

# Unannounced Care Inspection Report 18 June 2019



## Manor Healthcare

**Type of Service: Domiciliary Care Agency**  
**Address: 36 Doagh Road, Ballyclare, BT39 9BG**  
**Tel No: 02893341472**  
**Inspector: Marie McCann**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 domiciliary care agency of a supported living type which provides care and support to adults with a learning disability. The care and support provided to service users includes helping them with tasks of everyday living, emotional support, housing support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life.

A team of 45 staff aim to provide care to eight service users living in three houses in the Templepatrick area, where staff are available to support service users 24 hours per day.

The agency's registered office is located at Doagh Road, Ballyclare.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Manor Healthcare Ltd  <b>Responsible Individual:</b> Mr Eoghain King	<b>Registered Manager:</b> Ms Lauren McFerran – pending registration, application received 18 September 2018
<b>Person in charge at the time of inspection:</b> Ms Lauren McFerran	<b>Date manager registered:</b> As above

### 4.0 Inspection summary

An unannounced inspection took place on 18 June 2019 from 09.30 to 18.00.

This inspection was underpinned by the Health and personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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.

Concerns were identified with several areas of care delivery, specifically, recruitment processes; the system for evaluating the quality of the services; record keeping; the reporting of accidents and incidents; management of records and staff supervision and appraisal. These concerns had the potential to impact negatively on service users.

As a consequence, a serious concerns meeting was held on 26 June 2019 in RQIA offices to discuss with the registered person the areas of concern identified during the inspection and to seek assurances that a robust action plan was in place to address the concerns identified. The meeting was attended by the manager and responsible person.

At the serious concerns meeting, the responsible person and manager acknowledged the failings and provided a satisfactory action plan detailing the actions taken or planned to be taken to ensure compliance with the legislation and to effectively address the concerns identified. Following consideration of the information and assurances provided by the registered persons, RQIA agreed to provide the provider with a timeframe in which to implement this action

plan. A further unannounced inspection will be planned to ensure that improvements have been made and sustained.

There were examples of good practice found in regard to knowledge of adult safeguarding, comprehensive and holistic care plans, the provision of compassionate care and the individualised care and support for service users. In addition, there was evidence throughout the inspection of good working relationships. All those consulted expressed confidence that management would address any concerns raised by them.

Two areas for improvement were stated for a second time in regard to recruitment processes, record keeping and the reporting of incidents. Further areas for improvement were also identified in regard to management of records, specifically staff roster information and communications with others on behalf of a service user; staff supervision and appraisal; and monthly quality monitoring reports.

There was evidence identified throughout the inspection process that the agency promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, confidentiality and service user involvement.

Service users commented:

- "I like the staff, xxxx is a rascal, and you can have a laugh."
- "I'm going to Belfast tomorrow on the bus."
- "Yes, I feel safe."

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>	2*	4*

\*The total number of areas for improvement includes two areas for improvement stated for a second time.

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

Enforcement action did result from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 4.2 Action/enforcement taken following the most recent care inspection dated 5 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 November 2018. The completed QIP was returned and approved by the care inspector.

## 5.0 How we inspect

Prior to the inspection the inspector reviewed the following information:

- unannounced care inspection report and QIP dated 5 November 2018
- incident notifications that had been reported to RQIA since the last care inspection
- information and correspondence received with regards to the agency since the last inspection

During the inspection the inspector met with the responsible person and the accounts manager in the agency's office. During the inspector's visit to the three service users' homes, the inspector met with three service users, a service user's relative, the manager and six staff. Following the inspection the inspector also spoke with a Health and Social Care (HSC) trust professional via telephone.

A range of documents relating to the agency were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. In addition, the responsible person advised that the agency would ensure the poster is shared with all staff. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. No responses were received in time for inclusion in this report.

