PRIMARY UNANNOUNCED INSPECTION

Name of Establishment:	**Derg Valley Care**
Establishment ID No:	**10739**
Date of Inspection:	**7 October 2014**
Inspector's Name:	**Caroline Rix**
Inspection No:	**IN020267**

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

1.0 General Information

Name of agency:	Derg Valley Care
Address:	5 - 7 Parkview Road Castlederg BT81 7BN
Telephone Number:	02881670764
E mail Address:	mmckeague@aol.com
Registered Organisation / Registered Provider:	Derg Valley Care/Maureen Dorothy Florence McKeague
Registered Manager:	Mrs Maureen McKeague
Person in Charge of the agency at the time of inspection:	Mrs Maureen McKeague
Number of service users:	210
Date and type of previous inspection:	25 November 2013 Announced Primary Inspection
Date and time of inspection:	7 October 2014 from 10.30am to 4.30pm. Primary unannounced inspection
Name of inspector:	Caroline Rix

2.0 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.

3.0 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.

4.0 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.

5.0 Consultation Process

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

Service users	3
Staff	0
Relatives	5
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	40	3 plus 17 after closure date

Inspection Focus

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

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

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

- **Theme 3**
  Regulation –13 Recruitment

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

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

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

6.0 Profile of Service

Derg Valley Care is a domiciliary agency based in Castlederg, providing care to approximately 210 service users in the West of Northern Ireland. Service users include older people, people with physical disabilities, mental health needs and learning disability. Services are provided by 109 care staff and include providing assistance with personal care and domestic tasks, as well as accompanying individuals to appointments, and promoting daily living skills and independence. Respite sits (day and night) are also provided to afford carers a break. Most referrals are made by the Western HSC Trust although a few service users pay privately or use direct payments, or the independent living fund to supplement their statutory care package.

7.0 Summary of Inspection

7.1 Detail of inspection process

The annual unannounced inspection for Derg Valley Care was carried out on 7 October 2014 between the hours of 10.30 and 16.30. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Derg Valley Care had two recommendations made during the agency's previous inspection on 25 November 2013. Both recommendations were found to be 'compliant'. This outcome is to be commended.

Visits to service users were carried out by the UCO following the inspection on 9 and 10 October 2014 and a summary of findings is contained within this report. Findings following these home visits were discussed with the registered manager.

One requirement and two recommendations have been made in respect of the outcomes of this inspection.

7.2 Staff survey comments

Forty staff surveys were issued and three (plus seventeen after the closure date) received which is a disappointing response.

The manager confirmed that all staff survey forms had been given out, but could not confirm that they had been given out at the time received from RQIA.

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

'I have worked for the last18 years with Derg Valley and never had any problems, the staff and everybody is very helpful'.

'DVC is a very good agency. All carers get good training and always have someone to deal with any problems 24/7'.

These comments were discussed with the registered manager on the inspection day.

7.3 Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with three service users and five relatives on 9 and 10 October 2014 to obtain their views of the service being provided by Derg Valley Care. The service users interviewed live in Newtownstewart and surrounding areas, have been using the agency for a period of time ranging from approximately one to nine years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals
- 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 contacted by the agency if their carer had been significantly delayed.

All of the people interviewed had no concerns regarding the quality of care being provided by the staff from Derg Valley Care. None of the people interviewed had made a complaint about the agency, however all were aware of whom they should contact if any issues arise. It was good to note that all of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service; however no one was able to confirm that observation of staff practice had taken place within their home. The matter was discussed with the registered manager who confirmed that staff observations are taking place and records of such are kept in the agency's office.

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

- "No issues. First class."
- "Couldn't be better."
- "Having the same carers is great. My XXX knows them all well."
- "Hand on heart, the girls are fantastic."

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 therefore there was no documentation to review in this regard.

Review of the risk assessments and care plans advised that the service users are not receiving any assistance with shopping or medication from the agency; this was supported by those people interviewed by the UCO. All visits by the carers were being recorded appropriately on the log sheets, however one care plan contained out of date information and the registered manager has been requested to ensure it is amended accordingly.

