

# Unannounced Care Inspection Report 5 November 2018



## Manor Healthcare

**Type of Service: Domiciliary Care Agency**  
**Address: 36 Doagh Road, Ballyclare, BT39 9BG**  
**Tel No: 028 9334 1472**  
**Care Inspector: Marie McCann**  
**Finance Inspector: Joseph McRandle**  
**User Consultation Officer: Clair McConnell**

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Manor Healthcare is a supported living type domiciliary care agency; the agency offers domiciliary care and housing support to service users with a learning disability. The agency's registered office is located at Doagh Road, Ballyclare. The service users live in two premises located in Templepatrick and receive 24 hour care and support. The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance with accessing community services, with the overall goal of promoting independence and maximising quality of life.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Manor Healthcare Ltd  <b>Responsible Individual:</b> Eoghain King	<b>Registered Manager:</b> Lauren McFerran – application received - “registration pending”.
<b>Person in charge at the time of inspection:</b> Lauren McFerran	<b>Date manager registered:</b> As above

### 4.0 Inspection summary

An unannounced inspection took place on 5 November 2018 from 09:10 to 18:35.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Joseph McRandle, RQIA finance inspector, supported the inspection process through review of finance related areas for improvement.

Evidence of good practice was found in relation to staff training, risk management, care records and reviews, communication between service users and agency staff and other key stakeholders. In addition evidence of good practice was found in relation to the provision of compassionate care and collaboration with service users concerning their care, staff supervision, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified during the inspection in relation to recruitment practices, the management of incidents and the timely registration of staff with NISCC.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Lauren McFerran, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 21 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 August 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the agency
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that two incidents had been notified to RQIA since the last care inspection on 21 August 2017
- unannounced care inspection report and quality improvement plan from 21 August 2017

During the inspection the finance inspector and care inspector met with the service's director, responsible person, manager and finance administrator. The care inspector also met with the human resources manager and a senior support worker. In addition, the care inspector visited one of the service users' homes and met with a support worker and a service user.

As part of the inspection process, the User Consultation Officer (UCO) visited the agency's two premises on the 9 November 2018 and spoke informally with two service users and eight members of staff. The UCO also spent a period of time observing all service users interacting with the staff on duty.

The following records were examined during the inspection by the care inspector:

- Recruitment and induction records for two recently recruited members of staff.
- Four staff personnel records in relation to supervision and appraisal records.
- Staff training matrix.
- Two service users' care records.
- A sample of service users' daily support records.
- The agency's complaints record from August 2017 to October 2018.
- A sample of staff roster information in one setting from 6 October 2018 to 3 November 2018.
- A sample of minutes of staff meetings from May 2018, August 2018 and October 2018.
- A sample of the agency's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from August 2018, September 2018 and October 2018.
- Policy on Safeguarding Adults, 2017.
- Whistleblowing Policy, 2015.
- Staff Supervision and Appraisal Policy, 2015.
- Statement of Purpose, August 2018.
- Service User Guide.

The following records were examined during the inspection by the finance inspector:

- One service users' care agreement.
- A sample of records of data collected for one service user for chargeable tasks.
- A sample of records showing current annual expenditure used to allocate costs to service users.
- A sample of records showing breakdown of current annual costs charged to each service user.
- Correspondence in relation to a supported living pilot scheme.

At the request of the care inspector, the manager was asked to display a poster within the setting. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The care inspector requested that the manager place a 'Have we missed you' card in a prominent position in the setting to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. Two cards were provided for placement in each of the two premises in which the service provides support to service users. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the setting.

The inspectors would like to thank the manager, management staff, service users, relatives and staff for their support and co-operation throughout the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 21 August 2017

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 21 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1	14: Where the agency is acting otherwise than	Met

