



**The Regulation and
Quality Improvement
Authority**

PRIMARY INSPECTION

Name of Establishment: Homecare and Nursing Services Ltd
Establishment ID No: 10798
Date of Inspection: 4 March 2015
Inspector's Name: Caroline Rix
Inspection No: 16551

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Homecare and Nursing Services Ltd
Address:	The Ballyhay Centre 277a Killaughey Road Donaghadee BT21 0ND
Telephone Number:	028 9188 9100
E mail Address:	netnurse@tiscali.co.uk
Registered Organisation / Registered Provider:	Homecare and Nursing Services Ltd / Mrs Helen Mary Kane
Registered Manager:	Jennifer Dodds
Person in Charge of the agency at the time of inspection:	Jennifer Dodds
Number of service users:	100
Date and type of previous inspection:	18 April 2013, Primary announced
Date and time of inspection:	4 March 2015 from 9.30 am to 4.50 pm. Primary unannounced inspection
Name of inspector:	Caroline Rix

Introduction

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

This is a report of a primary 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	1
Staff	0
Relatives	4
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	7

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

Homecare & Nursing Services Ltd is a domiciliary agency based in the North Down area. They provide domiciliary services to adults (aged 18 years and over), in their own homes, the majority of whom are older people. Services provided include personal care, meal provision, night sits and respite sits for carers. Referrals are made by the South Eastern Health and Social Care Trust or by private arrangement. The agency provides care for 100 service users and employs 55 staff.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Homecare & Nursing Services was carried out on 4 March 2015 between the hours of 09.30 and 16.50. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Interviews with service users/representatives were carried out by the UCO prior to the inspection and a summary of feedback is contained within this report. Findings following these home visits were discussed with the registered manager.

The inspector did not have the opportunity to meet with staff members to discuss their views on the day of inspection as this was an unannounced inspection and staffs was not available.

Homecare & Nursing Services Ltd had two requirements and five recommendations made during the agency's previous inspection on 18 April 2013. Both requirements were found to be 'compliant'. All recommendations were reviewed as 'compliant'. This outcome is to be commended.

Two requirements and eight recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

Thirty staff surveys were issued and seven received which is a disappointing response.

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

'I think there are a lot of grey areas, and they should come out with the girls to see what we actually do.'

'Feel there should be more staff meetings as office staff do not listen to care staff. Very frustrating when care staff are spoken to by management regarding various things and they still continue or not listen and do their own thing.'

'Any problems I have come across during calls with clients have always been sorted within minutes either by telephone or face to face.'

These matters were discussed with the registered manager during inspection who confirmed that roles and responsibilities within the office staff have been reallocated in the last year.

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with one service user and four relatives on 23 and 24 February 2015 to obtain their views of the service

being provided by Homecare and Nursing Services. The service users interviewed have been using the agency for a period of time ranging from approximately four to eleven years and receive assistance with personal care and meals at least twice a day.

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.

The majority of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be contacted by the agency if their carer had been significantly delayed; this is good practice. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from Homecare and Nursing Services, although they were aware of whom they should contact if any issues arise. Two relatives advised the UCO that they had made a complaint to the agency regarding timekeeping and quality of work; the issues have been addressed by the agency.

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

- "The carers have been brilliant since the word go."
- "We've had the same carers for years. They are just like part of the family."
- "No problems at all. Would recommend them to others."
- "It good that it's the same carers as my XXX suffers from dementia."

All of the people interviewed were able to confirm that management from the agency visit to ensure satisfaction with the service or that observation of staff practice had taken place in their home. The UCO was also informed that all service users have a book from the agency which is completed by the carers at all calls.

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' dated July 2014 viewed contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager during inspection and review of records for the manager and management staff supported a process in place for some but not all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. However a number of mandatory training areas were reviewed as out of date in the past year and have been recommended for renewal.

A staff competency process has been developed by the agency and is operational during 2014 for staff.

Review of the appraisal and supervision processes for all management staff was not confirmed during inspection. The appraisals and supervisions of the registered manager and management staff processes were not in place and have been requested for implementation.

Monthly monitoring processes are currently in place and operational. The monthly monitoring reports reviewed during inspection were found to be compliant.

Records regarding one potential vulnerable adult incident was reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

Four recommendations have been made in relation to this theme.

The registered manager and management staff are recommended to complete update training on each mandatory subject.

The registered manager is recommended to expand their 'Staff Supervision and Appraisal' policy and procedure to clearly reflect the processes for management staff supervision and appraisal.

The registered person is recommended to undertake appraisals annually and supervisions with the registered manager in line with their revised procedure timeframes.

