



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment:	Clogher Care Homecare Agency
Establishment ID No:	10742
Date of Inspection:	16 April 2014
Inspector's Name:	Caroline Rix
Inspection No:	16542

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

General Information

Name of agency:	Clogher Care Homecare Agency
Address:	16 Church Street Irvinestown BT94 1EH
Telephone Number:	(028) 6862 8110
E mail Address:	cloghercare@btconnect.com
Registered Organisation / Registered Provider:	Clogher Care Homecare Agency / Ms Vivien Clarke
Registered Manager:	Ms Vivien Clarke
Person in Charge of the agency at the time of inspection:	Ms Vivien Clarke
Number of service users:	68
Date and type of previous inspection:	5 August 2013 from 9.30am to 3.45pm Primary Announced
Date and time of inspection:	16 April 2014 from 10.00am to 4.15pm. Primary inspection, unannounced.
Name of inspector:	Caroline Rix

Introduction

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

This is a report of a primary 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	3
Staff	0
Relatives	2
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	7 plus 4 after the closure date

Inspection Focus

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

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

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

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

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

Profile of Service

Clogher Care Homecare has been operational since 1996. The Responsible Person/ Registered Manager is Mrs Vivien Clarke supported by the Care Coordinator Mrs Maureen Scott. The Agency provides domiciliary support to the surrounding rural community to approximately 68 Service User's living in their own homes, by a team of 25 staff. Client groups provided care includes Older Persons, Persons with Mental Health needs, Adults with a Learning Disability and Persons with a Physical Disability. The Western Health and Social Care Trust commission these services.

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

Clogher Care Homecare had one recommendation made during the agency's previous inspection on 5 August 2013. The recommendation was found to be 'compliant', and is to be commended. The two outstanding areas have been carried forward to this year's Quality Improvement Plan.

Summary of Inspection

Detail of inspection process

The annual inspection, unannounced, for Clogher Care Homecare, was carried out on 16 April 2014 between the hours of 09.30 hours and 16.15 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Two recommendations have been made in respect of the outcomes of this inspection which were discussed with Ms Vivien Clarke registered person/manager.

Staff survey comments

Twenty five staff surveys were issued and seven, plus four after the closure date, were received which is a fair response.

Staff comments included on returned surveys:

'The care provided is very thorough and the staff and carers working together is brilliant, helping each other.'

'Personally I would say our agency provides an excellent service, small but homely and caring. Girls in the office are great, helpful and always there for you.'

'We provide a high standard of care for the clients to enable them to stay in their own homes as long as possible.'

Home Visits summary

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

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

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

All of the people interviewed had no concerns regarding the service being provided by the carers from Clogher Care. None of the people interviewed had made a complaint about the agency, however they were aware of whom to contact should any issues arise. One relative advised the inspector of a complaint that had been raised regarding care provided from the previous agency; this matter will be addressed separately by the inspector. 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 group of girls; we have built up a good trust over time. The staff has helped teach family how to manage when care needs have changed."
- "Couldn't ask for better care, they are caring, reliable, thoughtful and on the ball regarding my XXX needs."
- "Everyone is fantastic, they treat my XXX with compassion, are gentle and thoughtful."

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

Review of the risk assessments and care plans advised that one of the service users receives financial assistance, for example shopping, from the agency; the management of this task was supported by appropriate documentation and records.

During the home visits, the inspector was advised that one service user is receiving assistance with medication by the carers; this file contained a medication log and the care plan included details of the medication assistance.

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

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 supported a process in place relating to areas of mandatory training and this was found to be consistent with the RQIA mandatory training guidelines 2012.

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

Monthly monitoring reports were completed and contained relevant information relating to staff training and development and confirmed that the manager demonstrated competence and skill to fulfil her role and responsibilities.

Records regarding one service user accident 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 registered manager is recommended to expand the 'Management, Control and Monitoring' policy and procedure to include the roles and responsibilities of each grade of staff.

Theme 2 - Records management

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

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

Records within three service users' files evidenced appropriate processes in place for service user recording in the areas of general care, medication and service user money management.

The area of service user restraint was reviewed during inspection as compliant. Records were found to be appropriate and contained relevant information which had been reviewed at regular intervals.

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

One recommendation has been made for quality improvement in relation to this theme. The registered manager is recommended to ensure that staff complete the service user daily records fully.

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 for quality improvement in relation to this theme.

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

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 14.1	The registered manager is recommended to expand their protection of vulnerable adult's procedure to include a flowchart of key steps staff should follow within the process.	The Vulnerable Adults policy and procedure dated April 2013 was reviewed. This document has been expanded to include a flowchart of key steps staff should follow within the process. Records evidenced that all staff have been provided with a copy of this updated information during 2013.	Once	Compliant

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.	
<p>Criteria Assessed 1: Registered Manager training and skills</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). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The registered manager has completed all mandatory training ensuring she has the necessary skills required for managing the agency.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has in place a policy and procedure on ‘Management, Control and Monitoring’ dated April 2013 which was reviewed. This document is recommended to be expanded to include the roles and responsibilities of each grade of staff.</p> <p>As detailed within the self-assessment above, records evidenced that the registered manager had completed the mandatory training as detailed within RQIA guidelines. The frequency of the training completed had met the timescales specified as best practice.</p>	<p>Substantially compliant</p>

The registered managers training records also confirmed training had been completed on specific topics relevant to her role and responsibilities. The registered manager explained that due to the on-going uncertainty regarding their commissioners, Western Health and Social Care Trust, tendering process she has no plans to complete further additional training.