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the last care inspection dated 5 November 2018**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d)</p> <p><b>Stated:</b> First time</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>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of selection and recruitment records highlighted a number of concerns. These are discussed further in section 6.3.</p> <p>In accordance with RQIA’s enforcement policy and procedures a Serious Concerns Meeting was convened, details of which are included within the report.</p> <p>This area for improvement was not met and has been stated for a second time.</p>	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p>	<p style="text-align: center;"><b>Not met</b></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; 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> <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><b>Action taken as confirmed during the inspection:</b></p> <p>A review of incident records highlighted that this area for improvement was not met. These are discussed further in section 6.3.</p> <p>In accordance with RQIA’s enforcement policy and procedures a Serious Concerns Meeting was convened, details of which are included within the report.</p> <p>This area for improvement has been stated for a second time.</p>	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.4  <b>Stated:</b> First time	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.	<b>Met</b>
	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.	
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the agency's system for monitoring staff compliance with registration with NISCC. It evidenced that this is checked on a monthly basis and follow up communications are made with new staff to ensure they are registered within required timescales.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

During the inspection, the inspector was unable to evidence that the required recruitment processes had been consistently adhered to. A review of recruitment records relating to four recently recruited staff members identified that 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 which he is to perform had not been completed. In addition, it was identified that a written reference from a staff member's previous employer was unavailable for two staff. Failure to adhere to safe recruitment practices may result in individual's being inappropriately employed, which has the potential to place service users at risk of harm. At the meeting on 26 June 2019, RQIA were provided with assurances that the registered person and manager are to undertake a robust overview of the staff recruitment processes to address this area of concern. An area for improvement was stated for a second time in this regard.



It was identified from discussions with the responsible person and a review of recruitment records that the agency has developed an induction programme for all staff.

The induction programme provided staff with the opportunity to shadow experienced staff to become familiar with the needs of the service users they would be supporting. In addition, it highlighted important information which was shared with staff, such as the agency's safeguarding policy and associated procedures namely whistleblowing, complaints, fire safety, health and safety, confidentiality, the agency's core values and philosophy of care. In addition staff are required to complete a number of online training modules and face to face training in regard to manual handling, medication management and positive behaviour support training, within a required timeframe. Comments from recently recruited staff included:

- "I'm happy with the induction."
- "I have felt supported since I started the job."
- "They (staff) really focus on doing the best for the service user."
- "I have no concerns to date."
- "They (management) give you time to get to know the service user."
- "I shadowed (experienced staff) for a week and a bit, I asked for more to help my confidence and there was no problem with that."
- "I looked at a lot of policies and procedures during my induction."
- "I have no concerns with how the service users are being looked after."

During the inspection, the inspector discussed the agency's training programme with the responsible person. It was noted that a number of the agency staff had engaged with the Northern Ireland Social Care Council (NISCC) in regard to additional training opportunities for staff such as, medication management, continence care, management of dysphasia, understanding restrictive practices, communications in delivery of care and understanding dementia. The responsible person agreed with the benefits of reviewing the mandatory training programme for staff to include equality and diversity, communication and human rights training.

An updated staff training matrix provided to RQIA following the inspection confirmed that majority of staff had completed their annual training update; arrangements were in place for those who required an update and for newly employed staff to have completed mandatory training by the end of July 2019. Compliance with training requirements is monitored on a monthly basis. Staff feedback regarding the agency's training was positive.

The responsible person described the staffing levels which have been assessed as necessary to provide a safe service to the service users. On the day of inspection no concerns were raised with the inspector in relation to the service users' needs being met. Staff confirmed that they felt care was safe. Discussion with staff confirmed that there were sufficient numbers of staff deployed to ensure the needs of service users were achieved as outlined in their care plans and that their rights were promoted. However, a review of a sample of the staffing roster identified that there were instances whenever staffing arrangements were not accurately recorded. For instance, dates on which the manager worked due to reduced staffing levels, were not noted on the staff roster. The need for the staff roster to accurately reflect any changes to staffing levels on a daily basis was highlighted. An area for improvement was made in this regard.