<p><b>Ref:</b> Regulation 14 (c)</p> <p><b>Stated:</b> Third time</p>	<p>as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(c) so as to promote the independence of service users;</p> <p>This area of improvement relates to the registered person ensuring that arrangements are in place in relation to the payment of utilities are reviewed and are in accordance with the ethos of a supported living service where individuals receive support to experience control, choices and independence in all aspects of their daily living.</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the director and responsible person confirmed that since the previous inspection on 27 August 2017 no changes to the charging process had been made. Discussion with staff and a review of records confirmed that a meeting was held with representatives from the Northern Health and Social Care Trust (NHSCT) on 18 January 2018 to finalise the current charging arrangements for service users.</p> <p>A review of records evidenced that as a result of the meeting representatives from the agency and NHSCT produced a breakdown of the tasks undertaken by members of staff from the agency on behalf of service users and the time required to undertake each tasks. The analysis identified if the tasks were included in the contract amount paid by the Northern Health and Social Care Trust (NHSCT) or if service users were charged separately for the outlined tasks.</p> <p>A review of records evidenced that in addition to the breakdown of tasks, service users were charged for utilities and other costs e.g. heat and light, food and social inclusion. These additional charges were established from the total bills and receipts for the financial year ending 31 March 2018. The total cost was then divided equally among the service users residing within the dwellings. Discussion with staff and a review of records confirmed that service users paid an agreed amount towards</p>	



	<p>these charges and the balance was paid by the NHSCT on behalf of the service users.</p> <p>During the inspection on 5 November 2018 the finance inspector had a telephone conversation with a representative from the NHSCT. During the conversation the NHSCT confirmed that the chargeable tasks and other charges were agreed between the NHSCT and the agency and that the current charges were based on a pilot which was implemented by the NHSCT dating back to 2010.</p> <p>The NHSCT contacted RQIA following the inspection on 8 November 2018 confirming that the chargeable tasks identified for service users related to additional services which were over and above the 'critical care' element assessed and paid by the NHSCT.</p> <p>As a result of the information received during the inspection on 5 November 2018 and the subsequent information received from the NHSCT, RQIA have taken a decision to remove this area for improvement from the QIP. However, RQIA wish to further review if these charges are consistent with the ethos of supporting living. RQIA has arranged a meeting with the NHSCT to discuss the current charging arrangements within Manor Healthcare.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (6) (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall further develop the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none"> <li>• Utilities bills</li> </ul> <p>The service user's individual financial agreements must be developed to reflect any payments made by them for utilities costs and any reimbursements received.</p> <p>This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges made to service users.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with staff and review of one service user's file by the finance inspector confirmed that since the previous care inspection on 21 August 2017 revised agreements were issued to service users. The agreement included an appendix which reflected the payments made by service users for utilities and other additional charges e.g. social inclusion. The agreement reviewed was signed by the service user's representative and a representative from the agency.</p> <p>Discussion with staff confirmed that since the previous inspection on 21 August 2017, no change was made in relation to the charging process therefore no reimbursements were made to service users. RQIA is currently in the process of meeting with the NHSCT to discuss the current charging arrangements within Manor Healthcare.</p>	
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 15 (7)</p> <p><b>Stated:</b> First time</p>	<p>Service users must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system. This area for improvement relates to information pertaining to independent advocacy services for service users.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The care inspector viewed evidence which confirmed that the agency had sent a letter to the next of kin of all service users providing details of advocacy services. Following the inspection the agency confirmed that they had updated their Statement of Purpose and Service User Guide to include the details of the advocacy services, the patient and client council (PCC) and the Northern Ireland Public Services Ombudsman (NIPSO).</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.1</p> <p><b>Stated:</b> First time</p>	<p>The procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance 'Adult Safeguarding Prevention and Protection in Partnership', 2015. Regional protocols and local processes</p>	<p><b>Met</b></p>



	<p>issued by Health and Social Services Boards and HSC Trusts.</p> <p>This area for improvement relates to the agency's 'Safeguarding' policy and procedure which should identify and detail the role and responsibilities of the safeguarding champion.</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The care inspector viewed evidence which confirmed that that the agency's safeguarding policy had been updated to identify and detail the role and responsibilities of the adult safeguarding champion (ASC). Following the inspection, the responsible person confirmed that the policy was further amended to incorporate the terminology contained within the Adult Safeguarding Prevention and Protection in Partnership, July 2015 and associated Operational Procedures, September 2016.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 1 (4)</p> <p><b>Stated:</b> First time</p>	<p>The views of service users and their carers/representatives shape the quality of services provided by the agency. Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service. This area for improvement relates to the arrangements for promoting individual choice of food and menus for service users.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussions with the manager and staff confirmed that a weekly menu is developed for service users as a shopping guide only. This menu is changed as and when required on the day in response to service users' expressed preferences. It was confirmed that several service users are encouraged and enabled to express their preferences in relation to meal choices, while meal choices for those service users who have limited verbal communication are based on information obtained from their next of kin, support staff knowledge of preferences and trust representative.</p>	<p><b>Met</b></p>