8.0 Summary

Theme one - Management and control of operations

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

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

The agency's 'Statement of Purpose' viewed contains 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 person/manager during inspection and review of records for the manager and management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012.

A staff competency process has been developed by the agency and is operational for all grades of staff.

Review of appropriate appraisal processes for all management staff were confirmed during inspection along with senior staff supervision processes as appropriate.

Monthly monitoring processes are currently in place and operational. The report template had been updated since their previous inspection to include an area for staff competence matters as appropriate.

No reports regarding medication incidents were received during the past year therefore no records were reviewed.

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

Theme 2 - Records management

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

The agency's policy and procedure on 'Record Keeping' was found to be satisfactory and contains clear guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported general compliance in these areas.

The agency has a policy and procedure in place on use of 'Restraint' which was reviewed and is recommended to be expanded to include the use of various types of restraint; their

management plans/risk assessments and the frequency of review of same. The agency does not currently provide care to any service users that require restraint.

The agency has a policy and procedure in place on 'Handling Service User's Monies'. This was reviewed and discussed with the registered person/manager to be expanded. Review of one service user's record indicated that their care plan and risk assessment was not fully detailed in the area of financial assistance and this was requested for review by the registered person/manager.

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

The registered person/manager is required to revise their 'Handling Service Users Monies' procedure to remove reference to collecting pension allowances and include guidance for staff regarding the emergency shopping process.

The registered person/manager is recommended to ensure service user care plans and risk assessments accurately reflect their current needs in relation to financial assistance, where appropriate.

The registered person/manager is recommended to expand their procedure on 'Restraint' to include the use of various types of restraint; their management plans/risk assessments and the frequency of review of same, and subsequently to ensure that, where relevant, care plans and risk assessments are in place 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 relation to this theme.

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.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Minimum Standard 5.2	The registered person/manager is recommended to ensure that full and accurate information is maintained consistently in service user's home files. **(Restated from 5 & 7 March 2013)**	The inspector reviewed the system introduced in September 2014 to ensure that full and accurate information is maintained consistently in service user's home files. This included staff training and monitoring of home files along with regular auditing of records.	Twice	Compliant
2	Minimum Standard 8.10	The registered person/manager is recommended to expand their 'quality assurance' procedure to specify the types and frequency of quality monitoring they will carry out with each service user annually.	The Quality Assurance policy and procedure dated August 2014 had been expanded to specify the types and frequency of quality monitoring they will carry out with each service user annually.	Once	Compliant

10.0 Inspection findings

THEME 1 **Standard 8 – Management and control of operations** **Management systems and arrangements are in place that support and promote the delivery of quality care services.**	
Criteria Assessed 1: Registered Manager training and skills Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency. Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill. Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). **Ref: RQIA's Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012**	
Provider's Self-Assessment:	
The interim registered manager undertakes regular relevant CPD and attends RQIA and WHSCT workshops on relevant topics. At present she is undertaking the Diploma in MHWB Coaching accredited by Kingstown College. As part of this programme of study, she receives mentoring, peer supervision and support. Training records are held on file in accordance with Training Development and Supervision policy. All mandatory training is up to date and follows best practice models. E-learning is encouraged. The interim registered manager keeps abreast of pertinent issues through ARC workforce development forum, NISCC Ambassador in Care programme and regular ARC:RQIA interface meetings, where best practice is shared. An application for permanent registered manager post is to be submitted September 2014, relieving the interim situation.	Compliant

Inspection Findings:	
The Statement of Purpose dated September 2013 was reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person/ manager together with the domiciliary care manager, assistant domiciliary care manager and risk assessment officer and all other staff including management and care staff. Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). The manager has also completed training in the areas of supervision and appraisal and this is to be commended. Most areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor. The registered manager is currently undertaking additional training to complete 'Advanced Diploma Level 6 in Mental Health and Wellbeing Coaching - from Recovery to Discovery' at Kingstown College, which she is scheduled to complete in November 2014. This course includes elements of staff supervision and appraisal skills. It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC.	Compliant

