



The Regulation and  
Quality Improvement  
Authority

## PRIMARY INSPECTION

<b>Name of Establishment:</b>	<b>Mears Care, Omagh</b>
<b>Establishment ID No:</b>	<b>10738</b>
<b>Date of Inspection:</b>	<b>7 May 2014</b>
<b>Inspector's Name:</b>	<b>Caroline Rix</b>
<b>Inspection No:</b>	<b>16544</b>

**The Regulation And Quality Improvement Authority**  
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**General Information**

<b>Name of agency:</b>	Mears Care - Omagh
<b>Address:</b>	2 <sup>nd</sup> floor, Dergmoney House 41a Dublin Road Omagh BT78 1HE
<b>Telephone Number:</b>	(028) 8225 1101
<b>E mail Address:</b>	ann.mccrystall@mearsgroup.co.uk
<b>Registered Organisation / Registered Provider:</b>	Mears Care Mr Alistair Fitzsimmons
<b>Registered Manager:</b>	Mrs Margaret Ann McCrystall
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Margaret Ann McCrystall
<b>Number of service users:</b>	171
<b>Date and type of previous inspection:</b>	25 June 2013 from 9.30am to 3.10pm.
<b>Date and time of inspection:</b>	7 May 2014 from 10.00 am to 3.00pm 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 inspection to assess the quality of services being provided. The report details the extent to which the 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	2
Staff	0
Relatives	6
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	11

### 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**

Mears Care Omagh is a domiciliary care agency which is based in Dergmoney House, 41a Dublin Road, Omagh and serves the Tyrone area of Northern Ireland. Under the direction of the registered manager Mrs Ann McCrystall, staff of 67 provide a range of services to 171 people living in their own homes. They provide personal care assistance, social support and domestic duties to service users. The majority of service users are older people, but they also provide services to those with a learning disability and / or a physical disability that require assistance to maintain an independent lifestyle. The Western HSC Trust commissions their services and two self funding service users.

## **Review of action plans/progress to address outcomes from the previous inspection.**

Mears Care Omagh had two recommendations made during the agency's previous inspection on 25 June 2013. Both recommendations were found to be 'compliant', and this is to be commended.

## **Summary of Inspection**

### **Detail of inspection process**

The annual inspection, unannounced, for Mears Care Omagh was carried out on 7 May 2014 between the hours of 10.00 hours and 15.00hours. The agency has made good progress in respect of the identified areas discussed in the body of this report. The registered manager Ann McCrystall provided assistance to the inspector throughout the day.

Three recommendations have been made in respect of the outcomes of this inspection.

### **Staff survey comments**

Thirty staff surveys were issued and eleven received which is a fair response.

Staff comments included on returned surveys:

'Good support and training within the agency. All comments are taken on board'.

'I have just started and I love the job. Everyone looks after me very well'.

## **Home Visits summary**

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with seven service users and eight relatives on 16 and 17 April 2014 to obtain their views of the service being provided by Mears Care. The service users interviewed have been using the agency for a period of time ranging from approximately two to seven years, receive at least one call per week and are receiving the following assistance:

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

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. The majority of the people interviewed 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 Mears. The majority of the people interviewed had never made a complaint about the agency, however they were aware of whom to contact should any issues arise. One relative advised the UCO of a complaint that had been raised regarding the time of calls which was on-going; this matter was addressed with the registered manager. 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.

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

- "They're a great bunch of girls."
- "Couldn't do without them for their help and craic."
- "Everything is fantastic."
- "No complaints at all with them."

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 nine service users. During the home visits, the UCO noted that two service users were experiencing restraint in the form of bed rails; the use of such were not documented in their care plans or risk assessments. The matter was discussed with the registered manager who has been requested that any use of restraint is documented accordingly for all service users.

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 two service users are receiving assistance with medication by the carers; one file did not contain a medication log and the care plan for one service user did not include medication assistance. The above matters were discussed with the registered manager who has been requested to ensure that the matters are addressed accordingly.

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 times of calls are not being consistently completed; the matter was discussed with the registered manager who advised that management are aware of this issue and are currently working on an action plan to address this.

