



The Regulation and  
Quality Improvement  
Authority

## PRIMARY INSPECTION

<b>Name of Establishment:</b>	<b>Moneydarragh Flexicare</b>
<b>Establishment ID No:</b>	<b>10776</b>
<b>Date of Inspection:</b>	<b>17 April 2014</b>
<b>Inspector's Name:</b>	<b>Amanda Jackson</b>
<b>Inspection No:</b>	<b>16584</b>

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

**General Information**

<b>Name of agency:</b>	Moneydarragh Flexicare
<b>Address:</b>	11a Ballymartin Village Ballymartin Kilkeel BT34 4PA
<b>Telephone Number:</b>	(028) 4176 5606
<b>E mail Address:</b>	moneydarragh@btconnect.com
<b>Registered Organisation / Registered Provider:</b>	Moneydarragh Flexicare Ltd / Mrs Karen Cunningham
<b>Registered Manager:</b>	Mrs Karen Cunningham
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Karen Cunningham
<b>Number of service users:</b>	97
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 04 November 2013 09.00 to 16.00 hours
<b>Date and time of inspection:</b>	Primary Unannounced Inspection 17 April 2014 09.00 to 14.00 hours inspection 14.00 to 14.30 hours staff group discussions 14.30 to 16.45 hours service user visits
<b>Name of inspector:</b>	Amanda Jackson

## 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 domiciliary care agencies regulations and standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this unannounced inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

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

Service users	2
Staff	4
Relatives	1
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	15

### Inspection Focus

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

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

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

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

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

## **Profile of Service**

Moneydarragh Flexicare provides domiciliary care services in the Annalong and Kilkeel areas of the Mournes. The agency provides "care in the community" on a local basis.

The agency states in their Statement of Purpose that they work as a team with service users, and foster clear open lines of communication with their relatives and commissionaires. The agency provides practical, as well as personal support. The agency also provides an overnight service and a sitting service. They receive referrals from the Southern Health and Social Care Trust and self-referred service users.

The agency service is provided to 97 service users (reduction of one since the previous inspection on 04 November 2013) by 50 staff (reduction of two since the previous inspection on 04 November 2013).

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

Moneydarragh Flexicare had four requirements made during the agency's previous inspection on 04 November 2013. All requirements were reviewed as 'compliant' and this is to be commended.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Moneydarragh Flexicare was carried out on 17 April 2014 between the hours of 09.00 hours and 16.45 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out during this inspection by the inspector, and a summary report is contained within this report. Findings following these home visits were discussed with the manager Karen Cunningham on the inspection day with full feedback provided.

Two matters were raised during these visits:

- Inclusion of service user risk assessments within service user home files (as previously stated at the last inspection but not confirmed as compliant during these inspection visits).
- Appropriate care plan and risk assessment information relating to service user restraint (bedrails).

The inspector had the opportunity to meet with four staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback supported appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording and of their recruitment process in line with the agency policy and procedure.

## **Three requirements have been made in respect of the outcomes of this inspection.**

## **Staff survey comments**

25 staff surveys were issued and 15 received which is a positive response.

Staff comments included on returned surveys:

“I enjoy working with all staff and clients”.

“I like to think our agency has a good reputation in the area. Our on-going training keeps us updated in any changes and we are in contact with our manager whenever needed if there’s a problem”.

“Always available for anything I need to ask”.

“All training we got helped to give good care for clients”.

“I’ve worked 20 years for Moneydarragh flexicare and 10 years previous with the trust agency. I enjoy my role as a supervisor and also caring for others. I am also a trained trainer in moving and handling, I feel this is very important for carers and the service users, making sure that the proper equipment is placed and carers are trained in safe practice of moving and handling of the service user”.

“Provides great care and support for both client’s and staff”.

“Management always keep us updated about any changes to client’s needs, e.g. tablets, cover, anything else that changes from day to day with clients as they always want a high standard of care to be given”.

“I feel the agency I work for provide the highest level of care to both the service user and carer and all training is geared towards this”.

“I find my job both interesting and fulfilling. I work alongside friendly girls and have every confidants in the management staff. Help and guidance is second to none”.

“My manager is very supportive in every carer that works for her. I’ve been working for Moneydarragh for 12 years. The agency makes sure all carers get training in all that is required for infection control, recording everything in care plan and medication, moving and handling, food hygiene and fire safety”.

