



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment:	Down Community Care
Establishment ID No:	10766
Date of Inspection:	12 May 2014
Inspector's Name:	Caroline Rix
Inspection No:	16546

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Down Community Care
Address:	46 / 48 Kildare Street Ardglass BT30 7TR
Telephone Number:	(028) 4484 2606
E mail Address:	downcommunitycare@myrainbowmail.com
Registered Organisation / Registered Provider:	Down Community Care / Mrs Susan Virginia Ward
Registered Manager:	Miss Sammie-Jo Ward
Person in Charge of the agency at the time of inspection:	Miss Sammie-Jo Ward
Number of service users:	162
Date and type of previous inspection:	16 July 2013 from 9.30am to 4.30pm
Date and time of inspection:	12 May 2014 from 9.30am to 2.45pm 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	4
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	30	6 plus 6 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.

Profile of Service

Down Community Care is situated in Ardglass, Co.Down. The agency is managed on a day-to-day basis by Miss Sammie-Jo Ward, registered manager and office manager Mrs Anne Marie McIlhone. The agency provides care services to 162 service users by a team of 86 staff. The agency covers the geographical areas of Ardglass, Downpatrick, Killough, Crossgar, Strangford, Newcastle, Castlewellan, Ballynahinch, Drumaness and Killyleagh. Services are provided to people in their own homes and include personal care and social support. Currently, all service users have been referred by the South Eastern Health and Social Care Trust and services are being provided to adults, children and young people. Referrals from private clients would be accepted.

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

Down Community Care had one requirement and two recommendations made during the agency's previous inspection on 16 July 2013. The one requirement was found to be 'compliant'. 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 Down Community Care agency was carried out on 12 May 2014 between the hours of 09.30 hours and 15.00hours. The registered manager Sammie Jo Ward provided assistance to the inspector throughout the day. The agency has made good progress in respect of the identified areas discussed in the body of this report.

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

Staff survey comments

30 staff surveys were issued and 6 plus 6 after the closure date, were received which is a fair response.

Staff comments included on returned surveys:

'A lot of carers love the job but can't afford to work or keep it up because of the price of petrol, a petrol allowance would help a lot as we get nothing at present, no help.'

'The service is great and everything is run well.'

'I am happy with the training provided by our work and the care given to our clients. Any problems that arise are handled in the appropriate manner.'

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with four service users and two relatives on 28 April 2014 to obtain their views of the service being provided by Down Community Care. The service users interviewed have been using the agency for a period of time ranging from approximately two months to seven years, receive at least one call per day and are receiving the following assistance:

- Management of medication

- Personal care
- Meals

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

All of the people interviewed had no concerns regarding the quality of care being provided by the staff from Down Community Care. The majority of the people interviewed had never made a complaint about the service, however all were aware of whom they should contact if any issues arise. One service user had made a complaint regarding the carers not providing assistance with exercises and advised that the matter was being addressed. It was good to note that the majority of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service, however only one person advised that observation of staff practice had taken place in their home. The registered manager confirmed that staff supervision takes place on a regular basis and records are kept in the office for review.

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

- "There's not one of the carers that my XXX doesn't get on with. No concerns about the girls at all."
- "Had the same carer for years which is great."
- "I look forward to them coming and having a laugh with them."
- "Couldn't do without them, no complaints about anything."

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 six service users. During the home visits, the UCO noted that three 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 from Down Community Care; it was noted that one service user had a medication log in their file which was being completed appropriately however the other service user this was being recorded on their log sheet. The above matter was 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 two issues were identified; the matters were discussed with the registered manager and are to be addressed.

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.

The agency 'Statement of Purpose' dated April 2014 viewed contains details of the organisational structure. This document is recommended to be expanded to include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager during inspection and review of records for the manager, office manager and coordinator 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 registered manager and the office manager or coordinator 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 one reportable incident was reviewed and found to have been appropriately recorded and reported within RQIA timeframes.