It was also noted that the care plans for two service users contain out of date information due to recent changes to their care packages and the registered manager agreed to ensure the documents are amended accordingly.



## Summary

### Theme 1 - 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.

Discussions with the registered manager during inspection and review of records for the manager and management staff supported a process in place for each of the areas of mandatory training fully consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been completed.

A staff competency process was in place and operational for the manager and management staff and this was reviewed during inspection as compliant.

Review of appropriate supervision and appraisal processes were also confirmed during inspection for management staff. However records were not available to verify that regular supervision meetings between the manager and the responsible person had taken place, this is recommended to be completed quarterly in line with their procedure.

Monthly monitoring reports were completed and contained relevant information.

Records regarding medication incidents were reviewed and found to have been appropriately recorded and reported within RQIA timeframes.

One recommendation has been made for quality improvement in relation to this theme. The responsible person is recommended to ensure supervision of the registered manager is completed and recorded quarterly.

### Theme 2 - Records management

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

The agency has policies and procedures in place on 'Control of Records and Service Users' Access to Personal Files' and on 'Records Maintained at the Service Users' Home' which contain guidance for staff on these subjects.

Records within five service users' files evidenced appropriate processes in place for service user recording in the areas of daily care and medication records. However daily log records were not always being fully completed by staff. The agency had identified record keeping as an area for improvement and have an action plan in place to address this issue.

The agency has a policy and procedure in place on 'Use of Restraint' which was reviewed as satisfactory.

The agency currently provides care to a number of service users that require some form of restraint. However the care plans and risk assessments in relation to this area were not adequate. The agency is recommended to expand the individual care plans and risk assessments to include specific management plans relating to the area of restraint.

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 and User Consultation Officer (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**

<b>No.</b>	<b>Minimum Standard Ref.</b>	<b>Recommendations</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Number of Times Stated</b>	<b>Inspector's Validation Of Compliance</b>
1	Minimum Standard 14.7	The registered manager is recommended to minute during team meetings details of discussions with staff on protection of vulnerable adults learning outcomes.	Records evidenced that staff meeting minutes have included discussions on vulnerable adult issues when identified.	Once	Compliant
2	Minimum Standard 8.10	The registered manager is recommended to review their staff supervision records to capture any comments received from service users during direct observation of staff practice visits.	Staff supervision template revised and introduced from September 2013. This form now includes a section for recording service user comments and records evidenced recording of same.	Once	Compliant

<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></p> <p>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.</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>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>Registered Manager has completed 90 hours of study, training, courses, seminars, reading, teaching or other activities which could reasonably be expected to advance their professional development, or contribute to the development of the profession as a whole in line with the NISCC continuous Learning and Development Standards</b></p> <p><b>Registered Manger has completed mandatory training to ensure that they are up to date in all areas relevent to the management of provision of care services in line with the RQIA Guidance on Mandatory training.</b></p> <p><b>Annual staff appraisal, with Regional Manager to discuss Personal Development Plan. Monthly performance review and weekly reporting to responsible person to demonstrate compliance with standards.</b></p>	<p>Compliant</p>

<b>Inspection Findings:</b>	
<p>The agency 'Statement of Purpose' dated July 2012 includes details of the organisational structure that includes roles and responsibilities of each grade of staff. The structure also detailed the agency management staff in terms of one registered manager and two care coordinators and one training officer.</p> <p>Details of recent training during 2013/14 was reviewed on the agency training plan/scheduling tool and verified in the registered manager and senior staff files during inspection. This computerised scheduling tool clearly highlights when refresher/update training is due for all staff on each mandatory training subject.</p> <p>The 'Staff Training and Development' policy and procedure dated March 2014 was reviewed. The organisations training officer coordinates the various training plans reviewed. As detailed within the self-assessment above, records evidenced that the registered manager had completed the mandatory training as detailed within RQIA guidelines of September 2012. The frequency of the training completed had exceeded the timescales specified as best practice in some cases, as all update training is scheduled annually. The registered managers training records also confirmed training had been completed on specific topics relevant to her role and responsibilities, along with areas to ensure she maintains her NISCC registered requirements. Records confirmed that senior staff are currently registered with NISCC.</p> <p>The registered managers' training record contained details of the QCF Level 5 Diploma in Leadership for Health and Social Care Services she had completed in April 2012. The registered manager discussed the benefits she found in completing this course in relation to her competence to fulfil her role.</p>	<p>Compliant</p>