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The inspector reviewed a sample of personnel records for two recently recruited staff. These records confirmed that the majority of the pre-employment information had been obtained in compliance with Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. However, discussion with the human resources manager and the manager and a review of the records highlighted that a number of deficits were identified in relation to information that is required in line with regulation. These related specifically to the requirement to have a satisfactory written explanation of any gaps in employment and a statement completed by the responsible person or registered manager, confirming that the person is physically and mentally fit for the purpose of the work he/she has to perform. In addition, it was noted that the names of referees provided on the application information didn't always correlate with references received. It was agreed that a more robust system should be in place to confirm that a suitable reference has been obtained by the organisation prior to the commencement of employment of staff. It was further noted that the agency's self-declaration health assessment made no reference to potential mental health needs. The human resources manager advised that the application form has now been amended to include this. An area for improvement has been made in this regard.

Discussion with the manager confirmed that a record of the induction programme provided to staff is retained; the inspector viewed two individual staff induction records and staff rota information. These records evidenced that staff received an induction lasting a minimum of three days which included shadowing more experienced staff members and getting to know service users. A sample of topics covered in the agency's induction record included fire procedures, health and safety, confidentiality, philosophy of care, understanding of good record keeping, management of complaints, adult safeguarding and whistleblowing. The inspector discussed with the manager the importance of key aspects of the induction process being prioritised to ensure they are addressed within the first three days of the induction process such as adult safeguarding. In addition, it was recommended that the dates on which staff are shadowing more experienced staff should be reflected in the induction records. The manager agreed to address this. An amended induction template was forwarded to RQIA following inspection and was noted to have addressed these issues. The inspector's discussions with staff on the day of inspection confirmed that the induction process was appropriate and provided staff with the knowledge and skills to fulfil the requirements of their job role.

The UCO was informed by the staff that there is a core team who have worked in the service for a number of years. Confirmation was received that relief staff are used to cover shifts if necessary and that agency staff are not being used. Staff also confirmed with the UCO that new members of staff spend a period of time on induction and shadowing experienced staff so that they become familiar with the service users and their needs.

Review of a sample of staff rota information in addition to feedback from the manager provided assurance that staffing levels had been assessed, as necessary, for the purpose of providing a safe service and took into consideration the specific needs of service users. The inspector identified that on three occasions assessed staffing levels were not reflected on the rota for a short period. These arrangements were reviewed by the manager and feedback was provided to RQIA following the inspection.

The feedback provided assurances that on two occasions the staff shortage occurred at short notice and cover could not be obtained for one staff member between 07.30 and 09.00 and that service user's safety and wellbeing was not affected. The manager provided sufficient assurances that on the third occasion there were appropriate staffing levels; however this had not been clearly marked on the rota. The importance of ensuring that rota information is accurate and clearly recorded was highlighted to the manager.

During discussion with the inspector, a staff member indicated that an additional staff member would be beneficial to support staff in their role during the night shift in one of the premises. This feedback was shared with the manager for consideration and action, as appropriate. Following the inspection, the manager provided assurances based on a review of recent incidents over a three month period that assessed staffing levels remain appropriate to ensure that service users' needs and safety were maintained. The manager advised that staffing levels will remain under review.

The inspector reviewed the agency's training database for all staff, which confirmed that mandatory training had been completed for the majority of staff. Assurances were provided to the inspector that arrangements are in place for the remaining staff to receive training updates as part of a rolling programme of training. It was positive to note that in addition to mandatory training staff also received training to support service users with behaviours which staff may find challenging and epilepsy awareness. Discussions with staff on the day of inspection identified that they considered the training they had received to be of a good standard and had supported them in fulfilling their roles and responsibilities.

