



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Conard Care Services Ltd
RQIA Number: 10797
Inspector's Name: Amanda Jackson
Inspection No: IN017355
Date of Inspection: 24 November 2014

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Conard Care Services Ltd
Address:	21 Windmill Business Park Windmill Road Saintfield BT24 7DX
Telephone Number:	02897 511572
Email Address:	laura@conardcare.com
Registered Organisation / Registered Provider:	Conard Care Services Ltd/ Ms Laura Elizabeth Wheeler Due to current absence of Laura Wheeler due to ill health the registered person position is currently being cover by: Julie Hunter (Head Director of Quality and Governance for City and County Healthcare group) 2 nd Floor Olympic House 3 Olympic Way Wembley Park London HA9 ONP Julie.hunter@candchealthcare.co.uk
Registered Manager:	Mr Robert Norman Dougherty
Person in Charge of the agency at the time of inspection:	Mr Robert Norman Dougherty and Ms Laura Elizabeth Wheeler
Number of service users:	380
Date and type of previous inspection:	Primary Announced Inspection 1 July 2013
Date and time of inspection:	Primary Unannounced Inspection 24 November 2014 09.00 to 17.00 hours
Name of inspector:	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 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	5
Staff	4
Relatives	9
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	40	10

Inspection Focus

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

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

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

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

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

Profile of Service

Conard Care is a domiciliary care agency (within the City and County healthcare group) providing community based service provision to approximately 380 frail elderly (90%) (5 less than previous inspection) and physical disability / mental health (10%) people living in their own home. The service operates from a central base in Saintfield and provides services within the locality areas Bangor, Newtownards, Holywood and the Ards peninsula. Services are offered by approximately 125 staff (10 less than previous inspection) and mainly focus on the provision of personal care and domestic tasks.

Conard Care had one recommendation made during the agency's previous inspection on 1 July 2013 which was reviewed as compliant during this inspection.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Conard Care was carried out on 24 November 2014 between the hours of 09.00 hours and 17.00 hours. The agency continues to make steady progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection on 28 and 29 October 2014, and a summary report is contained within this report. Findings following these home visits were discussed with Laura Wheeler (registered person) and Robert Dougherty (registered manager)

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 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.

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

Staff Survey Comments

40 staff surveys were issued and 10 received which is a disappointing response.

Staff comments included on the returned surveys:

"Some of the staff are idiots and cause trouble for no reason. Managers are doing a great job, they listen to me".

"I feel younger staff need more training before going on the job by themselves".

"One of the girls who has now gone would not have cared for me, I was always on the phone chasing up the same things. The rest are great".

Home Visits Summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with five service users and nine relatives on 28 and 29 October 2014 to obtain their views of the service being provided by Conard Care. The service users interviewed live in Portaferry, Portavogie and surrounding areas, have been using the agency for a period of time ranging from approximately six months to five years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals
- Housework

The UCO was advised that care is being provided by 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. The majority of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff; however it was noted that they would usually not be contacted if their carer had been significantly delayed, this would be good practice for the agency to do so when possible. Two relatives raised concerns about the length of calls and the matter was discussed with the registered person Laura Wheeler and registered manager Robert Dougherty as part of the inspection.

It was noted that there was a wide variation in views of the service being provided depending on where the service user lives. Examples of some of the comments made by service users or their relatives are listed below:

- "Never found anything to complaint about."
- "No problems at all."
- "The girls are so good to us; do more for us than they should be."
- "I feel that the care being provided is being rushed."
- "I have spoken to the management regarding the standard of work but it only improves for a short period of time."

All of the people interviewed advised the UCO that they were aware of whom they should contact if they have concerns regarding the service. Three relatives confirmed that they had made complaints in regards to timekeeping, standard of work and length of calls; the UCO was advised that concerns regarding length of calls and standard of work are ongoing and were discussed with the registered person and manager during the inspection. 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 or that observation of staff practice had taken place.