The registered manager is recommended to carry out appraisals and supervisions of all management staff in line with their revised procedure timescales.

Theme 2 - Records management

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

The agency has a range of policies and procedures in place on 'Record Keeping' and 'Management of records' 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 supported general compliance in these areas.

The agency currently provides care to a number of service users that require some form of restraint. However the care plans and risk assessments in relation to this area were not all fully detailed. This area was discussed with the registered manager and is to be addressed.

The agency has a policy and procedure on 'Safeguarding and protecting service user's money and valuables' which is required for review. Review of service user records during the inspection and discussion with the registered manager confirmed that shopping assistance is in place for a number of service users.

Records viewed within two service users' files receiving assistance with shopping were not clearly documented within their care plans and this has been requested for review as appropriate.

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

The registered manager is required to expand their procedure on 'Safeguarding and protecting service user's money and valuables' to include the process of monitoring/audits of practise. The registered manager is recommended to ensure that the financial assistance by agency staff is clearly documented within service user's care plans, where appropriate.

The registered manager is recommended to ensure that the use of restraint i.e. bedrails, is clearly documented within service users care plans and risk assessments, where appropriate.

Theme 3 – Recruitment

The agency has achieved a level of **moving towards compliance** in relation to this theme.

Review of the 'Staff Recruitment' policy and procedure confirmed partial compliance with regulation 13 and schedule 3 and is required to be expanded to include all elements listed within schedule 3.

Review of a sample of four staff recruitment files found partial compliance with the registered manager recommended to ensure that all necessary pre-employment information is obtained for care staff. The registered manager is also recommended to ensure that staffs are issued with job descriptions on appointment and a written statement of main terms and conditions.

One requirement and two recommendations have been made in respect of this theme.

The registered manager is required to expand their procedure 'Staff Recruitment' to include all elements listed within schedule 3.

The registered manager is recommended to ensure that all necessary pre-employment information is obtained for care staff.

The registered manager is recommended to ensure that staffs are issued with job descriptions on appointment and a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.

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 6	<p>The registered manager is required to expand their service user guide to include information on how service users may access their office held records and provide this updated information to all service users.</p> <p>(Minimum Standard 10.2)</p>	<p>The service users' guide dated July 2014 was reviewed and now contains information on how service users may access their office held records. The registered manager confirmed this information has been provided to all service users.</p>	Once	Compliant
2	Regulation 16(2)(a)	<p>The registered manager is required to ensure staff knowledge and competence following staff training in the area of Vulnerable Adults, Infection Control and Manual Handling.</p> <p>The registered manager should develop and implement a staff competency assessment tool regarding staff knowledge.</p> <p>(Minimum Standards 14.4 and 12.9)</p> <p>As discussed in theme one and three of this report.</p>	<p>Staff training on protection of Vulnerable Adults records viewed of the competency assessment tool completed by staff July 2014. A staff competency assessment tool has been implemented regarding staff knowledge in all mandatory subject areas.</p>	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 8.11	<p>The responsible person is recommended to complete monthly monitoring reports which contain a summary of informal complaints, compliments and evidence how any issues arising are being managed. The follow up section of the monthly reports should reflect how actions from the previous month had been carried forward.</p> <p>(Restated from 3 May 2012)</p>	<p>The monthly reports were reviewed for November 2014 to January 2015 and found to be satisfactory.</p>	Twice	Compliant
2	Standard 9.1 & 10	<p>The registered manager is recommended to expand their management of records procedure to include current IT security measures, use of mobile hand held devices and specify the process for transferring information from service users home held files back to the office.</p> <p>(Restated from 3 May 2012)</p>	<p>The management of records procedure viewed dated July 2014 contains the agency's IT security procedure along with details on the use of mobile hand held devices and specify the process for transferring information from service users home held files back to the office.</p>	Twice	Compliant

3	Standard 14.9	The registered manager is recommended to retain records to evidence that learning from vulnerable adult investigations are shared with full staff teams.	One vulnerable adult report was received by the agency in the past year, this was not related to staff practise, but staff team meeting minutes confirmed this subject was discussed as appropriate.	Once	Compliant
4	Standard 8.10	The registered manager is recommended to develop a scheduling tool to ensure service users monitoring visits and staff monitoring/supervision visits are completed in compliance with the policy timeframe of six monthly.	The agency has developed a scheduling tool to ensure service users monitoring visits and staff monitoring/supervision visits are completed in compliance with their policy timeframe. Records viewed confirmed this system has been implemented.	Once	Compliant
5	Standard 12.9	The registered manager is recommended to include competency assessments of staff practice in the areas of manual handling and infection control within a revised staff observed practice template.	Records viewed of the revised staff observed practice template, which now includes manual handling and infection control competency assessments.	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.	
Criteria Assessed 1: Registered Manager training and skills 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. 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. Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA's Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012	
Provider's Self-Assessment:	
	Provider to complete