Two recommendations have been made for quality improvement in relation to this theme.

The registered manager is recommended expand their statement of purpose to include the roles and responsibilities of senior staff.

The registered manager is recommended to ensure supervision of the office manager and coordinators are 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 'Management of Records' and on 'Recording and Reporting' which contain guidance for staff on these subjects.

Records within six service users' files evidenced appropriate processes in place for service user recording in the areas of daily care. However daily log records were not always being fully completed by staff.

The agency has a policy and procedure in place on use of restraint as part of their 'Protection of Vulnerable Adults' policy, 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 all fully detailed. This area was discussed with the registered manager and is to be addressed.

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

Review of the agency policy, procedure and recruitment records were found to be partially compliant with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

One requirement has been made for quality improvement in relation to this theme.

The registered manager is required to expand their staff recruitment procedure to include details under each section of their processes. The procedure must also include the recording of a statement by the registered person/manager that the applicant is mentally and physically fit for the work he is to perform.

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

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 21 Schedule 4	The registered manager is required to expand their records management policy to specify the retention period of records. (Standard 9.1) (Restated from 24 July 2012)	The 'Management of Records' policy and procedure dated October 2013 was viewed and had been expanded to include timescale of eight years from date of last entry for retention of records.	Twice	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 10	<p>The registered manager is recommended to expand the Data Protection policy to include the procedure for security and disposal of records held.</p> <p>(Restated from 24 July 2012)</p>	<p>The 'Data Protection' policy and procedure dated October 2013 was viewed and had been expanded to include their procedure for security and disposal of records held.</p>	Twice	Compliant
2	Standard 14.1	<p>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.</p>	<p>The 'Protection of Vulnerable Adults' procedure viewed dated January 2014, had been expanded and now includes a flowchart of key steps staff should follow. This information has been shared with new staff during induction training, and provided to existing staff during supervision meetings. To date half of their staff has received this updated information. The agency plans to provide the updated information to all staff by July 2014.</p>	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 taken the necessary training for managing the agency and any changes regarding new courses to be undertaken will be carried out. The agency is monitored regularly in relation to the size and the needs of both staff and service users to ensure sufficient care, competence and skills are sought. The Registered Manager undertakes training required to ensure all areas relevant to the management and provision of services, records of such training are maintained as necessary for inspection.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency 'Statement of Purpose' dated April 2014 viewed contains details of the organisational structure and the qualifications and experience of the various staff employed. The structure also detailed the agency management staff in terms of one registered manager, one office manager and two coordinators, one post currently vacant. This document is recommended to be expanded to include the roles and responsibilities of each grade of senior staff.</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 coordinators 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>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 met the timescales specified as best practice.</p> <p>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. The registered managers' training record contained details of the QCF Level 5 Diploma in Leadership for Health and Social Care Services she is currently undertaking, commenced in October 2013.</p>	<p>Substantially compliant</p>
<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>The Registered Manager or Service Manager systematically audits working practices within the agency to ensure the work is consistent, action is taken when necessary. All medication errors and incidents are reported in accordance with procedures to the appropriate authorities. All training records are kept on practice and procedures is evaluated as part of quality improvement. The Registered Manager has record of staff appraisal to review their performance against their job description and agree personal development in accordance with the procedures</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Monthly monitoring reports completed by the registered person were reviewed during inspection for January to April 2014. These reports were found to contain relevant details and confirmed that the manager demonstrated competence and skill to fulfil her role and responsibilities.</p> <p>The inspector reviewed the agency log of one incident reported over the past year. Review of this incident confirmed appropriate recording and reporting as required, this report related to a vulnerable adult report. Records confirmed that this incident had been appropriately managed.</p> <p>No incidents relating to medication issues had been received during the past year.</p> <p>Staff observed practice and supervision are detailed within the agency's 'Staff supervision policy' as quarterly together with annual staff appraisals. Records evidenced that the registered manager had annual appraisals carried out. A personal development plan was viewed within the registered managers file.</p>	<p>Compliant</p>

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.