Criteria Assessed 2: Registered Manager's competence Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary. Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement. Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.	
Provider's Self-Assessment:	
In order to improve effectiveness, working practices were subjected to a full review commencing In March 2014. Minutes of staff meetings are held and updates provided to directors minuted. As a result, flowcharts have been introduced to streamline recruitment, referral and visit procedures to ensure standards are met, records are appropriately kept and staff are working effectively towards the common goal of providing high quality care. Group supervision and staff feedback informs the ongoing work and support quality assurance. **Our medication policy sets out who and in what circumstances medication intervention can be provided. Medication intervention must be detailed in careplan signed off by commissioner (thirdparty referral) or service-user/representative (self-referral) Staff receive medication awareness training at induction. Staff administering medication also require medication management training. A medication error is any preventable medication related event that could have or did lead to client harm, loss or damage. Medication errors, such as medicines being wrongly administered, omitted dosages, administration of discontinued medication and medication being lost or stolen are reported to the line manager as soon as possible. The key worker/line manager investigates all medication incidents to determine the root cause of the error determine next steps and appropriate action. The key worker/line manager reports all medication issues as per Trust policy and is required to report all medication incidents to RQIA. If a medication error occurs the care worker must record the error on the Medication Administration Record.**	Substantially compliant

We operate a "no-blame" policy and encourage staff to report errors without delay, in the best interests of the service-user. Failure to report such errors or attempt to conceal them will be considered a major misconduct as such action places a service-user at risk. **DCM 039 Training Development and Supervision Policy sets out the arrangements for supervision and appraisal. Supervision training was delivered in April 2013 to staff involved in supervision and appraisal. Staff receive annual appraisal and quarterly supervision which takes the form of individual supervision, group supervision or observation in practice. Staff are encouraged to maintain a PRTL log and bring this to supervision. This is to prepare staff for registration and to encourage reflective learning.** **Effectiveness of training questionaires are used to evaluate the effect of training on practice. These are used with a random sample of training participants, a client comment obtained by the office is included in the evaluation.**	
Inspection Findings:	
The agency 'Staff training, development and Supervision ' policy and procedure dated October 2013 was clearly referenced regarding practices for care staff along with the processes for management staff training and development ,staff supervision and appraisal. Supervision for all staff is planned three monthly and the procedure defines the various types of supervision staff will receive per year. The 'Staff Appraisal' policy and procedure details this as an annual process for all staff. Records evidenced that the registered person/manager had an annual appraisal undertaken by the organisations Director with the most recent completed in June 2014. Supervision for the registered person/ manager does not take place given the structure of their organisation; the inspector discussed this with the registered person/manager and has been requested for review. The inspector reviewed the agency log of incidents required to be reported through to RQIA; none had been received over the past year therefore no records were reviewed. Monthly monitoring reports completed by the registered person/manager were reviewed during inspection for May	Compliant

to September 2014 and found to be detailed, concise and compliant. 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. Records show that service users were provided with a copy of this report by post, a receipt system was viewed for this document along with service user guide updated and care plan with white binder information. A service users meeting was held in September 2014 where 36 people attended, and a copy of their annual quality report was provided to those present, along with the previous year's report where requested.	

Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc) Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform. Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional. Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.	
Provider's Self-Assessment:	
New staff attend induction prior to commencement of work with DVC. This includes practical, theory and work shadowing and covers RQIA mandatory training requirements as set out in DCM 039 Training Development and Supervision policy. Medication awareness is mandatory for all staff. **Medication management training is essential to staff administering medication and covers risk assessment, record-keeping and reporting.** **Specialist training which is service-user specific eg stoma care is provided to the dedicated team by a specialist or generalist nurse or other appropriate health professional in service-users home and in DVC training room. Recent examples have included epilepsy, stoma care.** **Supervision is provided by Registered Provider (acting as interim registered manager pending approval of application for new Registered Manager) and Risk Assessment and Training Officer. Individual training needs are identified at supervision. At present she is undertaking the Diploma in MHWB Coaching accredited by Kingstown College. As part of this programme of study, she receives mentoring, peer supervision and support. An application for permanent registered manager post is to be submitted to RQIA for approval September 2014, relieving the interim situation.** **The agency has a flat carer rate and does not differentiate senior carer roles.**	Substantially compliant

Inspection Findings:	
The agency holds a 'Staff training, development and Supervision ' policy and procedure dated October 2013 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. Training records for the senior staff , i.e. domiciliary care manager and risk assessment officer were found to be in place regarding all areas of mandatory training areas in compliance with RQIA mandatory training guidelines (September 2012). Each of the senior staff has also completed training in the areas of supervision and appraisal and this is to be commended along with additional training deemed appropriate for managers. Most areas of training reviewed included a competency assessment element that had been consistently signed off by the assessor. It was discussed and reviewed during inspection that the senior staff are currently registered with NISCC.	Compliant

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc) Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary. Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement. Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
In order to improve effectiveness, working practices were subjected to a full review commencing In March 2014. Minutes of staff meetings are held and updates provided to directors minuted. As a result, flowcharts have been introduced to streamline recruitment, referral and visit procedures to ensure standards are met, records are appropriately kept and staff are working effectively towards the common goal of providing high quality care. **Our medication policy sets out who and in what circumstances medication intervention can be provided. Medication intervention must be detailed in careplan signed off by commissioner (thirdparty referral) or service-user/representative (self-referral) Staff receive medication awareness training at induction. Staff administering medication also require medication management training. A medication error is any preventable medication related event that could have or did lead to client harm, loss or damage. Medication errors, such as medicines being wrongly administered, omitted dosages, administration of discontinued medication and medication being lost or stolen are reported to the line manager as soon as possible. The key worker/line manager investigates all medication incidents to determine the root cause of the error determine next steps and appropriate action. The key worker/line manager reports all medication issues as per Trust policy and is required to report all medication incidents to RQIA. If a medication error occurs the care worker must record the error on the Medication Administration Record. We operate a "no-blame" policy and encourage staff to report errors without delay, in the best interests of**	Substantially compliant

the service-user. Failure to report such errors or attempt to conceal them will be considered a major misconduct as such action places a service-user at risk. **DCM 039 Training Development and Supervision Policy sets out the arrangements for supervision and appraisal. Supervision training was delivered in April 2013 to staff involved in supervision and appraisal. Staff receive annual appraisal and quarterly supervision which takes the form of individual supervision, group supervision or observation in practice. Staff are encouraged to maintain a PRTL log and bring this to supervision. This is to prepare staff for registration and to encourage reflective learning. This makes it easy to identify whether CPD requirements have been met. Performance against job targets is also reviewed in Staff meetings and through the domiciliary processes sub-group.** **Effectiveness of training questionaires are used to evaluate the effect of training on practice.**	
Inspection Findings:	
The 'Staff Appraisal' policy and procedure details this as an annual process for all staff. Appraisals for each of the senior staff records were viewed in their individual files, appraisals most recently completed during August and September 2014. Records included future training needs identified and action plans to address same. Supervision records were viewed in each senior staff file and contained appropriate details, these meetings had been completed in line with their procedures timeframe. Monthly monitoring reports completed by the registered person/manager were reviewed during inspection for May to September 2014 and found to be detailed, concise and compliant and provide comment on management staff matters and competence should they arise.	Compliant

