



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

<b>Name of Establishment:</b>	<b>Care Plus, Armagh</b>
<b>Establishment ID No:</b>	<b>10835</b>
<b>Date of Inspection:</b>	<b>19 May 2014</b>
<b>Inspector's Name:</b>	<b>Caroline Rix</b>
<b>Inspection No:</b>	<b>16548</b>

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

<b>Name of agency:</b>	Care Plus Armagh
<b>Address:</b>	19 – 21 Railway Street Armagh BT61 7HP
<b>Telephone Number:</b>	(028) 3752 6080
<b>E mail Address:</b>	janette.rolston@careplushomecare.co.uk
<b>Registered Organisation / Registered Provider:</b>	Care Plus / Mrs Jackie Maguire
<b>Registered Manager:</b>	Mrs Janette Rolston
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Janette Rolston
<b>Number of service users:</b>	83
<b>Date and type of previous inspection:</b>	13 May 2013 from 9.30am to 3.00pm
<b>Date and time of inspection:</b>	19 May 2014 from 9.30am to 2.30pm Primary inspection ,unannounced
<b>Name of inspector:</b>	Caroline Rix

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods/Process

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

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

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

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

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

### Consultation Process

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

Service users	4
Staff	0
Relatives	6
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	8

### Inspection Focus

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

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

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

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

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

## **Profile of Service**

Care Plus Domiciliary Care Agency is situated in the city of Armagh, Co Armagh. The agency is owned by Mr John Harris with Mrs Janette Rolston as registered manager. The agency provides services to 83 service users by a team of 44 staff. The geographical areas services are provided to include the city of Armagh and surrounding communities. The agency provides care services to service users from all programmes of care including older people, persons with a physical disability, dementia care, and mental health care needs. Care Plus also has an office in Enniskillen, Co Fermanagh. The Southern Health and Social Care Trust commission their services. Currently two service users are self-funded.

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

Care Plus Armagh had one recommendation made during the agency's previous inspection on 13 May 2013. This one recommendation was found to be 'compliant', and is to be commended.

## **Summary of Inspection**

### **Detail of inspection process**

The annual inspection, unannounced, for Care Plus Armagh was carried out on 19 May 2014 between the hours of 09.30 hours and 14.30 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report. The registered manager Janette Rolston provided assistance to the inspector throughout the day.

Visits to service users were carried out prior to this inspection by the RQIA User consultation officer (UCO), and a summary report is contained within this report. Findings following these home visits were discussed with the manager.

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

## **Staff survey comments**

25 staff surveys were issued and 8 received which is a fair response.

Staff comments included on returned surveys:

'I enjoy the work and the office staff is always on hand and very supportive.'

'Care given is very good and professional at all times.'

'Company ethos strongly supports clients respect and dignity which pleases me. Excellent communications from management generally and especially with regard to last minute changes/updates on clients status or needs. I also had good support during difficult initial period. We are also offered advice and support when dealing with bereavement.'

## Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with four service users and six relatives on 12 May 2014 to obtain their views of the service being provided by Care Plus in the Armagh vicinity. The service users interviewed have been using the agency for a period of time ranging from approximately four months to ten years, receive at least one call per day and are receiving the following assistance:

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

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 advised by the agency if their carer had been significantly delayed, this is good practice.

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 Care Plus. None of the people interviewed had made a complaint about the agency, however all were aware of whom they should contact if any issues arise. Examples of some of the comments made by service users or their relatives are listed below:

- "It gives me peace of mind to know that my XXX is happy to stay with the carers when I need to go out; no concerns about the carers."
- "Had the same carers for years; they're like part of the family."
- "Never had any cause to complain."
- "I'm satisfied with the service I get, no complaints."

It was good to note that all of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service and two confirmed that observation of staff practice had taken place in their home

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 five service users. During the home visits, the UCO was advised that three service users are receiving assistance with medication by the carers from Care Plus and it was noted that the medication logs were all being completed appropriately.

All visits by carers are to be recorded on log sheets which are held in the service user's home and it was good to note that no issues were identified following review of the records. All files contained care plans and risk assessments, one care plan were noted to be out of date and the registered manager has been requested to update the file accordingly.

## Summary

### Theme 1 - Management and control of operations

#### **Management systems and arrangements are in place that support and promote the delivery of quality care services.**

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

The agency's 'Quality Assurance' policy and 'Statement of Purpose' dated April 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 quality control officer supported a process in place for each of the areas of mandatory training fully consistent with the RQIA mandatory training guidelines 2012. Additional areas of training relevant to the senior staff's roles had been completed. A staff competency process was in place and operational for the manager and management staff and this was reviewed during inspection as compliant.