“I have worked for Moneydarragh for 14 years, I find the agency very good to work for, they are always happy to help. We provide a high standard of care in the community”.

## Home Visits summary

As part of the inspection process RQIA's inspector spoke with two service users and one relative on 17 April 2014 to obtain their views of the service being provided by Moneydarragh flexicare. The service users interviewed have been using the agency for a period of time ranging from approximately one to eight years, receive at least three calls per day and are receiving the following assistance:

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

The inspector was advised that care is generally provided by teams of staff; 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. There were no concerns raised regarding the timekeeping of the agency's staff.

The service users and representatives interviewed confirmed that they had no concerns regarding the quality of care being provided by the staff from Moneydarragh flexicare. One service user confirmed they had made a complaint in the past regarding the agency and this was appropriately addressed. All of the people interviewed confirmed that they are aware of whom they should contact if any issues arise. It was good to note that the majority of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service but were unclear whether observation of staff practice had taken place in their home. This was discussed with Karen Cunningham (manager) following the visits.

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

- "I don't know what I would do without them."
- "Great girls."
- "My mum is very fond of all the staff, we couldn't manage without them."

As part of the home visits, the inspector reviewed the agency's files relating to three service users. It was noted that all files contained appropriate care plan information but did not contain a risk assessment. The agency log sheets reviewed were being appropriately maintained regarding general correspondence, medication records and finance records and this is to be commended. It was also noted by the inspector and discussed with Karen Cunningham (manager) that some of the service users interviewed had bed rails in place however the use of such were not detailed on their care plan or risk assessment. The issues identified as part of the inspection were discussed with the registered manager and require to be addressed appropriately.



## 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.

Discussions with the manager Karen Cunningham during inspection and review of records for the manager and management staff supported a process in place for the majority of areas of mandatory training but this was not found to be fully consistent with the RQIA mandatory training guidelines 2012. Additional areas of training have been requested for review.

A staff competency process has been developed by the agency and operational during 2013/14 for the manager and management staff (office administrators and co-ordinator) and this was reviewed during inspection as compliant.

Review of appropriate supervision and appraisal processes were also confirmed during inspection.

Monthly monitoring processes are currently in place and operational but have been required for inclusion of any staff competence matters as appropriate.

Two requirements have been made in relation to this theme and relate to manager and co-ordinator training in accordance with RQIA mandatory training guidelines (two areas only), and the regulations 11 and 13 and a range of standards for domiciliary care agencies.

### Theme 2 - Records management

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

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

The area of service user restraint was reviewed during inspection as moving towards compliance given the fact that care plans and risk assessments were not reviewed as inclusive of restraints being assigned during daily care provision. This was discussed with Karen Cunningham (manager) during inspection for attention.

One requirement has been made in relation to this theme and relate to appropriate documentation for all service users around restraint in accordance with Regulation 15 (10) and 15(11).

### **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

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 23	The registered person / manager is required to expand their current annual quality review process and report to reflect all stakeholders.	<p>As the 2014 annual quality process is not due to take place until August 2014 to include commissioner feedback as requested at the last inspection, the agency have introduced a process during monthly monitoring reports for capturing the numbers and associated references for individual commissioner feedback. This was reviewed during inspection.</p> <p>Revision of the monthly monitoring report during inspection incorporated a further commissioner comment section which was completed following the inspection day for April 2014 and submitted to the inspector for review. Same concluded 24/04/2014.</p>	Twice	Compliant

2	Regulation 21 Schedule 4	<p>The registered person / manager is required to maintain minutes of discussions with staff members regarding on-going vulnerable adult matters.</p> <p>(Minimum standards 10 and 14)</p>	<p>Review of monthly monitoring reports for January and March 2014 reflect any current vulnerable adult matters on-going.</p> <p>Review of staff meeting minutes for the same timeframes (February 2014) (staff meetings happen three monthly and February was the last meeting) reference discussions with staff regarding current vulnerable adult cases.</p> <p>The inspector recommended development of a standard team meeting agenda to allow for ease of referencing of this information on-going. Development of this template during the inspection day and review of same confirmed compliance.</p>	Once	Compliant
3	Regulation 23(1)	<p>The registered person / manager is required to record within their monthly monitoring reports all future vulnerable adult matters and review the current approach to monthly reporting.</p> <p>(Minimum standard 8.11)</p>	<p>As discussed at requirement two above,</p> <p>Review of monthly monitoring reports for January and March 2014 reflect any current vulnerable adult matters on-going.</p>	Once	Compliant