Inspection Findings:	
<p>The 'Statement of Purpose' dated July 2014 was reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person, registered manager together with the three co-ordinators and care staff.</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). A few of the mandatory training areas were also reviewed as out of date in the past year (i.e. infection control and restraint) and have been recommended for renewal. The manager has also completed training in the areas of supervision and appraisal and this is to be commended.</p> <p>Most areas of training reviewed included a competency assessment element which had been signed off by the assessor. Review of a revised process implemented by the agency since the previous inspection in April 2013 detailed new competency assessments with an appropriate sign off section that has been implemented across all mandatory areas.</p> <p>The registered 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. However, she had completed the QCF Level 5 diploma in Management and Leadership in August 2014.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC.</p>	Substantially compliant

<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>Provider to complete</p>

Inspection Findings:	
<p>The agency 'Staff Supervision and Appraisal' policy and procedure dated July 2014 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is required in this respect.</p> <p>Appraisal for the registered manager should take place on an annual basis; however no records were available to review same. Supervision does not currently take place and has been requested for review. The registered person is recommended to undertake appraisals annually and supervisions with the registered manager in line with their procedure timeframes.</p> <p>The inspector reviewed the agency log of one incident reported through to RQIA over the past year (one potential vulnerable adult incident). Review of this incident (not related to care staff practise) confirmed appropriate recording and reporting to RQIA regarding the vulnerable adult matter within appropriate timeframes.</p> <p>Monthly monitoring reports completed by the registered person were reviewed during inspection for November 2014 to January 2015 and found to be detailed, concise and compliant.</p> <p>The agency had attempted to complete their annual quality review for the year 2013/14, however when sent out letters to ask for service users views, no responses were received back. Discussion took place regarding their annual quality review to be completed for 2014/15, where their survey is being revised and plan to request service users/staff and commissioner's views during April 2015, then collate findings into a report to be shared with service users, staff and other interested parties.</p>	Substantially 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 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>All care workers are trained to develop the skills needed to work as Community Care Assistants. If levels of training are identified where more is needed we source this and provide as soon as possible. This self assessment has highlighted our shortcoming in Managers training. We are currently sourcing and arranging for this to be carried out as soon as possible.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p>	
<p>Training records sampled for two coordinators were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). However one of the coordinator records indicated that one of the mandatory training areas was out of date in the past eighteen months (i.e. medication training) and has been recommended for renewal. Training records for the two coordinators confirmed that each had also completed training in the areas of staff supervision and appraisals and this is to be commended.</p> <p>Most areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor.</p>	<p>Substantially compliant</p>

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>Policies and Procedures are currently being updated, we are using Sage People Advice to advise us on some of these policies along with RQIA and DHSS information.</p> <p>All medication errors are reported to RQIA using appropriate documentation.</p> <p>Appraisals are carried out yearly with a manager.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Appraisal records sampled within two coordinators files were not found to have taken place annually. As detailed within criteria 2 above, this area is recommended for review.</p> <p>Supervision meetings records for both coordinators were not available and confirmed by the registered manager as not having been completed in line with their procedure timescale and has been requested for review.</p> <p>It was discussed and reviewed during inspection that the coordinators are currently registered with NISCC.</p>	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

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

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

Provider's Self-Assessment:	
All documentation is kept in a lock fire proof cabinet. Documentation kept in client's homes are kept as upto date as possible.	Substantially compliant
Inspection Findings:	
<p>The agency policies and procedures on 'Record keeping', 'Records maintained in service users homes' and 'Management of records' dated July 2014, which were all reviewed during inspection as compliant and provided to staff within their staff handbook at induction.</p> <p>The policy and procedure on 'Safeguarding and protecting service users money and valuables' dated July 2014 was reviewed and is required to be expanded to include the process of monitoring/audits of practise where regular shopping is carried out by care staff.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on the daily evaluation recording. • The agency hold a money agreement within the service user agreement • Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping • Staff spot checking 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 four service user files by the inspector confirmed appropriate recording in the general notes and medication records. Review of medication agreements within three service user files confirmed the process of medication assistance had been discussed, agreed and confirmed/signed with service users and/or family member before medication assistance commenced with agency staff.</p> <p>Review of service user records during the inspection and discussion with the registered manager confirmed that restraint is in place for a number of service users in respect of bedrails. Review of two service users files evidenced that the use of bedrails was not clearly documented within their care plans or risk assessments and this has been requested for review.</p>	Substantially compliant