Review of appropriate supervision and appraisal processes were also confirmed during inspection for management staff. However records were not available to verify that regular supervision meetings for senior staff had taken place, this is recommended to be completed quarterly in line with their procedure.

Monthly monitoring reports were completed and contained relevant information.

Records regarding seven medication incidents were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

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

The registered person is recommended to ensure supervision of the registered manager is completed and recorded quarterly.

The registered manager is recommended to ensure supervision of the senior staff are completed and recorded quarterly.

### Theme 2 - Records management

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

The agency has policies and procedures in place on 'Record Keeping' and 'Medication' dated April 2014 which were found to be satisfactory and in line with standard 5 and contain guidance for staff on these subjects.



Records within five service users' files evidenced appropriate processes in place for service user recording in the areas of daily care and daily log records were consistently being fully completed by staff.

The agency has a policy and procedure in place on use of restraint as part of their 'Protection of Vulnerable Adults' policy, which was reviewed as satisfactory.

The agency currently provides care to a number of service users that require some form of restraint. The care plan and risk assessment for one service user in relation to this area was found to be fully detailed.

The agency does not currently have a policy or procedure on 'Handling Service Users Monies'. This was discussed with the registered manager and required to be developed and shared with all staff.

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

The registered manager is required to develop a policy and procedure on 'Handling Service Users Monies' and share with all staff.

### **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.

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

**Follow-Up on Previous Issues**

<b>No.</b>	<b>Minimum Standard Ref.</b>	<b>Recommendations</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Number of Times Stated</b>	<b>Inspector's Validation Of Compliance</b>
1	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.	Staff training content reviewed and had been expanded to include a section on sharing learning following vulnerable adult cases. Staff team meeting minutes viewed for April 2014 included details of discussions with staff where learning following vulnerable adult cases had been shared.	Once	Compliant

<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></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). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Registered Manager has completed her NVQ level 5 in Leadership and Management of Adult services. Also attended the following.</b></p> <ul style="list-style-type: none"> <li><b>05/03/13 Manual handling training people BISP</b></li> <li><b>26/03/13 End of life care study day Belfast with the University of Sterling</b></li> <li><b>08/04/13 Update train the trainer Newry</b></li> <li><b>17/05/13 Keeping Adults safe policy development</b></li> <li><b>13/06/13 Train the trainer Medication UKHCA</b></li> <li><b>18/06/13 B+ facilitator training in mental health</b></li> <li><b>27/06/13 Talk and slides about realising the potential of Self Directed Support 2 hours</b></li> <li><b>22/10/13 Compassion fatigue self-care and work place wellness</b></li> <li><b>29/10/13 Dementia Achievements conference &amp; workshops</b></li> <li><b>20 + 21/03/14 Dementia Facilitator training Belfast through university of sterling</b></li> </ul>	<p>Compliant</p>

<p><b>Inspection Findings:</b></p>	
<p>The agency's 'Quality Assurance' policy and 'Statement of Purpose' dated April 2014 viewed contain details of the organisational structure and the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.</p> <p>The structure also detailed the agency management staff in terms of one registered manager and one quality control officer/coordinator with a part time coordinator vacancy at present.</p> <p>Details of recent training during 2013/14 was reviewed on the agency training plan/scheduling tool and verified in the registered manager and senior staff files during inspection. This computerised scheduling tool clearly highlights when refresher/update training is due for all staff on each mandatory training subject.</p> <p>As detailed within the self-assessment above, records evidenced that the registered manager had completed the mandatory training as detailed within RQIA guidelines of September 2012. The frequency of the training completed had met the timescales specified as best practice.</p> <p>The registered managers training records also confirmed training had been completed on specific topics relevant to her role and responsibilities, along with areas to ensure she maintains her NISCC registered requirements. The manager's current NISCC registration certificate dated September 2011 was viewed.</p>	<p>Compliant</p>
<p><b>Criteria Assessed 2: Registered Manager's competence</b></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><b>Provider's Self-Assessment:</b></p>	