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 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.

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 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.

Provider's Self-Assessment:

The Registered Manager or Service Manager ensures that no domiciliary care worker is supplied by the agency unless he/she has the experience and skills necessary for the work he/she is to perform. The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. The senior Staff or Service Co ordinators will monitor this reguraly and report necessary concerns in relation to any of the Regulations/Standards and action will be taken by Management when required. When necessary, training in specific techniques is required for a service user the Service Manager or Service Co Ordinator will arrange for specific training to take place by a qualified healthcare professional or trainer.The Registered Manager and Service Manager are trained in supervision and performance appraisal for all staff within the agency.

Compliant

Inspection Findings:

<p>The agency currently has one office manager and one coordinator employed, with one coordinator vacant post, recruitment in progress at present. Details of recent training during 2013/14 was reviewed on the agency training plan/scheduling tool and verified in the office manager and coordinator staff files during inspection. These records confirmed that staff had completed refresher/update training as required on each mandatory training subject in compliance with RQIA mandatory training guidelines. 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>A training programme is in place for the office manager and coordinator relevant to their specific roles; including staff appraisal, supervision and customer care/complaints management training. Records reviewed confirmed that senior staff is registered with NISCC.</p>	<p>Compliant</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>The Registered Manager or Service Manager systematically audits working practices within the agency to ensure the work is consistent, action is taken when necessary. All medication errors and incidents are reported in accordance with procedures to the appropriate authorities. All training records are kept on practice and procedures is evaluated as part of quality improvement. The Registered Manager has record of staff appraisal to review their performance against their job description and agree personal development in accordance with the procedures. The agency's Service Co Ordinator or Senior Staff will also be involved</p>	<p>Compliant</p>

<p>in assisting the Management staff in carrying out adults etc and to ensure all necessary information regarding improvement for training needs etc are addressed and all staff are competent within their job role</p>	
<p>Inspection Findings:</p>	
<p>Staff observed practice and supervision are detailed within the agency's 'Staff supervision policy' as quarterly together with annual staff appraisals. Staff appraisals had been completed annually as per their procedure, most recently in October 2013. Training needs had been identified and included with their training plan.</p>	<p>Substantially compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Provider to complete</p>

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

**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

<p>Provider's Self-Assessment:</p>	
<p>All records specified in schedule 4(11) are maintained and kept up to date and in good order and in a secure manner and available for inspection at the agency premises by any person from the RQIA. The Registered Manager or Service Manager ensures that the senior staff and Service Co Ordinators ensure that records referred to in paragraph (1) regarding the service user plan is detailed of the services provided to the service user and are kept up to date at the service users home and kept in a good manner. All details relating to standard 5.2 are recorded and maintained in the service user home file and adhered to, any changes to circumstances or changes to care plans are reported to the Service Manager and the following will be updated. All records are legible, accurare and up to date and signed by the person making the entry.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As detailed within the follow up section above, the 'Management of Records' policy and procedure had been reviewed in October 2013. This was reviewed and found to be satisfactory and in line with standard 5. The staff handbook viewed contains guidance on reporting procedures and record keeping. Records viewed confirmed all staff had received a copy of this handbook.</p> <p>Staff supervision /spot checking templates were viewed within six staff files which included a section relating to recording practices. Records of staff meetings evidenced that this subject had been discussed in March and May 2014.</p> <p>Staff guidance relating to recording of medication tasks is included within their staff handbook, at induction and update training provided from October 2013 to April 2014 with all staff.</p> <p>The records viewed within two service users homes indicated that they are receiving assistance with medication by the carers from Down Community Care; it was noted that one service user had a medication log in their file which was being completed appropriately however the other service user this was being recorded on their log sheet. The above matter was discussed with the registered manager who has confirmed that the matter has been addressed.</p> <p>Records viewed in three service user's homes noted that each service users was experiencing restraint in the form of bed rails; the use of such was not documented in their care plan or risk assessment records. The matter was discussed with the registered manager and it is recommended that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.</p>	<p>Substantially compliant</p>