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

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

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

Provider's Self-Assessment:	
Record-keeping policy sets out the responsibilities for record keeping. Also relevant is the document retention policy and data protection policy. **As part of the ongoing audit of working practices, record-keeping policy is likely to be reviewed within the coming three months.** **Care-given sheets are maintained in service-user's homes. These are QA ed by RATO at home visits and recalled to the office. Care-given sheets received at the office are logged in a leverarch file held at reception, which records the date received, name of carer and state of completeness of equipment cleaning records. This file is reviewed by the RATO who initials and checks corresponding care-given sheets for completeness. Any observations are noted and raised with the carer as appropriate.** **Reports and contacts made to the office are recorded on Carefree and a note of any action taken.** **Client contact sheets in service user files show that the careplan has been checked at home visit and is up to date and accurate. When issues are identified, these are addressed by phone or letter to the commissioner seeking updated information**	Substantially compliant
Inspection Findings:	
The agency policies on Record Keeping, dated January 2014, 'Handling Service User's Monies' dated September 2014 and the 'Restraint' policy dated September 2013 were all reviewed during inspection. Templates were reviewed during inspection for: • Daily evaluation recording. • Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications. The agency hold a money agreement within the service user agreement • Staff spot checking template which includes a section on adherence to the agency recording policy. • Staff group supervision template includes records management (recording and reporting). All templates were reviewed as appropriate for their purpose. The 'Restraint' policy and procedure dated September 2013 was reviewed and is recommended to be expanded to include the use of various types of restraint such as bed rails and lap belts; their management plans/risk	Substantially compliant

assessments and the frequency of review of same. Review of four 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. Quality monitoring records evidenced that recording practises were not consistently being completed and appropriate action had been taken to address these staff competence issues, with subsequent monitoring confirming standards are being maintained. Staff training records for medication, recording and reporting and managing service user's monies were reviewed for four staff members during inspection and found to be compliant. Training content in the area of restraint was reviewed and revised during October 2014 and found to be compliant. The staff training on restraint is scheduled to be provided to all during October and November 2014. The registered person/manager discussed records management as a regular topic during staff meetings and group supervisions, review of three recent staff meeting minute records dated November 2013, June and September 2014 evidenced this topic**.** As detailed within the follow up section of report above, staff training had been provided in September 2014 on record keeping, the monitoring and supervision template includes an element of auditing daily log records. Monitoring visit records include a checklist of file contents and staffs were reminded to report if any papers are missing from service user's home folders. Review of four service user files during the inspection confirmed appropriate recording in the general notes and medication records. 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. All visits by the carers were being recorded appropriately on the log sheets, however one care plan contained out of date information and the registered manager has been requested to ensure it is amended accordingly. Review of service user records and discussion with registered person/ manager during inspection confirmed that restraint is not currently required by any service users in respect of bedrails or lap belts.	

Criteria Assessed 3: Service user money records Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user. Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user's agreement (Standard 4).	
Provider's Self-Assessment:	
The service-user agreement sets out the terms and conditions of service. **Where payment is made by a service-user, a record is kept on Xcel by Domiciliary Care Manager.** **Customers paying by cash at the counter receive a receipt and retain their invoice marked paid. Service-user payments are lodged to the domiciliary bank account and details recorded in the lodgment book.** **Monies received by post are recorded with incoming post in the postage book.** **Policy for handling service-user's money and finances sets out DVC's policy on handling service-users money. Money is handled only when the correct parameters are in place - documented in care plan, signed consent held, recorded in individual carer's cash record book.**	Compliant
Inspection Findings:	
The agency policy and procedure on 'Handling Service User's Monies' dated September 2014 was viewed and is recommended for review. The current procedure refers to staff assistance collecting pension allowances which would not be appropriate and should be removed; guidance for staff should be included regarding the emergency shopping process for occasional shopping tasks outside of care plan tasked shopping. Review of the risk assessments and care plans advised that the service users are not receiving any assistance with shopping from the agency; this was supported by those people interviewed by the UCO. Records viewed by the inspector for one service user in receipt of financial assistance from agency staff confirmed	Substantially compliant

that appropriate records were being maintained and monitoring/audits were being completed. However the care plan and risk assessment for this service user did not detail shopping as a regular task, this was requested for review by the registered person/manager to be included in the service users care plan and risk assessment as appropriate.	