<p><b>Our Service users are monitored four times per year these are two phone evaluation, and one onsite evaluation and a yearly review. If there is anything highlighted on any of these evaluations they are brought to the attention of the manager and the relevant action is taken as soon as possible. Care workers are also monitored a minimum of four times per year. This includes two onsite and two spot checks. we have also started to do one to ones with carers this can highlight if carers have any issues that need to be addressed. We also have accident and incident forms in place and these are checked on receipt for any trends or issues that need to be reported or any other action taken. We have a Quality control officer who is trained in manual Handling this means she can not only deliver manual handling training to staff but can identify &amp; correct any problems and concerns with practice seen when carry out on site evaluation with staff, this will identify any needs for training or retraining. Medication errors are reported to key workers, Social workers and a reported is sent to RQIA on a notifiable events form. these are monitored for trends that need to be reported further. A yearly appraisal is carried out with all staff, carer and appraiser go through their per appraisal question and then talk about their performance and agree a development plan if required.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Monthly monitoring reports completed by the registered person were reviewed during inspection for October 2013 to April 2014. These reports were found to contain relevant details and confirmed that the manager demonstrated competence and skill to fulfil her role and responsibilities.</p> <p>The inspector reviewed the agency log of seven medication incidents reported over the past year. Review of these incidents confirmed appropriate recording and reporting as required and each issue been appropriately managed.</p> <p>Staff observed practice and supervision are detailed within the agency's 'Staff supervision policy' as quarterly together with annual staff appraisals. Records evidenced that the registered manager had annual appraisals carried out, most recently in November 2013. A personal development plan was viewed within the registered managers file. However records were not available to verify that regular supervision meetings between the registered person and the registered manager had taken place, this is recommended to be completed quarterly in line with their procedure.</p> <p>The agency had completed their annual quality review for the year 2013 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements.</p>	<p>Substantially compliant</p>

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 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><b>Provider's Self-Assessment:</b></p>	
<p><b>Co-ordinators and management have a range of qualification. NVQ 3 to Diploma level 5 in Health and Social care, Train the trainer, a component of the NVQ's includes supervision, appraisal and team meetings. Any specific techniques need in training for medication is carried out by a district nurse who is a qualified health care professional this includes the nurse to sign an evaluation form that they are satisfied after their instruction, demonstration and observation that staff member is capable of carrying out the required tasks.</b></p>	<p>Compliant</p>

<p><b>Inspection Findings:</b></p>	
<p>The agency currently has one quality control officer/coordinator employed, with a vacancy for a part time coordinator.          Details of recent training during 2013/14 was reviewed on the agency training plan/scheduling tool and verified in the quality control officers staff file during inspection.          These records confirmed that she had completed refresher/update training as required on each mandatory training subject in compliance with RQIA mandatory training guidelines. A competency/capability aspect to staff training is in place within the agency and records viewed within the quality control officers' staff file confirmed post training assessments had been completed.          A training programme is in place for the senior staff relevant to their specific roles; including staff appraisal, supervision, risk assessment and customer care/complaints management training.</p>	<p>Compliant</p>
<p><b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b></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><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Our Service users are monitored four times per year these are two phone evaluation, and one onsite evaluation and a yearly review. If there is anything highlighted on any of these evaluations they are brought to the attention of the manager and the relevant action is taken as soon as possible. Care workers are also monitored a minimum of four times per year. This includes two onsites and two spot checks. we have also started to do one to ones with carers this can highlight if carers have any issues or training needs that need to be addressed. We also have accident and incident forms in place and these are checked on receipt for</b></p>	<p>Compliant</p>

any trends or issues that need to be reported or any other action taken. Medication errors are reported to key workers, Social workers and a reported is sent to RQIA on a notifiable events form. these are monitored for trends that need to be reported further. A yearly appraisal is carried out with all staff, staff member and appraiser go through their per appraisal questions and then talk about their performance and training and agree a development plan if required.

**Inspection Findings:**

Staff observed practice and supervision are detailed within the agency’s ‘Staff supervision policy’ as quarterly together with annual staff appraisals. Staff appraisals for the quality control officer had been completed annually as per their procedure, most recently in November 2013. Training needs had been identified and included with her training plan.

Records evidenced that group supervision takes place with regularly. However records were not available to verify that supervision meetings between the registered manager the quality control officer had taken place, this is recommended to be completed quarterly in line with their procedure.

The registered manager is recommended to ensure supervision of senior staff are completed and recorded quarterly.