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of eight service users. All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets, the UCO noted that some calls that had not been recorded on the log sheets and there were variations in call times. The UCO was also informed by some relatives that they felt that the carers were not accurately recording the times spent in their home. The above matters were discussed with the registered person and manager as part of the inspection and are to be addressed accordingly.

The UCO also noted that a number of the service user's books did not contain a copy of their care plan and risk assessment. The matter was discussed with the registered person and manager during the inspection and is requested for review to ensure that all service users have both care plans and risk assessments available for review in service users' homes. The registered person and manager did state during inspection that this matter was of surprise for the visited area as recent quality monitoring by the agency's monitoring officer had reviewed all service user home files in the peninsula area visited by the UCO.

During the home visits, the UCO was advised that two service users experience restraint in the form of bed rails; the use of such was not documented in the care plan or risk assessment for one service user and no documentation was available for review for the second service user. The matter was discussed with the registered person and manager who have been requested that any use of restraint is documented accordingly for all service users.

The UCO was informed by the service users or relatives that the carers do not provide financial assistance, for example shopping; therefore there was no documentation to review in this regard. During the home visits, the UCO was advised that three service users are receiving assistance with medication by the carers who are recording this assistance in the agency's log sheets 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.

The agency's 'Management and control of operations' policy and 'Statement of Purpose' dated July 2014 viewed contain details of the organisational structure and the roles and responsibilities of each grade of senior staff.

Discussions with the registered person Laura Wheeler and registered manager Robert Dougherty during inspection and review of records for the manager and management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012.

A staff competency process has been developed by the agency and is operational during 2013/14 for staff but not consistently for all areas of care staff training and this has been recommended for review.

Review of supervision and appraisal processes for all management staff were confirmed during inspection. The inspector did recommended review of the timeframes for all processes.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update during inspection to include an area for staff competence matters as appropriate.

Records regarding incidents were reviewed and found to have been appropriately reported within RQIA timeframes. The inspector did recommend retaining all relevant information on each matter in a central location for ease of review at future inspections.

Two recommendations have been made in relation to this theme and relate to the current process for retaining incidents information centrally (Standard 15.10) and agency reviewing the content of monthly monitoring reports in accordance with Standard 8.11.

Theme 2 - Records management

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

The agency has policies and procedures in place on Recording, reporting and investigation of accidents and injury's policy dated July 2014 and daily diary policy dated November 2014 which were found to be satisfactory and in line with standard 5 and contain 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 highlighted one matter arising in meeting compliance in this area i.e. calls not recorded in some files reviewed. All matters have been agreed for follow up by the registered manager Robert Dougherty.

The agency has a policy and procedure in place on use of restraint dated July 2014 which was reviewed as satisfactory.

The agency currently provides care to a number of service users that require some form of restraint i.e. bedrails. The agency care plans in relation to this area were found not to be detailed during the RQIA UCO visits while review of one service user file during the inspection day did confirm appropriate information held. This area was discussed with the registered person and registered manager for review alongside trust referral information.

The agency policy and procedure on 'Handling Service Users Monies' dated November 2014 was reviewed as compliant and no records were reviewed during inspection as the agency do not current manage finances for any service users.

One requirement and two recommendations have been made in relation to this theme and relate to service user restraint information (Regulation 15(11) staff training competency assessments compliant with the RQIA mandatory training guidelines 2012 and service user home records completed by staff in compliance with standards 5.2 and 5.6.

Theme 3 – Recruitment

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

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

No requirements or recommendations have been made in respect of this theme and this is to be commended.