<p>4</p>	<p>Regulation 23(1) Regulation 23(5)</p>	<p>The registered person / manager is required to review the agency policy(s) and scheduling tools regarding staff and service user quality monitoring to ensure consistency across the agency.</p> <p>(Minimum standard 8.10)</p>	<p>The agency have developed a scheduling tool for staff and service user quality monitoring over each twelve month period which reflects bi-annual quality monitoring of both service users and staff.</p> <p>Revision to both policies:</p> <ul style="list-style-type: none"> <li>• Supervision dated 05/11/2013</li> <li>• Quality Improvements dated 05/11/2013</li> </ul> <p>confirmed the revised timeframes and processes for quality monitoring.</p>	<p>Once</p>	<p>Compliant</p>
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**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 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.

Regulation 11 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.

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 registered manager holds a BTEC HNC in Care practice and also attends all mandatory training in food hygiene, Protection of Children & Vulnerable Adults, Moving and Handling, Supervision & Appraisal, Complaints handling, Infection Control, Record Keeping, Medication, fire safety, as well as other training made available such as Carbon monoxide training. All this training is updated as specified by the RQIA. The Registered Manager had registered for Level 5 in Leadership and Management due to commence September 2014.**

**A statement of purpose has been implemented to reflect the size of the agency, the number and needs of the service users detailing the competence and skills of the Registered Manager and Care Workers. The mandatory training completed by the registered manager and all staff is listed in the statement of purpose which enables the registered manager and staff to provide sufficient care. The statement of purpose complies with the guidelines set by RQIA.**

**The Registered Manager holds a HNC in Care Practice completed in 2000 and has 14 years experience in managing the Agency. All mandatory training listed above has been completed and records are available for inspection.**

Compliant

<b>Inspection Findings:</b>	
<p>The statement of purpose dated 03 March 2014 and the policy on Management, control and monitoring of the agency dated 04 November 2013 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person/manager (Karen Cunningham) and all other staff including management and care staff.</p> <p>Training records for the manager Karen Cunningham were reviewed during inspection in the areas of Karen’s overarching qualification in Care Practice, and areas of mandatory training in compliance with RQIA mandatory training guideline 2012. One area which was identified as not completed was managing service users money. This area was discussed for consideration by Karen in respect of her training on-going.</p> <p>Karen Cunningham has also enrolled for the level 5 QCF commencing in September 2014 and this is to be commended in keeping her abreast of new areas of development.</p>	<p>Compliant</p> <p>Substantially compliant</p> <p>To be completed three months from the date of inspection</p> <p>Compliant</p>

<p><b>Criteria Assessed 2: Registered Manager’s competence</b></p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action is taken when necessary.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The registered manager systematically audits all policies and procedures on a three yearly basis and working practices are audited by spot checks, staff questionnaires, supervision and appraisal and service user quality assurance visits. Policies and procedures are added to and amended should the need arise. An example - social networking policy added in 2013. Other examples available on inspection.</b></p> <p><b>The Registered Manager reports all medication errors to the RQIA and appropriate care manager and a spreadsheet is held on same. Should expert medical advice be needed this will be sought and advice followed. All incidents are also reported to the appropriate care manager. To date we have had no reportable incidents to the RQIA, Police or other appropriate authorities but should the need arise they will be reported. Incidents are shared with all staff for learning purposes.</b></p> <p><b>The registered manager evaluates training on practice and procedures through spot checks, competency tests, service user and staff questionnaires and service user quality assurance. Feedback is given to staff at staff meetings and via staff memos in order to improve the quality of the service. Feedback is also given to Service users via the bi-annual newsletter. Should the need arise following an incident whereby a staff member requires further training this will be addressed.</b></p> <p><b>The registered manager completes an annual appraisal with the Office Manager who is trained in Supervision and Appraisal. At appraisal the Registered Manager comments on mandatory training provided in order to show an awareness of the impact of training.</b></p>	<p>Substantially compliant</p>