<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>All private clients records are kept to the same standard as trust clients. Contracts are kept.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Review of service user records during the inspection and discussion with the registered manager confirmed that shopping assistance is in place for a number of service users. Review of the care plans for two service users during the inspection evidenced that the shopping task was not clearly documented within their care plans and this has been requested for review as appropriate.</p>	<p>Substantially compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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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:	
Our recruitment process is as identified above. we are currently amending our application forms and some other recruitment forms in line with Sage People Advice and RQIA documentation .	Substantially compliant
Inspection Findings:	
<p>Review of the 'Staff Recruitment' policy and procedure confirmed partial compliance with regulation 13 and schedule 3. The registered manager is required to expand their procedure to include all elements listed within schedule 3.</p> <p>Review of a sample of four staff recruitment files for those employed since December 2014 found partial compliance with Regulation 13, Schedule one and standard 11. The registered manager is recommended to ensure that all necessary pre-employment information is obtained for care staff i.e. next of kin details and a statement by the registered manager that the care worker is physically and mentally fit for the purposes of the work which he is to perform.</p> <p>The full driving licence and car insurance were fully compliant for the staff members reviewed during inspection. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were not confirmed during inspection. The registered manager is recommended to ensure that staffs are issued with job descriptions on appointment and a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.</p>	Moving towards compliance

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
	Moving towards compliance

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed the one complaint received during 2014 and records confirmed this had been appropriately managed and resolved.

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 the registered manager Jennifer Dodds, 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



Caroline Rix
Inspector/Quality Reviewer

31-3-15
Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Unannounced Primary Inspection
Homecare and Nursing Services Ltd
4 March 2015

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 Jennifer Dodds the 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(6)(d)	The registered manager is required to expand their procedure on 'Safeguarding and protecting service user's money and valuables' to include the process of monitoring/audits of practise.	Once	the safeguarding policy now includes detail that when monitoring calls are carried out the Receipt book & documentation is checked.	Within two months of inspection date.
2	Regulation 13 Schedule 3	The registered manager is required to expand their procedure 'Staff Recruitment' to include all elements listed within schedule 3.	Once	staff recruitment procedure now includes all elements listed in schedule 3.	Within two months of inspection date.

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	Minimum Standard 8.17	The registered manager and management staff are recommended to complete update training on all outstanding mandatory subjects.	Once	All management staff will complete all mandatory training.	Within six months of inspection date.
2	Minimum Standard 13	The registered manager is recommended to expand their 'Staff Supervision and Appraisal' policy and procedure to clearly reflect the processes for management staff supervision and appraisal.	Once	Staff Supervision & Appraisal policy now includes the process of management staff supervision & appraisal.	Within two months of inspection date.
3	Minimum Standard 13.3 & 13.5	The registered person is recommended to undertake appraisals annually; and supervisions with the registered manager in line with their revised procedure timeframes.	Once	Management will be appraised yearly by the Registered manager.	Within six months of inspection date.
4	Minimum Standard 13.3 & 13.5	The registered manager is recommended to undertake appraisals annually; and supervisions with the management staff in line with their revised procedure timeframes.	Once	Registered manager will appraise & monitor management.	Within six months of inspection date.
5	Minimum Standard 5.2	The registered manager is recommended to ensure that the use of restraint i.e. bedrails, is clearly documented within service users care plans and risk assessments, where appropriate.	Once	All clients who use bedrails, it is clearly documented in care plan & risk assessments.	Within two months of inspection date.

6	Minimum Standard 5.2	The registered manager is recommended to ensure that the financial assistance by agency staff is clearly documented within service user's care plans, where appropriate.	Once	Where shopping is carried out it is documented on care plan.	Within two months of inspection date.
7	Minimum Standard 8.21	The registered manager is recommended to ensure that all necessary pre-employment information is obtained for care staff.	Once	All pre-employment info is obtained by care staff.	Within two months of inspection date.
8	Minimum Standard 11.4 & 11.5	The registered manager is recommended to ensure that staffs are issued with job descriptions on appointment and a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.	Once	Job descriptions are given with application form & a copy in hte. Contact given no later than 13 weeks.	Within three months of inspection date.

Carole Rice 31-3-15

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: ^{PP} Helen Kane
J Doads

NAME: Helen Kane
Registered Provider

DATE 27.04.15

SIGNED: J Doads

NAME: Jennifer Doads
Registered Manager

DATE 27.04.15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<u>[Signature]</u>	<u>12/01/16</u>
Further information requested from provider			