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.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 15.10	The registered manager is recommended to ensure all complaints records are maintained collectively.	<p>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.</p> <p>The inspector chose to review two of the 2014 complaints given the date of inspection being late in the calendar year for 2014.</p> <p>Records reviewed were found to be compliant with Regulation 21(1) and Schedule 4, Regulation 22(8) and standard 15.10).</p>	Once	Compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The registered manager has undertaken all mandatory training required for his role together with the added benefit of 15 years direct operational management experience and of recent months regional management experience. The assistant manager also has undertaken all mandatory training required for her role with the added benefit of 7 years operational Team Management experience.</p> <p>Both managers are are enrolled for the QCF 5 in Health and Social Care, and are currently working through this course to enable completion in line with the current regulatory standards.</p> <p>Each manager has a training folder that can be viewed for inspection if deemed necessary.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The statement of purpose and the policy on Management and control of operations dated July 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person Laura Wheeler, registered manager Robert Dougherty, together with Andrea Nelson (assistant manager) and George Agnew (area co-ordinator) and all other staff including management and care staff. The inspector discussed how the management flowchart and policies reflected different titles for the different staff roles and recommended these for review to ensure consistency across documents.</p>	<p>Compliant</p>
<p>Training records for the registered manager Robert Dougherty were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). The manager has also completed training in the areas of supervision and appraisal 2014 and this is to be commended. Most areas of training reviewed included a competency assessment element which had been signed off by the assessor.</p>	<p>Compliant</p>
<p>The registered manager Robert Dougherty is currently enrolled on the QCF level 5 in Leadership in Health & Social Care management and email evidence reviewed during inspection dated 02 October 2014 confirmed that Robert is enrolled on the course. Robert and Laura did however confirm that Robert has not to date undertaken modules within the course due to agency resource commitments. The inspector discussed the approximate timeframe for completion of this course which was confirmed by Robert Dougherty (registered manager) and Laura Wheeler (registered person) to be 2015 to 2018</p> <p>The inspector recommended completion of the course in terms of keeping abreast of changes within the domiciliary care sector.</p>	<p>Moving towards compliance</p>
<p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from 2014 to 2017.</p>	<p>Compliant</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Both the Registered and Assistant Manager are in regular contact with the Regional Director, with respect to quality governance. Each year the branch is also independently audited by the Regional Director and separately by the RQIA. These inspections provide additional information, enabling the branch to continually improve on services. This also provides a pathway to improve training for the managers, which is reflected in their annual appraisals.</p> <p>Medication errors and incidents are reported in line with the current standards.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Note: Conard Care operates under the City and County Healthcare group hence all policies are the same as those reviewed during Quality care inspections in Belfast and Dungannon. The inspector therefore did not review all policies and procedures during the Conard care inspection.</p> <p>The agency Supervision and appraisal policies and procedures (updated during the Belfast Quality care inspection on 11 and 13 November) dated November 2014 referenced the practices for care staff and management staff supervision and appraisal. The original policies dated July 2014 did not clearly reference management processes for supervision and appraisal. The inspector discussed the timeframe of once annually for management staff supervision as detailed in the July 2014 policy and procedure, given the role and responsibilities of the manager</p>	<p>Compliant</p>

who is currently working towards completion of the QCF level 5 qualification. The inspector recommended a minimum of twice annually supervision for all management staff which is captured in the revised policy dated November 2014. Laura Wheeler confirmed this would be implemented with immediate effect following inspection.

The timeframes for appraisal taking place every 18 months (as stated within the July 2014 policy) were also discussed during inspection as good practice would indicate annual appraisal. Laura Wheeler (registered person) confirmed this timeframe had been implemented due to staff shortages and will be revised to once annually. This has been detailed within the revised policy dated November 2014 and confirmed by Laura for implementation with immediate effect.

Supervision and Appraisal for the manager currently takes place on an annual basis and was reviewed for 2014 together with supervision records for February and August 2014 for the registered manager Robert Dougherty. The inspector discussed that the manager is enrolled on the Level 5 QCF course but is not currently undertaking active modules. This was discussed with Laura Wheeler (registered person) and Robert Dougherty (registered manager) as referenced within criteria one above (paragraph 3).

The inspector reviewed the agency log of two incidents reported through to RQIA over the past year (two medication incidents). Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the matters within appropriate timeframes however all associated records were not retained with the incident for inspector review (i.e. staff update training records and competence assessments/ spot checks to ensure the matter has been appropriately resolved and this was discussed for all matters ongoing.