Discussion with the manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. The manager confirmed that two safeguarding referrals had been made since the last inspection and they had been managed appropriately. The responsible person is the agency's identified Adult Safeguarding Champion (ASC) and he confirmed that arrangements were in place to complete the adult safeguarding position report due by 31 March 2020. Discussions with staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting safeguarding concerns and maintaining safeguarding records. In addition, staff confirmed that they were aware of their obligations in relation to raising concerns about poor practice, and they had effective access to management support and advice, including provision of out of hour's support. They also confirmed that they were aware of the agency's whistleblowing policy. Staff comments included:

- "I would not be shy about raising any concerns, if I was worried about how services users are treated."
- "We report all incidents and inform the senior or manager; you can contact them out of hours, and it is clearly displayed on wall how to do this."

Staff are required to record any incidents and accidents which are then reviewed and signed by the senior care worker. During the inspection, there was insufficient evidence that there was effective review of incident records to ensure that necessary actions had been taken including communication with service users' next of kin and HSC trust representatives, as appropriate. Since the last inspection there was evidence that the manager had reviewed each incident report and signed them to demonstrate this. However, a sample of such records viewed lacked detail, including recording that the next of kin or trust representative had been informed. In addition, the inspector recommended that a review of incidents/accidents should be undertaken with regard to individual service users, which would enable the agency to monitor for any trends and patterns and to determine subsequent actions. At the meeting at RQIA offices on 26 June 2019, RQIA was provided with assurances that the registered person and manager planned to address these areas of concern. An area for improvement was stated for a second time in this regard.

In addition, discussion with the manager confirmed that a record was not always maintained within each service users' file of any communications with others in respect of the service user. The inspector identified that all communications including emails in respect of service users should be recorded/retained in their individual care records in a contemporaneous and accurate manner. An area for improvement was made in this regard.

A staff member spoken with described how they continuously reflect on the care and support provided to the service users. Staff spoken with on the day of inspection, were aware of the need to use the least restrictive measures for each individual. Discussions with staff confirmed that staff responses to behaviour remain focused on de-escalation of behaviour or risk and on protecting service users' personal safety.

There was evidence that staff informed the HSC trust representative of any physical interventions which were required to maintain the safety of a service user. This was verified during discussion with a HSC trust representative who confirmed that staff would be proactive in reporting any such interventions to the Trust as required. The HSC trust representative confirmed that the agency would work closely with the HSC trust behaviour support team and behavioural support plans are reviewed and updated as required. This ensured staff had the

necessary understanding and knowledge of those triggers which may lead to service users becoming distressed; it also ensured that staff are aware of any agreed individual interventions required to support service users which could lead to an effective de-escalation of such situations.

### Areas of good practice

There were no concerns raised with the inspector in relation to staffing provision and service users' needs not being met. There were examples of good practice found throughout the inspection in regard to knowledge of adult safeguarding.

### Areas for improvement

Two areas for improvement identified at the last inspection in regards to recruitment processes and record keeping and the reporting of incidents were assessed as being not met and are stated for a second time. An additional area for improvement was identified in regard to management of records with respect to staff roster information and communications with others on behalf of a service user.

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

#### 6.4 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection.

The inspector reviewed two service users' care records; they were noted to be maintained in an organised manner and retained securely. Care records reflected the multi-professional input into the service users' health and social care needs. The care records included referral information, multi-disciplinary assessments, behaviour support plans, assessments and care plans. The agency's care plans were noted to be comprehensive and holistic, with evidence of regular review, as appropriate. The communication needs of service users were assessed and reflected in individual care plans. Restrictive practices were also clearly recorded in the service users' care plans. It was positive to note that there was evidence in one of the service user's care records that their best interests had been considered as they were assessed as lacking the mental capacity to consent or decline proposed elements of their care.

Staff confirmed they use these records to guide their practice and were also aware of need to refer to the multi-disciplinary team if they noted any changes or concerns in regard to a service user's wellbeing. They acknowledged the benefits to service users of receiving consistent care and support.

The inspector noted in the sample of care plans viewed that service users or their representatives had not signed the care plans as appropriate. The inspector stressed the importance of ensuring the care plans are signed to evidence consultation and agreement. The manager agreed to action this.

