

## **PRIMARY INSPECTION**

**Name of Establishment:** Fermanagh Homecare Services

**Establishment ID No:** 10787

**Date of Inspection:** 24 July 2014

**Inspector's Name:** Caroline Rix

**Inspection No:** 16559

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

<b>Name of agency:</b>	Fermanagh Homecare Services
<b>Address:</b>	1 Mill Street Enniskillen BT74 6AN
<b>Telephone Number:</b>	(028) 6632 8808
<b>E mail Address:</b>	fhc@hotmail.co.uk
<b>Registered Organisation / Registered Provider:</b>	Fermanagh Homecare Services / Miss Jacqueline Helen Campbell
<b>Registered Manager:</b>	Miss Jacqueline Helen Campbell
<b>Person in Charge of the agency at the time of inspection:</b>	Miss Jacqueline Helen Campbell
<b>Number of service users:</b>	310
<b>Date and type of previous inspection:</b>	2 July 2013, Primary Announced
<b>Date and time of inspection:</b>	24 July 2014 from 10am to 5.15pm Primary unannounced inspection
<b>Name of inspector:</b>	Caroline Rix

## Introduction

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

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

## 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	3
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

## 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**

Fermanagh Homecare Services is situated in the town of Enniskillen Co Fermanagh. The agency provides domiciliary care to 310 service users by a team of 66 staff. Services are provided to older people, adults with a physical disability, a learning disability and those with mental health care needs living in their own homes. These services include personal care, social support, meal preparation and domestic duties. Currently the agency does not provide services to children or young people. The localities served are all within the county boundary and include Enniskillen, Lisnaskea, Brookeborough, Roslea, Derrylin, Maguiresbridge and Belcoo. The Western HSC Trust commissions their services.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Fermanagh Homecare Services was carried out on 24 July 2014 between the hours of 10.00 and 17.15. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Fermanagh Homecare Services had two requirements and two recommendations made during the agency's previous inspection on 2 July 2013. Both requirements were found to be 'compliant' and both recommendations were reviewed and also found to be 'compliant'. This outcome is to be commended.

Visits to service users were carried out by the UCO following the inspection on 5 and 6 August 2014, and a summary report is contained within this report. Findings following these home visits were discussed with the registered person/manager and senior care assistant.

The inspector had the opportunity to meet with three 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 detailed 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. Staff also described recruitment processes in line with the agency policy and procedure.

**Three requirements and four recommendations have been made in respect of the outcomes of this inspection.**

### **Staff survey comments**

Thirty staff surveys were issued and six, plus one after the closure date, received which is a disappointing response.

Some staff comments were included on the returned surveys as follows;

'I am proud of the agency I work for, everything is done perfect.'

'Wages are very poor especially having to run a car.'

These comments were discussed with the registered person/manager.

## Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with four service users and two relatives on 5 and 6 August 2014 to obtain their views of the service being provided by Fermanagh Homecare. The service users interviewed live in the Brookeborough and Maguiresbridge area, have been using the agency for a period of time ranging from three to ten years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals
- Financial assistance - shopping

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. There were no concerns regarding the carers' timekeeping 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 carers from Fermanagh Homecare and were aware of whom they should contact if any issues arise. One service user advised that a complaint had been made regarding the reliability of one carer and was satisfied with the outcome of the complaint.

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. Although a number of the people interviewed confirmed that observation of staff practice had taken in their home, the UCO was advised that this had not taken place recently; the matter was discussed with the registered manager who confirmed that visits are carried out by a senior carer on a rolling programme and records are kept in the office of the visits.

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

- "Had the same carer for years; like part of the family."
- "If I need help between calls; I just have to ring."
- "My mobility is poor but the carer is very good and doesn't rush me."
- "I'm glad to get the help with my XXX; I have no complaints."
- "I live in a small community but the carers are very good and don't talk about other clients."