Monthly monitoring reports completed by the registered person Laura Wheeler for August, September and October 2014 were reviewed during inspection and found to be detailed as compliant. As discussed during the Quality Care Belfast and Dungannon inspections the inspector recommended review regarding the numbers of service users, relatives, staff and commissioners consulted with each month and review of the details captured within the ongoing improvement section of the report. Revision of the report template was also recommended during inspection to include a staff competency area for use as appropriate

The agency had completed their annual quality review for the year 2013 which was reviewed during inspection. This document does not currently include an evaluation of staff training completed to date and proposed future training requirements and this was recommended during inspection.

Compliant

Substantially compliant
To be completed with immediate effect and ongoing

Substantially compliant
To be completed with immediate effect and ongoing

Compliant

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 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>Provider's Self-Assessment:</p>	
<p>All care workers receive a minimum of 3 days induction training which, provides staff with all the necessary skills and knowledge needed to be a suitable care worker. All Staff are required to meet the mandatory and in house training regime to keep them in line with current legislation, together with the NISCC Code of Conduct. Training reports are provided by the new Regional Training Manager to show all staff conform to these requirements and any training needs that are identified are implemented as part of the care staff and management staff's newly implemented personal development plans.</p> <p>Managers training for supervision and performance appraisal is current and is updated as per current minimum standards.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The agency holds a qualifications and training policy and procedure dated November 2014 which details the annual training programme for mandatory training in line with RQIA mandatory training guidelines 2012.</p> <p>Training records and associated competency assessments reviewed for Andrea Nelson (assistant manager) were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). George Agnew (area co-ordinator) training records and associated competency assessments were found to be in place regarding all areas of mandatory training in compliance with RQIA</p>	<p>Compliant</p> <p>Compliant</p>

mandatory training guidelines (September 2012). Supervision and appraisal training had taken place for both staff members and this is to be commended.

It was discussed and reviewed during inspection that both management staff (Andrea Nelson assistant manager) and George Agnew (area co-ordinator) are registered with NISCC.

Compliant

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>Co-ordinators and senior care staff are in daily contact with the management team to ensure that all information provided is dealt with in line with the companys policy and procedures. If the management feel necessary to implement a performance management action plan due to defecits in the staff's performance, this is done as per the individual needs of that staff member. Each year the branch is also independently audited by the Regional Director and separately by the RQIA. These inspections provide additional information enabling these staff to continually improve services and their own personal performance. This also provides the pathway to improve training for these staff, which is reflected in their appraisals.</p> <p>Care Worker appraisals are carried out as per the companies policy and procedures and are provided more frequently, if performance levels drop, or issues are raised.</p> <p>It is noted that this year, one area co-ordinator was placed on performance management due to defecits in their performance. These documents can be viewed upon inspection.</p> <p>As per the companies own internal audit by the Regional Director, it was found that the branch did not keep in line with the time restraints in relation to care work appraisals. It was explained that this was mainly due to one area co-ordinator's poor permance levels. The Regional Director was disappointed and raised awareness to the branch management team that all junior managements peformance was to be</p>	<p>Substantially compliant</p>

<p>continually monitored as part of the branches quality improvement plans, so as to ensure these deficits do not happen again.</p> <p>It is to be commended that Senior Management upon recognition of this immediately put measures in place to ensure a more robust reporting system and one were areas that may show any shortfalls can be easily recognised. This New Branch Reporting System is currently being rolled out to the branch and to all sister branches of the company and will be fully operational in early 2015.</p> <p>It is also to be commended that all office based staff and branch management, upon this awareness by the Regional Director has worked extremeley hard to rectify this deficit.</p> <p>The Regional Director has marked the branch Sustainially Complaint in this section due to the above findings.</p>	
<p>Inspection Findings:</p>	
<p>Supervision and Appraisals for the two management staff in 2013 and 2014 were found to be consistent with the agency policy timeframes. Review of the policy and procedure took place during the Belfast quality care inspection to ensure standardised processes for all management staff.</p> <p>The current monthly monitoring reports do not provide comment on management staff matters and competence should they arise and this was discussed during inspection with the registered person Laura Wheeler and registered manager Robert Dougherty for future consideration (as required) as discussed previously under criteria two of this theme</p>	<p>Compliant</p> <p>Substantially compliant</p> <p>To be completed with immediate effect and ongoing from the date of inspection.</p>