<b>Inspection Findings:</b>	
<p>The agency has introduced an annual performance review process which is completed by Karen Cunningham (manager) for Olivia Kelly and Michelle Magennis (office administrators). The process in turn is completed by Olivia Kelly for Karen Cunningham. Review of April 2014 records during inspection confirmed a good process operating to ensure exploration of areas for development and improvement over the coming year for the agency manager. During this annual appraisal process Olivia Kelly also asks Karen Cunningham questions around all areas of mandatory training to assess Karen’s knowledge and competence in these areas and there application.</p>	Compliant
<p>The inspector reviewed the agency log of six medication incidents reported through to RQIA over the past year. Review of two of these incidents were appropriately recorded and reported within RQIA timeframes hence supporting manager competence in this area.</p>	Compliant
<p>Monthly monitoring reports completed by the manager were reviewed during inspection for January and March 2014 and found to be detailed, concise and compliant. Revision of the monthly monitoring report during inspection incorporated a commissioner comment section which was completed following the inspection day for April 2014 and submitted to the inspector for review. Same concluded 24/04/2014.</p>	Compliant

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 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 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The registered manager ensures that all domiciliary care workers, once successfully recruited, are trained and inducted to enable them to gain the experience and skills necessary for them to perform their duties. All care workers shadow an experienced member of staff for a minimum of three days and a record is kept of same. In 2014 we implemented a new section on induction whereby new staff attend a powerpoint and competency quiz session on the training that they were provided with and a quiz is completed and feedback is given to them where there is a gap in knowledge. The externally provided training (food hygiene) is covered in this training to ensure compliancy, should there be a gap in commencement of employment and scheduled training date. All staff receive an induction file which includes policies and procedures, NISCC codes of practice, UKHCA handbook, job description and contract of employment. All Care Workers receive the same mandatory training, the Senior carer (supervisor) is trained in 'Train the Trainer' for Moving and Handling. The office manager, the registered manager and the supervisor are trained in supervision and appraisal and complaints handling. Should staff ask for training that is not mandatory this will be addressed by the Registered Manager and provided. In 2014 we will be having extra training such as palliative care and dementia training as these were requested by a number of staff at recent appraisals.</b></p> <p><b>All Care workers have training in specific tehniques such as eye/ear drops, inhalers, nebulisers, pain patches etc and this is carried out by a trained health care professional. Any additional techniques will be addressed as necessary. Staff are deemed competent by the health care professional and deem</b></p>	<p>Compliant</p>

**themselves competent prior to commencing the specific techniques. Signed agreement of competency is kept on file.**  
**The registered manager and supervisory staff have all training in supervision and performance appraisal. This was completed in 2010 and due for update in April 2014.**

**Inspection Findings:**

The agency does not currently hold a separate overarching training and development policy and procedure although separate training policies are held regarding various areas of mandatory training. Discussion with Karen Cunningham (manager) during inspection confirmed requirements for an overarching policy to specify the various requirements in line with RQIA mandatory training guidelines 2012. Submission of this policy following the inspection day and dated 18/04/14 confirmed compliance.

Review of training records for both office administrators who complete supervision and appraisal of staff where reviewed during inspection as compliant. This is the only area of training relevant to these staff as they do not complete care work. Appraisals for both staff members were also reviewed for 2014 to ensure competence in their work roles.

Review of training records for the co-ordinator (who completes supervision and appraisal of care staff and also attends care calls) were found to be compliant with exception to the two areas of training referenced previously for the manager training at criteria one above (managing service users money and restraint) and again these were discussed with Karen Cunningham (manager) for attention.

Compliant

Compliant

Substantially compliant  
 To be completed three months from the date of inspection