Observation of and discussion with staff by the care inspector and UCO, evidenced that staff were very knowledgeable regarding each service user and the support they required when ensuring their safety, both inside and outside of their home. In addition, discussions with staff and the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. The manager advised that any restrictive practices are reviewed regularly to ensure that the intervention being used remains the least restrictive possible and that it is used for the shortest time possible, with the aim of removing the restrictive practice if this is in the best interest of the service user. This review is conducted in collaboration with the service user and /or next of kin as appropriate along with the multi-disciplinary team.

The inspector reviewed the agency's arrangements for identifying, managing and where possible, eliminating unnecessary risk to service users' health, welfare and safety. A review of records confirmed that there was a range of risk assessments in place relating to individual service users which are reviewed regularly. Staff also confirmed that there were close working relationships with the Northern Health and Social Care Trust (NHSCT) staff including the Behavioural Support Team.

Records are maintained of all incidents and accidents. A review of a sample of these records highlighted an inconsistency in the standard of the recording of incidents. The inspector noted that the records did not always record actions taken or confirm if the incident was reported to the service user's next of kin or relevant professional. In addition, a number of the records did

not evidence that they had been reviewed by the senior support staff or manager. This was discussed with the manager who provided assurances that incidents or concerns are verbally reported to senior care staff or the manager. The manager agreed to implement an improved process which allows for the timely review of incident records and ensures that necessary actions are addressed. An area for improvement was made in this regard.

It was positive to note that a review of an incident had been undertaken with the staff team to identify learning outcomes and strategies to support the service user to prevent a reoccurrence. This evidence of reflective practice is to be commended.

Examples of some of the comments made by staff who met with the inspector are listed below:

- “There is a good relationship with staff and service users.”
- “Staffing levels are appropriate.”
- “Training is beneficial; you have access to mandatory and additional training as needed such as RESPECT training.”
- “Additional supervision during induction is given to staff.”
- “Induction is good.”
- “Induction did help me.”
- “We recently had face to face adult safeguarding training.”
- “Training is beneficial, I prefer face to face training and a lot of it is now online.”
- “We receive an individual supervision if there is a change in service user needs, such as a new Speech and Language Therapy Assessment (SALT).”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training and risk management.

**Areas for improvement**

Two areas for improvement were identified during the inspection in relation to recruitment practices and the management of incidents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The agency’s arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of the provision is laid out in the agency’s Statement of Purpose, August 2018.

The inspector reviewed a sample of two service users’ care records. The care records were noted to be comprehensive and maintained in an organised manner. The care records evidenced referral information, multi-disciplinary assessments, risk assessments, care plans and behavioural management plans. Care plans were noted to be comprehensive, goal

focused and person centred while clearly and concisely describing service users' needs. The manager confirmed that the involvement of service users was determined by their individual cognitive abilities, and the next of kin/representatives of all service users were consulted, as appropriate.

Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders. Service users had access to an annual care review, which the agency contributed to.

Staff demonstrated a comprehensive knowledge of individual services users' needs and behaviours and confirmed that a person centred approach underpinned their practice. In addition, they described the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice.

Discussion with the manager and staff confirmed that management operate an open door policy with regard to communication within the agency. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Staff demonstrated knowledge of how to escalate any concerns and how to liaise with the multi-disciplinary team as needed. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the agency's whistleblowing policy and were able to access it.

The UCO also noted that staff had a good understanding of service users' communication needs; both in terms of their verbal communication and non-verbal behaviours such as hand gestures. Service users are given choice in relation to their activities and meals as much as possible, whilst ensuring their safety and a nutritionally balanced diet. It was noted that one service user has recently been displaying behaviour which staff found challenging and the senior support worker spoke about how staff are positively managing the situation and accessing professional support. No concerns were noted by the UCO during the interactions between service users and staff.

Observations of staff and service users by the inspector evidenced that staff communicated respectfully with service users. Some service users were observed freely approaching staff for assistance and support.

Discussions with the manager and staff evidenced that effective communication systems were in use within the staff team to ensure that staff received information relevant to the care and support need of service users.

The manager advised that staff meetings were held separately for the two premises and typically held on a quarterly basis. A review of the minutes for a staff meeting held in August 2018 evidenced a quality improvement focus involving a discussion regarding service users, training, teamwork, care and support practices, importance of recording keeping and reporting concerns. The inspector suggested that the record of staff meeting minutes should be improved to clearly reflect actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at the next meeting. The manager agreed to action this.