The manager advised that service users had access to an initial care review followed by an annual review or more frequently if required; these reviews involved their HSC trust representatives and next of kin, as appropriate. The inspector evidenced a sample of reports that staff provide for the review meeting, which provides an overview of the service user’s current needs. The inspector suggested that review records should also clearly reference any relevant restrictive practices in place and the potential impact on the service user’s human rights to ensure that such interventions remain under review. The manager agreed to address this.

It was noted that the agency had not received a copy of the minutes of care reviews from service users’ HSC trust representatives. It was agreed with the manager that the agency would request a copy of the care review minutes as appropriate; it was further agreed that agency staff who attend such reviews would also ensure that they maintain a record of the review meeting, including any agreed outcomes and actions required in the service users’ records while awaiting copy of minutes from the Trust. The manager agreed to action this.

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with staff, a service user’s relative and a HSC trust representative indicated that communication processes within the agency are good. A service user’s relative commented: “I’m very happy with the staff, there is good communication.” The agency’s Statement of Purpose and the Service User Agreement/Guide provide details of how service users or their next of kin can give feedback to the agency regarding the quality of care. They include the agency’s complaints procedure, the role of the Northern Ireland Public Services Ombudsman, the Patient and Client Council, RQIA and a number of advocacy services.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to comprehensive and holistic care plans.

**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

**6.5 Is care compassionate?**

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

Discussions with the manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the day care setting.

Staff revealed ways they had responded to service users’ needs, which promoted choice, dignity and demonstrated a culture of promoting independence and opportunities for learning and new experiences. The staff gave examples of how individual service users were supported

to go on car trips, shopping, and outings to places of specific interests and for walks. Staff comments included:

- “We do really work hard to ensure we meet their (service users) human rights.”
- “The training was very good, it gave you a broad knowledge base but you learn a lot on the job, each service user is different and you have to get to know them.”

In addition, the manager advised that there are occasions when it is recognised the staff require advice and guidance from the multi-disciplinary team to support service users to have access to a recreational opportunities and activities, while maintaining their safety.

Discussions with a HSC trust representative following the inspection confirmed that they are currently working closely with the agency to develop and improve the day occupation/activities for service users.

Observations of staff and service users during the inspection indicated that staff communicated respectfully with service users. Service users were observed moving freely around their homes. For those service users who were able to communicate verbally, they were observed approaching staff to identify preferences for activities for the evening, with staff responding positively.

Discussions with staff, including newly recruited staff, evidenced that they were knowledgeable regarding the individual preferences of service users. The manager and staff referred to a sense of job satisfaction they receive from building relationships with service users. One staff member commented: “It’s the only job I have done, were you get a sense of satisfaction due to the time you spend with service users.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the individualised care and support for service users.

**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

**6.6 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 inspection assessed the agency’s arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The agency is currently managed by an acting manager whose registration is pending with RQIA. This application was discussed with the manager and it was agreed that it will be progressed as quickly as possible. The manager is supported in her role by an accounts manager, a human resources manager, senior support workers, team leaders and a team of support workers. There was a clear organisational structure and the registration certificate was up to date and displayed appropriately.

Discussions with staff evidenced a clear understanding of their roles and responsibilities in the agency. Staff verified that they had effective access to the management team as required and that there were good working relationships within the agency and that management were responsive to suggestions and /or concerns raised. Staff comments included:

- “The senior (support worker) is great.”
- “I would have no problem talking to the senior or manager.”

Discussions with a staff member advised that a learning culture was promoted and best practice shared to ensure that the best outcomes for service users were achieved.

The inspector discussed with the responsible person the development of the NISCC website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for staff. The responsible person advised that they would review this resource and share with the manager and staff team.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff and that they were discussed during staff induction and were easily accessible to staff.

The manager confirmed that the agency maintains and implements a complaints policy. The manager spoke confidently of action that would be taken to investigate a complaint and effective liaison with the complainant and the HSC trust. The manager advised that no complaints had been received since the last inspection.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Four reports were reviewed from February 2019 to May 2019, which evidenced a review of the conduct of the agency and consultation with service users and other stakeholders. It was noted that although a relevant quality improvement plan was referenced within the body of these reports, there was no meaningful review of how these areas for improvement were being addressed and/or monitored and were moving towards compliance. It was also noted that action plans contained within these reports were not implemented and/or reviewed in a robust way so as to drive improvement. The agency is required to forward a copy of the monthly quality monitoring visit report to RQIA until further notice. An area for improvement was made in this regard.