<p><b>Criteria Assessed 2: Registered Manager’s competence</b></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 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>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Mear Care implements audit procedures to monitor, measure and analyse our working practices to demonstrate their conformity with our policies and procedures. Mears Care is committed to continual improvement through the use of this procedure.</b></p> <p><b>Internal audits undertaken include the measurement of customer satisfaction, contents of client and staff files and measuring staff compliance with key working practices.</b></p> <p><b>The audit programme is based on the results of reviews of the company’s activity and the results of previous audits and will occur a minimum of once every year.</b></p> <p><b>Internal audits are formally recorded and their results reported directly to the Registered Manager. A summary is then prepared for the Registered Person detailing the outcome of the audits and where appropriate corrective and preventative actions to be taken.</b></p> <p><b>Medication errors are investigated recorded and reported in accordance with Mears Care procedures and to the appropriate authorities.</b></p> <p><b>The effects of training on practices and procedures are evaluated as part of quality improvements and outcomes as part of our management reviews.</b></p>	<p>Compliant</p>

**Staff appraisals are carried out annually to review performance against job description. This shall normally be undertaken by their immediate line manager and always by a person who has received specific training in completing appraisals.**

**Each appraisal is formally recorded and placed in the employees file. This information helps us to assess future training and supervision needs of our staff.**

**The Registered Manager will be aware of all staff appraisals and will include a summary of the outcomes on the quality report provided to the Registered Person**

**Inspection Findings:**

The organisation has a 'Performance Measuring and Monitoring' procedure in place dated March 2011 which details steps to review and evaluate services.

The responsible person and the registered manager have monthly meetings to review the service provision, and these records were viewed. Minutes of these monthly meetings for February to April 2014 evidenced an on-going review and monitoring process in place where a variety of issues were discussed.

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

The inspector reviewed the agency log of eight accidents/incidents reported over the past year. Review of these incidents confirmed appropriate recording and reporting as required, one related to a vulnerable adult report, three related to behaviour issues, two were to report service user accidents and the final two related to medication issues. Records confirmed that each incident had been appropriately managed.

The agency had completed their annual quality review for the year 2013 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements.

Staff observed practice and supervision are detailed within the agency's 'Staff supervision policy' dated March 2014 as quarterly together with annual staff appraisals. Records evidenced that the registered manager had annual appraisals carried out, the most recent viewed was completed December 2013. A personal development plan was viewed within the registered managers file.

However records were not available to verify that regular supervision meetings between the manager and the responsible person had taken place, this is recommended to be completed quarterly.

Substantially compliant

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></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 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>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>Mears Care recognises the importance of high quality training and well motivated staff in ensuring the delivery of quality services and we require all applicants to complete our bespoke four - day induction training.</b></p> <p><b>All applicants must evidence their learning on the induction course workbook to the satisfaction of our trainer. Successful staff then provide their branch manager with their completed workbooks and certificates as evidence of their training of their employee file. The branch manager will audit and sign each new employee file and indicate when they are suitable to commence work. Once offered a rota of work, each new care worker is monitored a minimum of once weekly via supervisions and spot checks for their first four weeks after which time they receive quaterly supervisions visits and unannounced spot checks. The reports for these visits will be used to inform their annual appraisal meeting with mandatory training provided each year to update care staff skills and knowledge.</b></p> <p><b>The impact of our training is evaluated at our review and supervision visits as well as from the feedback on our annual survey. Monthly regional meetings provide us with an opportunity to review quality as a management team and decide on any remedial action required. This may include increased service review visits or spot checks, more supervision or update training , or a review of our policy and procedures. All actions taken are evaluated and influence the review of our policy and procedures.</b></p> <p><b>Mears is also currently helping Volunteer Now deliver their regional Safeguarding training and the British Heart Foundation deliver the HeartStart course.</b></p>	<p>Compliant</p>