The inspector noted that there were arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. Such as: an annual quality satisfaction survey; monthly quality monitoring visits undertaken by an independent

consultant; multi-disciplinary meetings and annual care reviews. The inspector noted some of the comments received from service user’s next of kin and NHST trust staff from the quality satisfaction survey:

- “Staff are always very welcoming.”
- “Our staff are always well accommodated and helped in xxxx. The clinics are attended in a timely manner, and the patients are well supported by staff.”
- “At times xxxx would benefit from additional staff when in periods of challenging behaviour.”
- “The team is very caring and knows the patients very well. Both homes are very welcoming to visit. Excellent care delivered at all times. Staff are very approachable and have great knowledge of patients. Very attentive staff. No complaints.”
- “Well managed facilities, excellent level of service given. No issues or concerns.”
- “The service delivered at xxxx is excellent; my brother xxxx receives a very high quality of care from everyone.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records and reviews, communication between service users and agency staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector viewed the agency’s ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Discussion with service users, staff and observation of interactions demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence.

Discussion with staff demonstrated that any actions taken were underpinned by the principles of confidentiality, privacy, respect and choice. Staff acknowledged the need to ensure that service user consent is obtained and that confidentiality is upheld. They discussed how they adapt to ensure that consent is obtained with service users who have limited verbal communication. Staff were observed to be attentive to service users and demonstrated an ability to understand service users with minimal verbal communication through recognition of non-verbal cues and gestures and responded appropriately.



Discussion with the manager confirmed that they wished to continue to review and improve communication strategies with service users. The manager recognised the need for identifying areas for learning and development, improving the quality of the service provided and providing better outcomes for service users. The inspector discussed the Royal College of Speech and Language Therapists Five Good Communication Standards (2013), which is a practical resource which can support service providers with recognising what good communication looks like, whether good communication is happening and which also provides useful resources to promote good communication. The manager agreed to review these standards to identify any best practice examples that could be implemented by the agency.

During the inspector's visit to one premise, the inspector was invited by a service user to view their accommodation. The service user informed the inspector that the service user's bedroom furniture and décor was chosen by themselves and they demonstrated pride in their individual space and belongings.

The UCO was shown around the two premises. It was noted that one of the houses was homely and had been personalised by the service users. However the second house contained little personalisation and decoration; this was discussed with the manager and options for improving the environment which also ensures service user safety were considered. The manager agreed to address this.

Discussion with the manager and staff confirmed that service users had access to a variety of activities to suit individual needs.

Examples of some of the activities which service users like to do:

- Shopping
- Swimming
- Library
- Hairdressers
- Spa treatments
- Listening to music
- Puzzles
- Outings by train and bus
- Fishing trips
- Daily activities such as cutting the lawn, cooking and washing dishes
- Coffee shops or pubs
- Gardening
- Day trips

Examples of some of the comments made by the staff who met with the UCO are listed below:

- "The plans are flexible as xxxx regularly changes their mind."
- "We can raise any issues with xxxx."
- "Important for the service users that there's consistent staffing."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and collaboration with service users regarding their care.

## Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector sought to assess the agency's leadership, management and governance arrangements to meet the assessed needs of service users. The agency was managed on a day to day basis by a recently appointed new manager, senior support staff and a team of support workers. Staff were able to access an on call support service out of hours who had a working knowledge of the service and service users. The agency has a defined organisational and management structure that identified the lines of accountability and this was available in the Statement of Purpose.

No concerns regarding management were raised with the UCO during the visit.

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A sample of monthly quality monitoring visit reports were examined for August 2018, September 2018 and October 2018. They reflected that the visits were unannounced across both premises each month and were undertaken by an independent consultant. The manager advised that it had been recognised by the independent consultant that there had been no opportunities during recent monthly visits for engagement with service users' next of kin as part of the consultation process which reviews the quality of care delivered. As a result the independent consultant was in the process of making direct contact with a number of next of kin for this purpose. The reports also evidenced a review and audit of the conduct of the agency and included action plans which were then reviewed at subsequent visits.

Discussions with the manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection process confirmed the availability of continuous update training alongside supervision and appraisal processes and an open door policy for discussions with the management. A review of a sample of records evidenced that staff received supervision. It was noted that a number of staff required an annual appraisal. This was discussed with the manager and assurances provided post inspection that arrangements were in place to improve the monitoring of staff appraisals to ensure compliance with the requirement for annual appraisal of staff.