Documentation is one of the themes being inspected during the 2014 / 15 inspection years and was reviewed as part of the home visits. One relative advised that the service user's file had been removed to be updated several days prior to the visit; the matter was discussed with the registered manager and it was reiterated that records are to be kept in the service user's home for review.

The agency's records relating to three service users were reviewed by the UCO and it was noted that two care plans and three risk assessments were not in the service users' files. The UCO was informed by three service users that their carers provide assistance with shopping and the one care plan available for review confirmed that financial assistance is provided by

the agency to the service user. However none of the files contained financial records and the matter was discussed with the registered manager to ensure records are maintained.

During the home visits, none of the service users were observed to be experiencing restraint in the form of bed rails, lap bands or locked doors. The UCO was advised that three service users are receiving assistance with medication by the carers from Fermanagh Homecare; the records were being completed consistently. It was also noted that no issues were identified with the agency's log sheets which is to be commended.

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

The agency's 'Statement of Purpose' viewed contains details of the organisational structure, the qualifications and experience of senior staff. However the 'Statement of Purpose' needs expanded to include the current staffing and the respective roles and responsibilities of each grade of senior staff.

Discussions with the registered person/manager and senior care assistant during inspection along with a review of records supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012.

A staff competency process has been developed by the agency and is operational during 2013/14 for all staff.

Review of the 'Staff Supervision and Appraisal' procedure for management staff was found to be in place during inspection however appraisal and supervision processes were not completed/recorded for senior staff and have been recommended for implementation.

Monthly monitoring processes are currently in place and operational. The reports viewed confirmed on going monitoring of the quality of services provided.

No reports regarding medication issues were received in the last year, therefore no records were reviewed.

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

The registered person/manager is required to expand their 'Statement of Purpose' to reflect the current staffing grades and include their roles and responsibilities.

The registered person/manager is recommended to develop a 'Staff Training and Development' policy and procedure in line with standard 12.

The registered person/manager is recommended to ensure senior staff has recorded appraisals and formal supervision meetings in line with their procedure timescale.



## Theme 2 - Records management

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

The agency has a policy and procedure in place on 'Record Keeping' which were found to be satisfactory and in line with standard 5 and contains guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported partial compliance in these areas. Full information was not found to be maintained in service user's home files and this is to be addressed by the registered person/manager.

The agency has a policy and procedure in place on use of 'Restraint' which was reviewed and is recommended to be expanded. 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 person/ manager and is to be addressed.

The agency has a policy or procedure on 'Handling Service Users Monies'. This was reviewed and found to be appropriately detailed with processes in place to monitor and review financial assistance provided. However, one service user's home file did not contain financial records in line with their procedure, and this was discussed with the registered person/manager to be addressed.

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

The registered person/manager is required to ensure that a copy of care plans and risk assessments are maintained within each service user's home files.

The registered person/manager is recommended to expand their procedure on 'Restraint' to include the use of various types of restraint; their management plans/risk assessments and the frequency of review of same and ensure that, where relevant, these records are maintained.

The registered person/manager is recommended to ensure that, where relevant, full and accurate financial records are maintained in service user's home files.

## Theme 3 – Recruitment

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

Review of the agency's 'Staff Recruitment' policy and procedure was found to be partially compliant with Regulation 13 and schedule 3. The procedure is required to be expanded to include the Access NI application process within the overall recruitment procedure.

Records confirmed that full information and documents had been obtained in respect of domiciliary care workers as required.

One requirement has been made in respect of this theme.

The registered person/manager is required to expand their 'Staff Recruitment' procedure to include details of the full Access NI application process.