**All training courses are evaluated as part of our continuous quality monitoring. If additional training needs are identified the Regional trainer will be advised to follow this up. The Registered Manager is responsible for ensuring that all staff are properly trained for their respective job positions. This includes the provision of job specific training, which is provided following completion of Induction training.**

**Each manager and supervisor responsible for undertaking staff supervisions and performance appraisals will have completed a specialised training course prior to undertaking such tasks and a copy of their certificate placed on their employee file**

**Training in specific techniques identified and appropriate training is sourced with an appropriate health care professional.**

<p><b>Inspection Findings:</b></p>	
<p>The 'Staff Training and Development' policy and procedure dated March 2014 was reviewed. The organisations training officer coordinates the various training plans reviewed.          Training records for the senior staff of two care coordinators were reviewed. Mandatory training areas had been completed in compliance with RQIA mandatory training guidelines. The frequency of the training completed had exceeded the timescales specified as best practice in some cases, as all update training is scheduled annually.          A training programme is in place for senior staff relevant to their specific roles; including staff appraisal, supervision and competency training January 2013 and training on risk assessments and person centred care planning.          A competency/capability aspect to staff training is in place within the agency and records viewed within the senior staff files confirmed post training assessments had been completed.</p>	<p>Compliant</p>
<p><b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b></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 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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Mears Care implements audit procedures to monitor, measure and analyse our working practices to demonstrate their conformity with our policies and procedures. Mears Care is committed to continual improvement through the use of this procedure.</b></p> <p><b>Internal audits undertaken include the measurement of customer satisfaction, contents of client and staff files and measuring staff compliance with key working practices.</b></p>	<p>Compliant</p>

**The audit programme is based on the results of reviews of the company’s activity and the results of previous audits and will occur a minimum of once every year.**

**Internal audits are formally recorded and their results reported directly to the Registered Manager. A summary is then prepared for the Registered Person detailing the outcome of the audits and where appropriate corrective and preventative actions to be taken.**

**Medication errors are investigated recorded and reported in accordance with Mears Care procedures and to the appropriate authorities.**

**The effects of training on practices and procedures are evaluated as part of quality improvements and outcomes as part of our management reviews.**

**Staff appraisals are carried out annually to review performance against their job description. This shall normally be undertaken by their immediate line manager and always by a person who has received specific training in completing appraisals.**

**Each appraisal is formally recorded and placed in the employees file. This information helps us to assess future training and supervision needs of our staff.**

**The Registered Manager will be aware of all staff appraisals and will include a summary of the outcomes on the quality report provided to the Registered Person**

**Inspection Findings:**

Staff observed practice and supervision are detailed within the agency’s ‘Staff supervision policy’ dated March 2014 as quarterly together with annual staff appraisals.

Records within senior staff files evidenced that supervision and monitoring had been completed quarterly.

Staff appraisals scheduled had been completed for both care coordinators annually as per their procedure.

Training needs had been forwarded to the training officer. This feedback information had also been included within the organisation’s annual management review report viewed dated April 2014.

The agency had completed their annual quality review for the year 2013 which was viewed; this document included

**Compliant**

their evaluation of staff training completed to date and their proposed future training requirements.

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

**COMPLIANCE LEVEL**  
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**

**COMPLIANCE LEVEL**

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.