During the inspection, a review of staff supervision and appraisal dates highlighted that the support to staff was significantly overdue for several staff members and was not in compliance with the agency’s policy and procedure. Feedback from the manager and review of monthly quality monitoring reports did not provide assurances that robust governance arrangements were in place to ensure staff received supervision and appraisal in line with the agency policies and procedures. An area for improvement was made in this regard.

The inspector discussed arrangements in place that related 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 responsible person advised that this was not currently addressed with staff on a formal basis but as outlined in section 6.3 the agency have agreed to ensure that equality and diversity training is added to the mandatory training requirements for staff. The responsible person confirmed that the agency had not received any complaints based on equality issues.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used to develop person centred care plans.

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

- effective communication
- service user involvement
- advocacy
- adult safeguarding
- 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 maintaining good working relationships.

### Areas for improvement

Three areas for improvement were identified in regard to the agency's monthly quality monitoring reports, staff supervision and appraisal.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with manager and responsible person, 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> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</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: 6.1 and 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Manor Healthcare Domiciliary Agency shall endeavour to obtain 2 references for each potential new employee and that one of these references will be from the most recent employer. A prompt has now been added to our recruitment paperwork for HR to query any gaps in employment history and record explanation given. An additional prompt has also been added for the registered provider/manager to confirm that the person commencing employment is physically and mentally capable to employed as a support worker.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 23 (1) (2)(a)(b)(c) (3) (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt</p>

	<p>by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A review of the services which we as a domiciliary agency provide has been carried out and a robust system to monitor services provided put in place as follows:</p> <ol style="list-style-type: none"> <li>1. Following each monthly regulation 23 visit the registered person and acting manager will meet to review the monitoring report and agree an action plan to address any issues or recommendations made.</li> <li>2. Following on from this meeting the acting manager will meet with the senior support staff of all the services provided by the agency to disseminate details of the agreed action plan, discuss responsibility for action to be taken together within time frames and to discuss any other matters relating to service provision and improving services and governance where necessary.</li> <li>3. A discussion has been held between the registered person and the independent regulation 23 monitoring auditor and an amended protocol agreed and put in place in terms of the format of the monthly monitoring visits which more accurately reflects the services provided and the governance of the services provided on an ongoing basis.</li> </ol>
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</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> <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: 6.1 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>  Incidents and accidents will be audited in a timely by senior staff. An amended protocol for notifying service user's NOK has been implemented to suit individual NOKs preferences in relation to receiving notifications/updates on their relative.  NHSCT representatives were contacted to seek their views on systems to improve notifications following each incident/accident and agreed protocols have been established depending on nature of incident.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 10.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>  Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the information held on record is accurate, up-to-date and necessary.</p> <p>This is related, but not unlimited to the staff roster information and any communications with others in regard to a service user.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>  All units staff rosters will now include the acting manager's hours. Any hours worked by the manager to cover staff shortages will be stated clearly on the staff roster specific to that unit.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 13.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>  30 July 2019</p>	<p>The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the agency's policy and procedures.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>  A review of supervision matrix has been circulated amongst senior staff. This matrix will advise which staff are due supervision. Matrix to be updated accordingly upon completion of supervision. This will be monitored on an ongoing basis by management and independent reg 23 auditor to ensure completion of supervision in a timely manner.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 13.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>  30 July 2019</p>	<p>The registered person shall ensure 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>Ref: 6.6</p>

	<p><b>Response by registered person detailing the actions taken:</b> A review of appraisal matrix has been circulated amongst senior staff. This matrix will advise which staff are due appraisals. Matrix to be updated accordingly upon completion of each appraisal. This will be monitored on an ongoing basis by management and independent reg 23 auditor to ensure completion of appraisals in a timely manner.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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