<p>Criteria Assessed 2: Registered Manager’s competence</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>Provider's Self-Assessment:</p>	
<p>All working practices are consistent with the policies and procedures and ongoing evaluation as part of quality improvement includes staff supervision and appraisal in accordance with the domiciliary care minimum standards.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Monthly monitoring reports completed by the registered person were reviewed during inspection for October 2013 to March 2014. These reports were found to contain relevant details including service user’s feedback and staff monitoring outcomes. Records confirmed that care worker staff appraisals have been completed during the past year.</p> <p>The agency had completed their annual quality review for the period April 2013 to March 2014 and the report is currently being drafted to be distributed to all service users. As evidenced for the previous year, the agency had provided all service users with a copy of their annual quality report.</p> <p>The inspector reviewed the agency log of one service user accident reported through to RQIA over the past year. Review of this accident was appropriately recorded and reported within RQIA timeframes hence supporting the manager competence in this area. No medication incidents have been reported to date.</p>	<p>Compliant</p>

Staff appraisal records were viewed within four files and their supervision records for 2013/14 were also reviewed during inspection. These records contained details of appropriate discussions relating to their current working arrangements, training matters and on-going development. The records reviewed within these staff files also confirmed appropriate post training assessments had been completed.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</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>Provider's Self-Assessment:</p>	
<p>The agency ensures all carers are appropriately trained and experienced in the skills necessary to carry out the work asked of them in the agency. Training needed in addition to mandatory training is identified and the relevant professional used to deliver training.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency employs an office coordinator but her role does not include staff monitoring or direct service user contact or care. Therefore the training and skills for this employee related to office administration tasks and were not reviewed.</p>	<p>Not applicable</p>

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</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>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>All working practices are consistent with the policies and procedures and ongoing evaluation as part of quality improvement includes staff supervision and appraisal in accordance with the minimum standards.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As described at criteria 3 above. The training and skills for the coordinator related to office administration tasks and were not reviewed.</p>	<p>Not applicable</p>

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

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
---	--

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>Provider's Self-Assessment:</p>	
<p>All records maintained in service user homes are up to date and additional information is stored in service users file in office.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has a 'Recording and Reporting' policy and procedure which was reviewed. This document was found to be satisfactory and in line with standard 5. Staff records evidenced that this subject had been included during training along with guidance provided in relation to recording and reporting both at induction, as part of the staff handbook and at on-going supervision meetings with the manager.</p> <p>Discussion by the inspector with three service users and two representatives confirmed that they had been given advice regarding secure storage of records in their homes and specified the location of the home held records for staff to access.</p> <p>Records evidenced that an audit of service user daily record sheets was completed when they were returned to the office, with these being date stamped and signed off by the manager. A review of the log sheets in service user's homes and within the office files found that the information was being consistently completed. However the staff had not signed their full names on the log sheets. The manager is recommended to ensure that staff completed these daily records fully.</p> <p>The agency policy and procedure on 'Medication Assistance' was viewed which included their medication recording template and was found to be satisfactory. Records reviewed within one service users file during inspection confirmed appropriate recording in the daily logs and medication records. The care plan relating to this one service user contained details of the agreed level of assistance staff would provide regarding medication prompting. Staff records confirmed that guidance had been provided to the staff required to provide this service user with medication assistance.</p> <p>A review of two service user files evidenced that risk assessments were in place relating to restraint measures as part of their care provision. These records were found to be appropriately reviewed regarding the use of bedrails by the agency and trust along with the service user's representatives.</p>	<p>Substantially compliant</p>

<p>Criteria Assessed 3: Service user money records</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>Provider's Self-Assessment:</p>	
<p>Carers are instructed to deal with clients moneys as stated in safe guarding and protecting service users money and valuables policy.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has in place a ‘Safeguarding and Protecting Service Users Money and Valuable’ policy and procedure dated April 2013. This policy and procedure was reviewed and found to provide clear guidance and information for staff on this subject.</p> <p>Records evidenced that staff had been provided with update training on this subject during 2013 and completed post training competency assessments.</p> <p>Records reviewed within one service users file included a care plan and risk assessment in relation to supporting the service user with handling money. The service users file viewed contained the consent/permission form signed by their representative which detailed the arrangements for the purchase of food items by staff.</p> <p>Discussion by the inspector with the representative of one service user confirmed that they felt the carers are well trained and they had no issues regarding handling service user’s monies.</p>	<p>Compliant</p>

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 3 Regulation 13 - Recruitment	
<p>Criteria Assessed 1:</p> <p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none">(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. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none">• 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 . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none">• 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.	<p>COMPLIANCE LEVEL</p>

Provider's Self-Assessment:	
All new carers are recruited in accordance with the agencies recruitment policy and necessary checks carried out prior to making an offer of employment.	Compliant
Inspection Findings:	
<p>The agency has a 'Staff Recruitment' procedure in place dated April 2013 which was reviewed. The procedure was found to be satisfactory and in line with Regulation 13, schedule 3.</p> <p>Four staff files inspected (recruited between two and ten years ago) 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 employment along with a copy of their job description held within all staff files.</p> <p>The agency had not employed any new care staff during the past year.</p>	Compliant

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
	Compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to any complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. No complaints had been received during this period or during the current year 2014 to date.

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 Ms Vivien Clarke registered person/manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Unannounced Primary Inspection

Clogher Care Homecare Agency

16 April 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 Ms Vivien Clarke registered person/manager during the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 8.1	The registered manager is recommended to expand the 'Management, Control and Monitoring' policy and procedure to include the roles and responsibilities of each grade of staff.	Once	The management, control and monitoring of Agency Policy includes a detailed description of the roles and responsibilities of management staff.	Within three months of inspection date.
2	Minimum Standard 5.6	The registered manager is recommended to ensure that staffs complete the service user daily records fully.	Once	All carers sign full names on the client work sheets.	Within three 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	Vivien Clarke
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Vivien Clarke

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	C.RIX	17/06/14
Further information requested from provider			