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>A service user plan is devised for each service user in accordance with Regulation 15 and a detailed record of the services is provided to that service user. All records are kept up to date and held securely at the branch and can be accessed by key personal if required for inspection.</b></p> <p><b>As part of our initial assessment of each referral Mears care will assign a senior member of supervisory staff to visit each service user prior to the commencement of the care service or if this is not possible within 48 hours of service commencement.</b></p> <p><b>Due to the variations across the HSC Trust localities we will confirm the information provided to us is accurate and obtain the information required that has been omitted by the HSC Trust.</b></p> <p><b>A personalised care plan and risk assessment is completed and a report is held in the branch and also within the service users home detailing the prescribed services. All records are kept up to date with regular reviews and service updates and all records are stored in a safe place ensuring care staff have full access to these records.</b></p> <p><b>The records maintained at the service users home detail an up to date personalised care plan and risk assessment that is reviewed every 3 months or as and when changes occur. Communication records are held with the service users home folder to record the daily tasks completed by care staff and for care staff to record any concerns or issues.</b></p> <p><b>Additional information that is provided by other health care professionals i.e OT assessment or dietary needs are also held in the service users home folder to ensure that all involved in the care are aware of the package of care and support required.</b></p> <p><b>Care staff report any concerns, issues or changes to service users health to the Branch. All incidents, accidents and near misses are reported and the appropriate procedures are followed to ensure the HSC Trust and our Regulatory bodies are advised</b></p> <p><b>Records held in the service users home are up to date signed, accurate and legible. Care notes are completed in black ink and staff are aware these are legal documents. Mears Communication Records prompt staff for dates, start and finish times, comments and to sign and print their names. Staff supervisions and spot checks will include checking the entries made on the communication logs which</b></p>	<p>Provider to complete</p>

are also reviewed each month on their return to the branch.

**Inspection Findings:**

The agency policy and procedure on 'Control of Records and Service Users' Access to Personal Files' dated March 2014 was reviewed and contains details relating to maintenance, storage and access of records.

The policy and procedure on 'Records Maintained at the Service Users' Home' dated March 2014 was reviewed and contains details relating to the information to be held in service users homes.

Templates were reviewed during inspection for daily log recording and medication assistance/administration recording.

Following the agency's review of care records audit in 2013 additional staff guidance has been developed. The 'Communication Log Guidance' document of March 2014 was reviewed and contains detailed information for staff on the records to be maintained at each service user visit. The registered manager explained that this guidance had been provided to all staff and discussed during team meetings in March 2014. Record keeping practices are being audited currently to evaluate the effectiveness, with their review of compliance planned to be shared with staff at their next team meetings scheduled at the end of May 2014.

The staff handbook viewed, dated January 2011, and contains guidance on reporting procedures and record keeping. Records viewed confirmed all staff had received a copy of this handbook.

Staff supervision /spot checking templates were viewed within six staff files which included a section relating to recording practices.

Policy and procedure on 'Providing Support with Medication' dated March 2014 viewed contains detailed information on the process and records to be maintained regarding this task.

Medication training had been provided to all staff as part of their induction programme and at update training annually as evidenced within staff training records.

Staff guidance relating to recording of medication tasks is included within their staff handbook, at induction and update training and within the new communication log guidance document, as the agency had identified this as an area for improvement as part of their annual quality review report dated April 2014.

During the home visits, the UCO was advised that two service users are receiving assistance with medication by the carers; one file did not contain a medication log and the care plan for one service user did not include medication assistance. The above matters were discussed with the registered manager who has confirmed that this area is being addressed.

The policy and procedure 'Use of Restraint' dated March 2014 reviewed is included as part of the staff induction training programme, within annual update training and their staff handbook as evidenced within six staff files.

Substantially compliant

<p>Records viewed in five service users homes noted that four service users were experiencing restraint in the form of bed rails or lap bands; the use of such were not documented in their care plans or risk assessments. The matter was discussed with the registered manager and it is recommended that their care plans and risk assessments are expanded to include management plans relating to the area of restraint.</p> <p>On review of the daily log records in the service users homes it was noted that the staff were not consistently recording full information relating to their visit.</p> <p>The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily records.</p>	
<p><b>Criteria Assessed 3: 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>When a service such as a shopping task or handling of a service users monies is required, care staff are reminded of the companies procedures detailed in their induction training and Care Workers handbook. Mears Care provide each service user with a home folder containing a Mears Communication log and Financial Transaction Record which is returned to the branch at the end of the month. Care staff are aware to make an entry into these logs at each visit to the service users home recording events of importance and relevant notes relating to the services users condition and state of health. Records of monies paid for goods are kept with a record made in the comunication log. Receipts attached aRE reviewed by the branch on a monthly basis.</b></p>	<p>Compliant</p>