The manager confirmed that the agency has a range of policies and procedures in place to guide and inform staff. Staff confirmed that they can access these as needed.

Feedback from staff and the manager provided assurance that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

The manager advised that only senior staff had received training in relation to the introduction of the General Data Protection Regulation (GDPR). The inspector recommended that this training was provided to all staff to ensure they are aware of it and understand recent changes in this area. The manager agreed to action this.

Discussion with the responsible person, manager and staff indicated that there was a clear understanding of actions to be taken in the event of a complaint being received. Complaints are reviewed on a monthly basis as part of the monthly quality monitoring visit and also form part of a monthly report to the NHSCT.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body. Discussion with the human resources manager and manager and a review of records identified that one care staff member had not been registered with NISCC within a six month time period of commencing work. Although the staff member was registered at the time of inspection there was an undue delay in achieving registration. In addition, it was noted that several recently recruited staff had yet to register. The need to ensure that staff are registered as soon as is reasonable practical was emphasised and this process should begin on commencement of employment. An area of improvement was made in this regard. The inspector was assured following the inspection that the agency had taken action to ensure that newly recruited staff had made an application and that any outstanding renewal fees had been paid.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff supervision arrangements, quality improvement and maintaining good working relationships.

## Areas for improvement

One area for improvement was identified in regards to the timely registration of staff with NISCC.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eoghain King, responsible person and Lauren McFerran, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This related specifically to:</p> <ul style="list-style-type: none"> <li>• the requirement to obtain two references, one from an applicant’s most recent employer,</li> <li>• the completion of a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work he is to perform and</li> <li>• having a satisfactory written explanation of any gaps in employment.</li> </ul> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Following advice during inspection and as per QIP Human Resources are now obtaining two references for every successful candidate, one being from the most recent employer. If applicable reasons for gaps in employment are sought at interview. Application forms for employment have been amended to include applicants self declaring any physical or mental health related issues. It is now the responsibility of the registered manager or provider to reflect this in a written statement following screening at time of recruitment and observation during the induction period.</p>

### Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the record maintained in the service user’s home details (where applicable):</p> <ul style="list-style-type: none"> <li>• the date and arrival and departure times of every visit by agency staff;</li> <li>• actions or practice as specified in the care plan;</li> <li>• changes in the service user’s needs, usual behaviour or routine and action taken;</li> <li>• unusual or changed circumstances that affect the service user;</li> <li>• contact between the care or support worker and primary health and social care services regarding the service user;</li> <li>• contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;</li> </ul>
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	<ul style="list-style-type: none"> <li>• requests made for assistance over and above that agreed in the care plan; and</li> <li>• incidents, accidents or near misses occurring and action taken.</li> </ul> <p>This specifically relates to ensuring that an improved process is implemented which allows for the timely review of incident records and ensures that necessary actions are taken, including communication with service users' next of kin and NHSCT representatives, as appropriate.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>          Following advice in QIP and during inspection incident and accident reports/records are reviewed by registered manager on a weekly basis. Each incident report is now signed and dated by the registered manager following review. The registered manager and/or senior support worker now ensures correct notifications have been made following incident and this is reflected by written record in the incident report. All incidents are reported to senior support worker or registered manager using the on call system at time of incident.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>          With immediate effect</p>	<p>The registered person shall ensure that as employers of social care workers they adhere to the standards set out in the Northern Ireland Social Care Council (NISCC) Code of Practice for Employers of Social Care Workers, support staff in meeting their relevant codes of practice and take appropriate action when staff do not meet expected standards of conduct.</p> <p>This relates specifically to ensuring that staff are appropriately registered with NISCC in a timely manner and that a robust system is put in place for the agency to ensure ongoing compliance.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>          Human resources have an ongoing monthly audit to ensure that all staff are appropriately registered with NISCC. Registration with NISCC is discussed in the induction period. Human resources will write to staff advising them to register or renew with NISCC within the adequate time frame. It is employee's responsibility to complete necessary steps for renewal however human resources will monitor this closely until renewal has been successfully completed.</p>

***\*Please ensure this document is completed in full and returned via Web Portal\****





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