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

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

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

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

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

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

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

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

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

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>Service users records are kept inline with the companies policy and procedures.</p> <p>All necessary documents are placed in a service users home in a secure location and updated as and when necessary. However at times it has been noted that information provided by Conard Care in service users homes could be misplaced by family or other prescribed services, eg; Ambulance services, other care providers. In this event the company replace any such documents as quickly as is feasible.</p> <p>It is also noted that on occasion information that is provided by other departments is not always kept up to date and the company take every measure to obtain this information as quickly as possible, although not always successfully, due to other parties time constraints.</p> <p>Upon the branches own Internal Audit by the Regional Director, and findings showing at times that records were not always up to date within a service users home, or indeed misplaced has raised awareness to the branch management team that they must continually monitor this situation and ensure to the best of abilities that they strive to obtain any necessary paperwork from external bodies to ensure records maintain curent and up to date at all times.</p> <p>The Regional Director as marked the branch Substantially Compliant due to the above findings. However it is to be commended that the branch continually work very hard to try to achieve this standard and it was fully recognised for the most part that it is outside the teams control.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policies on Recording, reporting and investigation of accidents and injury's policy dated July 2014 and daily diary policy dated November 2014 were found to be detailed regarding the area of incidents reporting and everyday general staff recording and reporting. The Handling service user's monies policy dated November 2014 was compliant and the Restraint policy dated July 2014 were all reviewed during inspection as compliant. Review of the staff handbook detailed service user monies, recording and reporting and restraint.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> Daily evaluation recording. 	<p>Compliant</p> <p>Compliant</p>

<ul style="list-style-type: none"> • Medication administration is detailed on the daily evaluation recording. The inspector confirmed during discussions with Laura Wheeler (registered person) and Robert Dougherty (registered manager) that staff are recording the number of tablets and a full list of medication is detailed on the service users medication blister pack within the home. This was confirmed as compliant during staff discussions and upon review by the RQIA UCO. • The agency hold a separate medication agreement template (only applicable for Conard care) and this was reviewed for one service user during inspection • The agency do not hold a money agreement within the service user agreement as they do not undertake shopping. • Staff spot checking/joint supervision template which includes a section on adherence to the agency recording policy. <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/supervision for 2013/14 with no competency matters arising for review during inspection.</p> <p>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 with exception to competency assessments in the areas of restraint and managing service users monies.</p> <p>Laura Wheeler (registered person) and Robert Dougherty (registered manager) discussed records management as a regular topic for discussion during staff meetings/group supervision, review of one recent staff meeting minute record dated 18 June 2014, and two staff weekly notices dated 21 January 2014 and 11 September 2014 evidenced this topic.</p> <p>Review of eight service user files prior to the inspection by the UCO confirmed an issue around appropriate recording in the general notes (i.e. a number of calls not recorded on files reviewed) although medication appeared to be appropriately recorded. The inspector discussed staff detailing the number of tablets given and a full list of service user medication being held in the service user’s blister pack, both matters were confirmed during discussions with Laura Wheeler (registered person) and Robert Dougherty (registered manager).</p> <p>Review of service user records during the UCO visits did highlight restraint in place for two service users. Discussion with Laura Wheeler (registered person) and Robert Dougherty (registered manager) during inspection</p>	<p>Compliant</p> <p>Substantially compliant</p> <p>To be completed two months from the date of inspection</p> <p>Compliant</p> <p>Substantially compliant</p> <p>To be completed two months from the date of inspection</p> <p>Moving towards compliance</p>
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confirmed that restraint is in place for a number of service users in respect of bedrails and lapbands however this information is not always detailed by the referring trust on their care plan or risk assessment. Review of the two service user files by the UCO evidenced no risk assessment/care plan information in respect of this area. Review of one service user file presented to the inspector during inspection evidenced were such information is logged by the agency on the service user task sheet (care plan).