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

Provider's Self-Assessment:	
Policy DCM 029 Recruitment and Selection sets out DVC's recruitment policy and means of confirming that requirements of regulation and legislation are met. A checklist is maintained and regularly reviewed. The policy has recently been updated to include a procedure flowchart for administrative process to ensure all necessary steps are carried out. The candidate provides the names of two referees, from whom references are sought and obtained prior to appointment. The use of Aquestionofcare as part of the interview process has benefitted both interviewees and candidates, enabling a more focussed discussion and providing a personal development opportunity for candidates. The application form collects information which is required to be held on file (11.6). Applications are checked against barring lists and for completeness prior to short-listing for interview. Gaps in employment are clarified at interview. Access NI checks are carried out for each candidate. The applicant's identity is checked against proof of address and photo ID. The content of the three day induction includes theory, practical and shadowing. Following induction, new workers are observed in practice by the Risk Assessment and Training Officer. The RATO provides supervision and appraisal to domiciliary care workers in accordance with DCM 039 training, development and supervision policy. The Domiciliary Care Management team provide out of hours support to staff and service-users through the emergency contact system when the office is closed. New workers are not supplied to a service-user unless induction has been completed (signed induction checklist), references received and checked, Access NI response received (reference number on application form), and a statement from the Assistant Domiciliary Care Manager signed to confirm fitness for work (health) and satisfactory knowledge of the English language based on information disclosed on application form and at interview. A checklist is completed by the wages clerk when updating electronic records to ensure all documents specified in Schedule 3 are retained on file. Policy DCM 071 details staff responsibility in relation to use of car. Files are reviewed quarterly by the registered provider to ensure compliance with the above.	Substantially compliant
Inspection Findings:	
Review of the agency's 'Recruitment and Selection' policy and procedure dated August 2014 confirmed compliance with regulation 13 and schedule 3. Review of four files for staff recruited since November 2013 confirmed compliance with Regulation 13, Schedule one and minimum standards 8 and 11. Staff contracts and job descriptions issued during the recruitment process were also confirmed during inspection. Staff recruitment records were found to be filed in methodical order, divided into individual sections to enable easy review of information.	Compliant

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

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

11.0 Additional Areas Examined

11.1 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 records for the one complaint received during 2013 and found it had been appropriately managed and resolved. No complaints have been received during 2014 to date.

11.2 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 Maureen McKeague 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

Derg Valley Care

7 October 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with the registered person/manager Maureen McKeague receiving feedback during the inspection visit.

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

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

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 15(6)(d)	The registered person/manager is required to revise their 'Handling Service Users Monies' procedure to remove the reference to collection of pension allowances and include guidance for staff regarding the emergency shopping process for occasional shopping tasks outside of care plan tasked shopping.	Once	yesThe policy for handling service users monies has been amended to enable emergency tasks to be carried out within policy. This has been explained to 50% of active staff at 11 December 2014 - copy of policy given and receipt obtained	Within three months of inspection date.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), 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 5.2	The registered person/manager is recommended to expand their procedure on 'Restraint' to include the use of various types of restraint; their management plans/risk assessments and the frequency of review of same. The registered person/manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.	Once	The policy and procedure on restraint has been amended Training has been provided and copies of information given to 50% of staff at 11 December 2014. 45 carers have been asked to complete an audit of lapbelts, bed rails and other potentially restrictive devices and equipment so that these can be noted in care plans where not identified by the commissioner.	Within three months of inspection date.
2	Minimum Standard 8.14	The registered person/manager is recommended to ensure service user care plans and risk assessments accurately reflect their current needs in relation to financial assistance where appropriate.	Once	On an A-Z basis, files are being checked for presence of financial assistance request and consent forms. Care plans will be checked and commissioners informed where updating is required.	Within two months of inspection date.

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Maureen McKeague
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Maureen McKeague

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	yes	Caroline Rix	16/12/14
Further information requested from provider			