Substantially compliant

**PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED**

**COMPLIANCE LEVEL**  
Compliant

**INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED**

**COMPLIANCE LEVEL**  
Substantially compliant



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

**Criteria Assessed 1: General records**

**COMPLIANCE LEVEL**

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

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

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

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

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

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

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>At office induction with service user and or family the care plan is put in place with the agreement of service user or family. This has a page solely for the staff to record all of the above. date start and finish time, tasks undertaken comments concerns and action taken, Medication assistance, consent obtained, carers signature. Incident accidents are reported on incidents and accident forms and these have the action taken recorded on them. A record of all concerns, incidents, accidents, usual behaviour or any changes are kept also on service users notes on Care manager 3 in office.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency's 'Record Keeping' and 'Medication' policies and procedures dated April 2014 viewed were found to be satisfactory and in line with standard 5.          The staff handbook viewed contains guidance on reporting and record keeping procedures. Records viewed confirmed all staff had received a copy of this handbook.          Staff supervision /spot checking templates were viewed within six staff files which included a section relating to recording practices. Records verified that the quality control officer audited daily log sheets when returned to the office.          Staff guidance relating to recording of medication tasks is included within their staff handbook, at induction and update training with all staff.          The records viewed within three service users' files indicated they are receiving assistance with medication by the carers from Care Plus; and it was noted that the medication logs were all being completed appropriately.          Records viewed in one service user's file noted that he was experiencing restraint in the form of a lap belt; the use of such was clearly documented in the care plan and risk assessment record with a recent Occupational Therapist assessment in place.</p> <p>On review of the daily log records in the five service user's homes, and a sample of those returned to the office also viewed, it was noted that the staff were consistently recording full information relating to their visit. The staff meeting records from April 2014 were viewed which contained detailed guidance for staff on the recording of daily logs.</p>	<p>Compliant</p>
<p><b>Criteria Assessed 3: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed</p>	

<p>services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Manager arranges an induction with service users or family and carries out induction with service users / family and this is when all services required is agreed and a contract of services is signed also a pre-service assessment is discussed and signed. In the office there is a record kept off all amounts paid by service user and the care they receive.</b></p>	<p>Compliant</p>

<p><b>Inspection Findings:</b></p>	
<p>The agency does not currently have a policy or procedure on ‘Handling Service Users Monies’. This was discussed with the registered manager and required to be developed and shared with all staff. The agency does have a recording expenditure template in place which was viewed along with a financial transactions consent form. Records within one service users file confirmed that staff provide assistance with weekly shopping, the care plan included this matter and a consent form had been completed accordingly and had been reviewed most recently in March 2014. Staff training content viewed does include this subject as part of their staff induction programme and update training.</p>	<p>Substantially compliant</p>

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

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

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

<b>Provider's Self-Assessment:</b>	
We follow all the steps of our recruitment policy when recruiting new staff, which includes all criteria in standard 11.2, prior to employment starting. We have an enhanced check with accessni, two references, where we have difficulty in receiving a reference we will ring the referee and obtain a telephone reference & ask them to forward the written reference as soon as possible, gaps in employment recorded, we currently do not employ any overseas staff. Pre- employment health check declaration, valid license, insurance for business if appropriate, use of a car are all included on our application form.	Compliant
<b>Inspection Findings:</b>	
The agency has a policy and procedure in place 'Recruitment of staff' dated April 2014 which was reviewed. This procedure was found to be satisfactory and in line with regulation 13 and schedule 3. Six staff files inspected, for those recruited since July 2013, evidenced that the requirements of Regulation 13 Schedule 3 have been fully met. All documentation in relation to the recruitment process for these staff members was retained and stored securely. Staff files evidenced signed and dated copies of contracts of employment along with a copy of their job description held within all staff files.	Compliant

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

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

## **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. Records evidenced that sixteen complaints had been received, and these were found to have been appropriately managed and resolved. Records viewed for the period of 2014 to date, with twelve having been received, and each had been resolved.

### **Additional matters examined (delete as appropriate)**

No additional matters were reviewed as a result of this inspection.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with the registered manager Janette Rolston, 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:

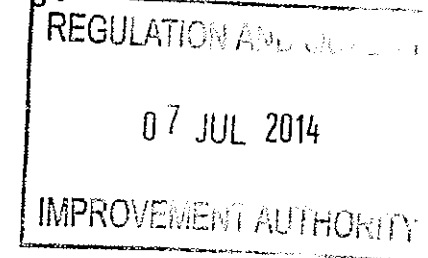
**Caroline Rix**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

**Quality Improvement Plan**  
**Unannounced Primary Inspection**  
**Care Plus, Armagh**  
**19 May 2014**

✓ 17-7-14  
Satisfactory  
Care



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

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager Janette Rolston 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 develop a policy and procedure on 'Handling Service Users Monies' and share with all staff.	Once	This Policy and Procedure has been completed, all staff will be made aware of new policy and procedure, they will also receive a copy.	Within two months of inspection date.

**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 13.3	The registered person is recommended to ensure supervision of the registered manager is completed and recorded quarterly.	Once	This supervision will be in place, and will start in June 2014	Within three months of inspection date. ✓
2	Minimum Standard 13.3	The registered manager is recommended to ensure supervision of the individual senior staff are completed and recorded quarterly.	Once	This supervision will be in place, and will start in June 2014	Within three months of inspection date. ✓

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Janette Rolston
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Jackie Maguire

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	<i>Chix</i>	17.7.14
Further information requested from provider			

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: Jackie Maguire

NAME: JACKIE MAGUIRE  
 Registered Provider

DATE 24/06/14

SIGNED: J. Rolston

NAME: Janette Rolston  
 Registered Manager

DATE 24/6/14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	C. Rice	17.7.14
Further information requested from provider			