The agency are recommended to request information regarding restraint from the referring trust and supplement this process through their own task sheet records when such information is absent from trust referrals.

To be completed two months from the date of inspection

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>Conard do to not provide any financial support services to any of its current service users.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>Discussions during inspection with Laura Wheeler (registered person) and Robert Dougherty (registered manager) confirmed the agency do not currently have any service users with financial assistance.</p>	<p>Not applicable</p>

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

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

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

Provider's Self-Assessment:	
<p>All candidates receive a formal interview with a senior member of staff. If the candidate is deemed suitable for post, then all necessary checks are provided, keeping in line with current regulatory requirements.</p> <p>No care worker candidate commences employment without a successful and satisfactory Enhanced Disclosure, from Access NI and satisfactory references obtained.</p>	Compliant
Inspection Findings:	
<p>Review of the staff recruitment policy dated July 2014 confirmed general compliance with regulation 13 and schedule 3.</p> <p>Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process and detailed within the induction sign off process were also confirmed during inspection</p>	<p>Compliant</p> <p>Compliant</p>

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

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

Additional Areas Examined

Complaints

As detailed under recommendation one within the follow up section of this report.

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 **Laura Wheeler (registered person) and Robert Dougherty (registered manager)** as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Unannounced Primary Inspection

Conard Care Services Ltd

24 November 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 **Laura Wheeler (registered person) and Robert Dougherty (Registered manager)** receiving feedback during the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 15(11)	<p>The registered person/ manager are required to ensure all restraint relevant to each service user is detailed within their care plan/risk assessment.</p> <p>As discussed within theme two criteria one of the report.</p>	Once	All aspects of each service user's need and agency staff practice in relation to restraint will be fully documented in the service users' independent task sheet and care plan documents. The agency will seek to ensure that all appropriate documentation in relation to any restraint practice is received from the referring Trust.	To be completed two months from the date of inspection

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 8.11	The registered person/ manager are recommended to further develop the monthly monitoring process and report as discussed within theme one criteria two and four of the report.	Once	The monthly monitoring report template will be adapted in line with the RQIA's guidance template for the monitoring of domiciliary care agencies, to include review of training, and provider quality monitoring will be undertaken by the Independent Quality Monitoring Officer.	To be completed with immediate effect and ongoing from the date of inspection.
2	Standard 15.10	The registered person / manager are recommended to ensure all records relating to incidents are maintained in accordance with Standard 15.10. As discussed within theme one, criteria two of this report.	Once	Conard Care will ensure that all information will be kept in accordance with these regulations. Within the new BRS (Branch Reporting System) all complaints and incidents will be logged centrally. This system will also enable transparency from branch to board level in relation to complaints and incidents and what action has been taken in each case.	To be completed with immediate effect regarding current and all new incident records
3	Standard 12.9	The registered person/ manager are recommended to ensure training competency assessment records for care staff are compliant with Standard 12.9 and the RQIA mandatory training guidelines (2012).	Once	Training competency assessments will be revised in line with Standard 12.9. Staff competency assessment in relation to this will be integral within the new training	To be completed two months from the date of inspection

		As discussed within theme two, criteria one.		programme which the Regional Trainer will be delivering to all staff.	
4	Standard 5.2 and Standard 5.6	<p>The registered person/acting manager are recommended to ensure staff recording in service users homes are compliant with standards 5,2 and 5.6.</p> <p>As discussed within theme two criteria one of the report.</p>	Once	<p>We have discussed this with all staff within staff meetings, and supervision and further training will be provided to ensure that staff understand the importance of recording and reporting. Compliance will be monitored by the quality monitoring officers and senior staff.</p>	To be completed with immediate effect

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	Andrea Nelson (Acting)
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Julie Hunter (Acting) - Please refer to Master Improvement Plan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	26/03/15
Further information requested from provider			