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

**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 15 (6)	The registered manager is required to expand their Protection of Vulnerable Adult's procedure to reference the relevant legislation and include the follow up actions to be taken if an allegation of abuse against a staff member is upheld.	The Protection of Vulnerable Adult's procedure viewed had been revised in August 2013 and again July 2014. The procedure references the relevant legislation and includes the follow up actions to be taken if an allegation of abuse against a staff member is upheld.	Once	Compliant
2	Regulation 16(2)(a)	The registered manager is required to ensure staff knowledge and competence following staff training in the areas of protection of vulnerable adults, manual handling and infection control.	Staff competency assessment tools have been developed and introduced from September 2013. Records evidenced that competency had been assessed as part of each training session on the subjects of infection control, protection of vulnerable adults and manual handling.	Once	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 3.3	The registered manager is recommended to ensure they have developed a care plan in conjunction with service users.  <b>(Restated from 26 June 2012)</b>	Records viewed evidenced that the agency has care plans developed and introduced in conjunction with service users and their families.	Twice	Compliant
2	Standard 9.1	The registered manager is recommended to complete an index of all policies and procedures and cross reference with Appendix 1.  <b>(Restated from 26 June 2012)</b>	The agency's policy and procedure manuals reviewed now contain an index which was cross referenced with Appendix 1.	Twice	Compliant

<p style="text-align: center;"><b>THEME 1</b></p> <p style="text-align: center;"><b>Standard 8 – Management and control of operations</b></p> <p style="text-align: center;"><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></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>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.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). <b>Ref: RQIA's Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The registered manager manages the agency with a competent team of administrators who between them have a combined total of 52years' experience with Fermanagh Homecare Services. The registered manager undertakes training as appropriate to the needs of the organisation along with those outlined in the Mandatory Training for Providers of Care in Regulated Services.</b></p>	<p>compliant</p>

Inspection Findings:	
<p>The 'Statement of Purpose' dated July 2013 was reviewed and is recommended to be expanded to reflect the current staffing grades and include their roles and responsibilities. The agency management structure includes one registered person/manager, a senior care assistant, one coordinator and care staff.</p> <p>Training records for the registered person/manager were found to be in place regarding relevant areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>The registered person/manager has also completed training in the areas of supervision and appraisal along with a Diploma in Community development practice, a Diploma in management and a certificate in management and training in equality and this is to be commended.</p> <p>Most areas of training reviewed included a competency assessment element. Review of a revised process implemented by the agency since the previous inspection in July 2013 detailed new competency assessments with an appropriate sign off section and this has been implemented across all mandatory areas.</p> <p>The registered person/manager is not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from 2013 to 2016.</p>	<p>Substantially 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>Any medication incidents will be reported to the appropriate authorities. Working practices are audited routinely and post training evaluation is carried out to ensure competence. Annual appraisals are completed with all staff.</b></p>	<p>compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency's 'Supervision and Appraisal' policy and procedure viewed dated June 2014 clearly referenced practices for all staff, with appraisals scheduled annually and supervisions quarterly.</p> <p>Appraisal for the registered person/manager does not currently take place given the structure of the agency. The registered person/manager confirmed that she completes an annual review of her own training and development needs to ensure she remains up to date with developments and to retain her NISCC registration.</p> <p>The inspector reviewed the agency log of incidents that are required to be reported through to RQIA, none were received during the past year therefore no records were reviewed.</p> <p>Monthly monitoring reports completed by the registered person/manager were reviewed during inspection for January to June 2014 and found to be detailed, concise and compliant.</p>	<p>Compliant</p>

<p>The agency had completed their annual quality review for the year up to April 2014 which was viewed; this document included their evaluation of staff training completed to date and this report had been shared with all service users during June 2014.</p>	
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<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></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>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Specific training is provided for individual cases if required by either the district nurse or our trained senior care assistant.</b></p> <p><b>All new staff are trained appropriately at induction and then attend on-going annual training.</b></p> <p><b>Any new staff member with specific training needs are accommodated on an individual basis to acquire the relevant skills.</b></p> <p><b>Managers and supervisors have received training in supervision and performance.</b></p>	compliant