<p><b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b></p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action is taken when necessary.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The registered manager systematically audits all policies and procedures and staff and service users are involved by requesting feedback on any changes they think are appropriate. working practices are audited by spot checks, monitoring visits, staff and service user questionnaires, supervision and appraisal and service user quality assurance visits. Procedures have been introduced due to input received from staff regarding working practices, for eg - wet shaving procedure, procedure for service user who has fallen and procedure for inappropriate equipment in place in service users home. Any amendments or new procedures are dated and reviewed every three years or more often as necessary.</b></p> <p><b>All staff are trained to record and report any incidents or medication errors immediately. Incident report forms are completed and forwarded to appropriate authority. In 2014 we have introduced a new incident report sheet at back of service user record book.</b></p> <p><b>All staff are evaluated on the effectiveness of training on practice and procedures through spot checks, competency tests, staff questionnaires, staff appraisal and supervision and service user quality assurance. Feedback is given to staff at staff meetings and via staff memos in order to improve the quality of the service.</b></p> <p><b>Staff are given an annual appraisal against their job description and personal development plans are discussed. Feedback and a copy of their appraisal is given to them.</b></p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency supervision policy (which includes appraisal) reviewed during inspection and dated 05 November 2013 references annual appraisal and staff supervision four times annually (i.e. 2 spot checks, one appraisal, one 1 to 1 supervision/competency assessment). The timeframes on the revised supervision policy which was updated following the November 2013 RQIA inspection has commenced for all staff in 2014.</p>	Compliant
<p>Review of supervision, appraisal and competency records for Virginia McClelland (co-ordinator) during inspection confirmed compliance for 2013.</p>	Compliant
<p>The current monthly monitoring reports do not provide provision to comment on management staff matters and competence should they arise and this was again discussed during inspection with Karen Cunningham (manager).Revision to the monthly monitoring template took place following inspection and was submitted to the inspector and confirmed as compliant on 24/04/2014.</p>	Compliant

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

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

**Criteria Assessed 1: General records**

**COMPLIANCE LEVEL**

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

<p><b>Provider's Self-Assessment:</b></p>	
<p>The registered manager ensures that the records specified in Schedule 4 (11) are maintained in good order, kept up to date in a secure manner and are available at all times on the agency premises for inspection by any person authorized by the RQIA. Records are reviewed and updated as necessary should the service users needs change. For private service users, Moneydarragh Flexicare have a seperate Needs Assessment which is completed by the Supervisor/Registered Manager from which a Care Plan is created and a list is kept in the service users home and in the service users office file of the services purchased and prices to be paid along with the intended notice to be given of any changes. The registered manager ensures that a copy of the service user plan and a detailed record of the prescribed services along with service user pack are kept in a closed A4 document wallet in the service users home. Staff are trained to record accurate details, report when new care sheets are required and that the records are kept in a good order and in a secure place in agreement with the service use/representative.</p> <p>Records are maintained in the service users home as specified in Standard 5.2 Staff have been informed to record actual times in and out rather than recording AM, LUNCH etc. Where family is not available for carers to report concerns the office is contacted and contact is made with family representatives and other health professionals. A record of conversation or email is held on service users file in office. Requests for assistance over and above the agreed care plan are recorded in office file and reported as necessary. Incidents accidents or near misses are recorded in service users home file, reported to office and actioned and recorded in office file as necessary. Should a care worker have any concerns that they do not want to record in service users home, it is reported to office and held on office file.</p> <p>All records are legible, accurate up to date and signed and dated by the care worker making the entry.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency policies on Record keeping and reporting dated September 2012, Safeguarding and protecting service users money and valuables dated February 2014, Responding to service users behaviours (restraint) dated January 2014, Dealing with aggression dated February 2013, Personal safety dated July 2011 and Medication dated April 2014 were all reviewed during inspection as compliant.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>Daily evaluation recording</li> </ul>	<p>Compliant</p> <p>Compliant</p>

- Medication administration permission record
- Medication recording record
- Money recording record, the agency do not hold a separate money agreement template as this is not a task generally undertaken with exception to an occasional collection by staff for milk or bread
- Staff spot checking template which includes a section on adherence to the agency recording policy
- Staff supervision template which includes records management

All templates were reviewed as appropriate for their purpose.

Review of three staff files during inspection confirmed adherence to records management as detailed within the staff spot check and supervision records for 2013-2014.

Karen Cunningham (manager) discussed records management as a regular topic for discussion during staff meetings however only one staff meeting record dated February 2014 evidenced this topic. Review of the staff meeting standard agenda template revised during this inspection and dated 17/04/14 includes recording and reporting as a standard area for all future staff meetings.

Review of three service user files during inspection confirmed appropriate recording in the general notes, medication records and service user finance records. Review of a medication agreement within one service user office file confirmed this process before medication administration can commence with agency staff. This template is only used where staff are required to administer medication as opposed to prompting medication. The agreement is discussed and confirmed/signed with service user and family member(s) as appropriate.

