager is recommended to ensure staff competency assessments are completed for management following each area of mandatory training.	Once	All management has now completed competency assessments for all mandatory training.	Within three months of inspection date.
2	Minimum Standard 13.3	The registered manager is recommended to expand their staff supervision procedure to include the process for management staff.	Once	Our staff supervision and appraisal policies and procedures have been amended to include the process for management staff.	Within three months of inspection date.
3	Minimum Standard 5.6	The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily records.	Once	Reporting and recording training sessions for all staff were held 12/13/14 August 2014 and the importance of recording and reporting correctly and consistently was highlighted.	Within two months of inspection date.
4	Minimum 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.	Once	Our policy and procedures on restraint have been amended. Our care plans and risk assessments have been updated to include more specific details on restraint for each individual service user.	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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Jennifer Frizelle
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Caroline Rix	16/09/14
Further information requested from provider			