<p>On review of the daily log records in the six service user's homes, and those returned to the office also viewed, it was noted that the staff were not consistently recording full information relating to their visit. The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily records.</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>The Registered Manager has a strict policy in place in relation to Service User money records or The Handling of Service Users money. The Agency has arrangements in place for the provision of prescribed services to a service user for the arrangmetns for a care worker to act as an agent for, or recieves money from, a service user. Details of the arrangements can be found in the agencys policy. Records are kept of any arrangements agreed for the agency care worker to handle money for a service user which the agency will only agree to this if its a request from the Care Manager.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency’s policy and procedure on ‘Handling Clients Money’ dated April 2014 was viewed which contains information on the process to be followed. The template viewed for recording financial transactions included consent required from care manager and service user/representative. Staff training content viewed does include this subject as part of their staff induction programme and update training. The manager confirmed that no service users currently require financial assistance.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Provider to complete</p>

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

THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<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. 	

Provider's Self-Assessment:	
The Registered manager or Service Manager ensures that no domiciliary care worker is supplied by the agency unless the following requirements are met from Regulation 13. The Registered Manager or Service Manager also ensures that the following arrangements are in place for pre - employment checks on the new applicant, criminal history disclosure sought from Access NI and all appropriate referrals are made in order to safeguard children and vulnerable adults. Before making an offer of employment there are following checks to be carried out in line with standard 11.2 before making an offer of employment	Compliant
Inspection Findings:	
The agency has a policy and procedure in place 'Recruitment of staff' dated January 2014 which was reviewed. This procedure was found to be brief and was not fully compliant with Regulation 13 and schedule 3. The registered manager is required to expand their staff recruitment procedure to include details under each section of their processes; including the recording of a statement by the registered person/manager that the applicant is mentally and physically fit for the work he is to perform. Six staff files inspected, for those recruited from July 2013. All documentation in relation to the recruitment process for these staff members was retained and stored securely. Records within the six files viewed contained all the required information except a statement by the registered person/manager that the applicant is mentally and physically fit for the work he is to perform. Staff files evidenced signed and dated copies of contracts of employment along with a copy of their job description held within all staff files.	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. Seven complaints had been received during this period and records reviewed evidenced that these had been appropriately managed and each had been resolved. Records of complaints received during 2014 to date were reviewed; one complaint had been received to date and had been 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 Sammie Jo Ward 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
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Primary Inspection

Down Community Care

12 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 the registered manager Sammie Jo Ward and office manager Anne Marie McIlhone 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 13 Schedule 3	The registered manager is required to expand their staff recruitment procedure to include details under each section of their processes. The procedure must also include the recording of a statement by the registered person/manager that the applicant is mentally and physically fit for the work he is to perform.	Once	The staff recruitment procedure has been expanded and includes details of each section. A section for recording a statement on the applicant as to whether he or she is mentally and physically fit for the work he or she is to perform has also been included.	Within one month of inspection date.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 8.1	The registered manager is recommended expand their statement of purpose to include the roles and responsibilities of senior staff.	Once	The roles for each senior staff member has been expanded to include their roles and responsibilities.	Within three months of inspection date.
2	Minimum Standard 13.3	The registered manager is recommended to ensure supervision of the office manager and coordinators are completed and recorded quarterly.	Once	This has been actioned and each supervision will be recorded with the office Manager and Coordinator.	Within three months of inspection date.
3	Minimum Standard 5.2 & 5.6	The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily records.	Once	There has been senior staff appointed for each area to ensure that the records are kept up to date and checked regularly.	Within two months of inspection date.
4	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	This has been updated and all senior staff are aware of the management plans relating to the area of restraint. The risk assessment form has also been updated.	Within one month 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	Sammie Jo Ward
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mrs Susan Ward

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	C.Rix	20/06/14
Further information requested from provider			