Review of two service user's care during visits and discussion with Karen Cunningham (manager) confirmed that bedrails in place for a number of service users has not been considered as restraint in the past and therefore not referenced within care plan or risk assessment information. This was discussed for attention during inspection.

Compliant

Compliant

Compliant

Moving towards compliance

To be completed three months from the date of inspection.



<p><b>Criteria Assessed 2: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—                  (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Moneydarragh Flexicare care workers do not handle bank or other large amounts of money on behalf of service users. For small items such as bread, milk etc, there is a financial transaction sheet at back of the service users record book which is to the completed and signed by the service user and care worker if the need arises.</b></p> <p><b>Records of the amount received and change given are recorded.</b></p> <p><b>If Service users are to purchase services from the Agency, a service user agreement is signed and a list of the services and prices are held by the Agency and the service user/family representative.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Review of one service user file during inspection confirmed appropriate recording regarding service user finance records. The agency does not hold a separate money agreement template as this is not a task generally undertaken with exception to an occasional collection by staff for milk or bread.</p>	<p>Compliant</p>

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

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

<b>Provider's Self-Assessment:</b>	
<p>The Registered Manager ensures that no domiciliary care worker is supplied by the agency unless they are of integrity and good character, has the experience and skills necessary for the work that they are to perform, is physically and mentally fit for the purposes of the work they are to perform and holds all information and documents required in respect of domiciliary care workers.</p> <p>The registered manager has arrangements in place to ensure that all necessary pre-employment checks are carried out, Access NI enhanced disclosures are sought.</p> <p>The registered manager before making an offer of employment ensures that the applicants identity is confirmed, two satisfactory references are received (where a reference can not be sought from the most recent employer, details will be recorded and advice will be sought from the RQIA), any gaps in employment are explored and recorded, access ni enhanced disclosure checks are sought, qualifications are confirmed and registration with a relevant regulatory body if applicable, a pre-employment health assessment is obtained and a letter from their G.P. is sought to deem the care worker fit to work, where appropriate a valid driving licence and insurance cover for business use of car is confirmed. Should a work permit/employment visa be required this will also be confirmed.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>Review of the staff recruitment policy dated 31 Jan 2014 and revised further during inspection to reference the domiciliary care regulation 13 and schedule 3 was confirmed as compliant.</p>	Compliant
<p>Review of three staff recruitment files during inspection for 2013 were found to be compliant with Regulation 13, Schedule one and standard 11.</p>	Compliant

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **Additional Areas Examined**

### **Complaints**

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed three of the 2013 complaints during the agency's inspection and confirmed all records to be compliant.

### **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 **Karen Cunningham (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:

**Amanda Jackson**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



**Quality Improvement Plan**

**Unannounced Primary Inspection**

**Moneydarragh Flexicare**

**17 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 **Karen Cunningham (registered manager/person)** 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 11(1) Regulation 11(3)	<p>The registered person/manager is required to attend training compliant with the RQIA mandatory training guidelines 2012 and any additional training required to ensure the safe and effective running of the agency.</p> <p>(Minimum standard 8.17)</p> <p>As discussed within theme one, criteria one of this report.</p>	Once	Restraint training completed May 14. Managing Service Users money will be completed in timescale	To be completed three months from the date of inspection
2	Regulation 13(b)	<p>The registered person/manager is required to ensure all management staff attend appropriate training compliant with the RQIA mandatory training guidelines 2012 and any additional training required to ensure the safe and effective running of the agency.</p> <p>(Minimum standards 7.9, 12.4 and 13.1)</p> <p>As discussed within theme one, criteria three of this report.</p>	Once	this will be completed in the timescale	To be completed three months from the date of inspection



No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
3	Regulation 15 (10) Regulation 15 (11)	<p>The registered person/manager is required to ensure all service users with any form of restraint as part of their care provision is referenced within the service user care plan and risk assessment.</p> <p>(Minimum standard 4.2, bullet point 6)</p> <p>As discussed within theme two, criteria one of this report.</p>	Once	This is in process at present	To be completed three months from the date of inspection

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Karen Cunningham
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Karen Cunningham

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	A.Jackson	09/06/14
Further information requested from provider			