Inspection Findings:	
<p>The agency has a 'Staff Training and Development' programme in place which was found to be in line with RQIA mandatory training guidelines (September 2012) and confirmed as compliant. However the registered person/manager is recommended to develop a 'Staff Training and Development' policy and procedure in line with standard 12.</p> <p>Training records for the senior care assistant were found to be in place regarding all areas of mandatory training areas in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>The senior care assistant has also completed training in the areas of supervision and appraisal, NVQ level 3 in Health and Social Care and this is to be commended. Most areas of training reviewed included a competency assessment element.</p> <p>The senior care assistant confirmed that her training competency had been assessed as appropriate by NISCC in June 2014 as part of her on-going registration requirement.</p> <p>Records viewed of monthly meetings with responsible/manager and senior care assistant where various issues were discussed and action plans agreed.</p>	<p>Substantially compliant</p>

<b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b>  Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.  Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.  Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.  Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
<b>All the above are met</b>	compliant
<b>Inspection Findings:</b>	
The agency's 'Supervision and Appraisal' policy and procedure viewed dated June 2014 clearly referenced practices for all staff, with appraisals scheduled annually and supervisions quarterly.  However the annual appraisals for the senior care assistant have not taken place in 2013 or 2014 to date and this was discussed with the registered person/manager and required to be addressed. Supervision meetings for the senior care assistant have not been recorded quarterly in line with their procedure. However, the registered person/manager explained that they meet monthly or more often if required, to discuss issues and agree/review action plans for improvements. The registered person/manager is recommended to ensure senior staff has recorded appraisals and formal supervision meetings in line with their procedure timescale.	Moving towards compliance

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

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

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

**Criteria Assessed 1: General records**

**COMPLIANCE LEVEL**

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

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

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

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

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

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

Provider's Self-Assessment:	
<b>Standard 5.2 &amp; 5.6 are met. A service user guide is maintained in the home of the client. Care assistants are trained in the completion of same, care record sheets providing the duty log template.</b>	compliant
Inspection Findings:	
<p>The agency policies on 'Recording and Reporting Care Practices' dated June 2014; 'Handling Service User's Monies' dated June 2014 were all reviewed during inspection as compliant. The 'Restraint' policy and procedure dated June 2014 was found to partly compliant. The registered manager is recommended to expand their procedure on 'Restraint' to include the use of various types of restraint; their management plans/risk assessments and the frequency of review of same and ensure that, where relevant, these records are maintained.</p> <p>The staff interviewed confirmed that these procedures had been provided as part of their Staff handbook during induction and at annual refresher training 'back to basics'.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>• Daily evaluation recording</li> <li>• Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications. The recording of the number of tablets and inclusion of a full list of medication was in place as good practice. This was confirmed as compliant during staff and management discussions.</li> <li>• The agency hold a money agreement within the service user agreement</li> <li>• Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping</li> <li>• Staff spot checking template which includes a section on adherence to the agency recording policy</li> <li>• Staff group supervision template includes records management (recording and reporting)</li> </ul> <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2013-14. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising.</p>	Substantially compliant

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as compliant in these areas.

The registered person/manager and senior care assistant discussed records management as a regular topic for during staff meetings/group supervision, review of four recent staff meeting minute records dated November 2013, March, May and June 2014 evidenced this topic.

The UCO was advised that three service users are receiving assistance with medication by the carers from Fermanagh Homecare. Review of three service user files following the inspection by the UCO confirmed appropriate recording in the general notes and medication records with staff detailing the number of tablets given and staff full signatures completed. A full list of service user medication is also included in the service user's home files.

During the home visits, none of the service users were observed to be experiencing restraint in the form of bed rails, lap bands or locked doors. Review of service user records in the agency office and discussion with the registered person/manager during inspection confirmed that restraint is in place for a number of service users in respect of bedrails and lap belts. Review of one service user file during inspection evidenced the use of restraint on the care plan but not fully documented on the risk assessment and this was discussed during inspection. The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.