Inspection Findings:	
<p>The registered manager confirmed that care staff do not currently assist any service users with the management of their monies.</p> <p>The agency’s policy and procedure on ‘Handling Service Users’ Money and Pensions’ dated March 2014 was viewed which contains information on the process to be followed. The communication log template in each service user’s file has a section for recording financial transactions with signatures for possible use in the future. Staff training content viewed does include this subject as part of their staff induction programme and annual update training.</p> <p>The agency provides care to a number of self-funded service users. Records evidenced within two service users files that each agreement contained the details of the specific financial arrangement and invoicing system in place as appropriate. These agreements had been signed by the service user or their representative.</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>Compliant</p>

<p><b>INSPECTOR’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>

<b>THEME 3 Regulation 13 - Recruitment</b>	
<b>Criteria Assessed 1:</b>	<b>COMPLIANCE LEVEL</b>
<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>Provider's Self-Assessment:</b></p> <p>Mears Care have a controlled procedure for all recruitment activity. We ensure that all applicants complete pre screen application followed by our application form. During interview the Interviewer will review the applicants identity check for two references with one being the most recent employer, review gaps in employment and review previous employments history paid or voluntary. If the applicant is successful they then complete our occupational health questionnaire.</p> <p>Successful applicants complete an Access NI Enhanced Disclosure application form and must produce identity documents to support this application. These documents are checked and copies placed into their personnel file.</p> <p>Regardless of the forms of identify produced all applicants must also produce their driving licence and car insurance documents.</p> <p>All offers of employment are subject to receipt of two satisfactory references, an acceptable Enhance Disclosure Certificate from Access NI, confirmation of any professional qualifications and satisfactory completion of Mears Care Induction Training courses.</p> <p>In the instances when an Enhanced Disclosure Certificate indicates that the applicant is disqualified from working with our client groups, the information is confirmed as valid with the applicant before all offers of employment are withdrawn. We then advise the applicant we suspect that a possible offence has been committed by their applying for the post and proceed to refer the matter to Access NI, PSNI, RQIA and the Independent Safeguarding Authority for consideration of further action.</p> <p>Before commencement of work duties the Branch Manger must sign of the candidates file ensuring that an enhanced disclosure certificate has been obtained, 2 references have been returned, if required work permiits have been vedrified and the candidate ahs completed the 4 day induction training and is fit for work.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>The agency has a policy and procedure in place 'Selection &amp; Recruitment of staff' dated March 2014 which was reviewed. This procedure was found to be satisfactory and in line with regulation 13 and schedule 3. Six staff files inspected, for those recruited since September 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. Staff files evidenced signed and dated copies of contracts of</p>	<p>Compliant</p>

employment along with a copy of their job description held within all staff files.	
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<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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. Two complaints had been received during this period and records reviewed evidenced that these had been appropriately managed and each had been resolved. Records of any complaints received during 2014 to date were reviewed; one received and appropriately managed and resolved.

### **Additional matters examined (delete as appropriate)**

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 Ann McCrystall registered 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  
Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



**Quality Improvement Plan**

**Unannounced Primary Inspection**

**Mears Care, Omagh**

**7 May 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 registered manager Ann McCrystall 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.

**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	Minimum Standard 13.3	The responsible person is recommended to ensure records are maintained of supervision meetings with the registered manager in line with their procedure.	Once	Records are available to evidence all supervision meetings with the reg. manager in line with procedures and all such meetings recorded going forward will be signed by the responsible person	Within two months of inspection date.
2	Minimum Standard 3.3	The registered manager is recommended to ensure individual care plans and risk assessments include specific management plans relating to the area of restraint.	Once	Individual care plans & risk assessments have been updated to include specific management plans relating to the area of restraint.	Within two months of inspection date.
3	Minimum Standard 5.2 and 5.6	The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily records.	Once	Compliance with these standards will be enhanced by additional staff training, monitoring and audits throughout the year.	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>	Ann McCrystall
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Alistair Fitzsimons

<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	C.Rix	16/06/14
Further information requested from provider			