<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>Fermanagh Homecare Services does have a clear procedure for care assistants who, as part of the care package, have responsibility to receive money from a client. Records of transactions conducted are maintained along with receipts.</b></p>	<p>compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Records relating to one service user viewed in the agency office confirmed that weekly shopping is provided as part of their care plan, with records in place to support agreed process and a system to audit this arrangement is in place.</p> <p>The UCO was informed by three service users that their carers provide assistance with shopping and the one care plan available for review confirmed that financial assistance is provided by the agency to the service user. However none of the files contained financial records and the matter was discussed with the registered manager to ensure records are maintained.</p>	<p>Substantially compliant</p>



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

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

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"> <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>	

Inspection ID: 1659	
<b>Provider's Self-Assessment:</b>	
All the necessary arrangements are in place and pre-employment checks are carried out. Access NI checks, at enhanced level are sought.	compliant
All the items listed under Standard 11.2 are sought and verified.	
<b>Inspection Findings:</b>	
Review of the staff recruitment policy dated June 2014 confirmed general compliance with regulation 13 and schedule 3. This procedure is required for review in terms the full Access NI application process within the overall recruitment procedure. The agency have developed their 'Recruitment of ex-offenders' policy following an inspection by Access NI in October 2013 and was found to be appropriately detailed.	Substantially compliant
Review of four 2013-14 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule 3 and standard 11. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.	

<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>
	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 with fifteen complaints received during this period. The agency had received eleven complaints during 2014 to date, records of three complaints were reviewed, these confirmed each complaint had been appropriately managed and resolved to the complainants satisfaction.

### **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 Jacqueline Campbell registered person/manager and Paula Cox senior care assistant, 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**

### **FERMANAGH HOMECARE SERVICES**

**24 JULY 2014**

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

The specific actions set out in the Quality Improvement Plan were discussed with registered person/manager Jacqueline Campbell and senior care assistant Paula Cox 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**

<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Regulation 5 (1) Schedule 1 (7)	The registered person/manager is required to expand their 'Statement of Purpose' to include their current staffing structure and the roles and responsibilities of each grade of staff within the organisation.	Once	The registered manager has expanded the Statement of Purpose to include the staffing structure/roles/responsibilities within the organisation.	Within two months of inspection date.
2	Regulation 13 Schedule 3	The registered person/manager is required to expand their 'Staff Recruitment' procedure to include details of the full Access NI application process.	Once	The registered manager has expanded the Staff recruitment procedure to include details of the full Access NI application process.	Within two months of inspection date.
3	Regulation 21 (2)	The registered person/manager is required to ensure that a copy of care plans and risk assessments are maintained within each service user's home files.	Once	The registered manager will ensure that a copy of care plans & risk assessments are maintained within the service user's home files.	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.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Minimum Standard 13.3 & 13.5	The registered person/manager is recommended to ensure senior staff receives recorded appraisals and formal supervision meetings in line with their procedure timescale.	Once	The registered manager will ensure that senior staff will receive recorded appraisals and formal supervision meetings in line with the procedure timescale.	Within three months of inspection date.
2	Minimum Standard 12	The registered person/manager is recommended to develop a 'Staff Training and Development' policy and procedure in line with RQIA mandatory training guidelines (September 2012).	Once	The registered manager will develop a staff training & development policy & procedure.	Within three months of inspection date.
3	Minimum Standard 5.2	The registered person/manager is recommended to expand their procedure on 'Restraint' to include the use of various types of restraint; their management plans/risk assessments and the frequency of review of same. The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.	Once	The registered manager will expand the current procedure on restraints as requested and relevant care plans and risk assessments are in place where relevant.	Within three months of inspection date.



4	Minimum Standard 5.6	The registered person/manager is recommended to ensure that full financial records are maintained consistently within service users log records.	Once	A comprehensive guideline for the managing of Finance & other valuables is in place. For ad-hoc small purchases (bread etc) carers will be instructed to record same in the Service Users Guide.	Within two months of inspection date and on-going.
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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	<i>Sacquette Campbell</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Sacquette Campbell</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	yes		Caroline Rix	16/09/14
B.	Further information requested from provider				