

PRIMARY INSPECTION

Name of Establishment: Intensive Domiciliary Support Team

Establishment ID No: 10885

Date of Inspection: 30 March 2015

Inspector's Name: Amanda Jackson

Inspection No: IN017350

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Intensive Domiciliary Support Team
Address:	Shankill Wellbeing & Treatment Centre 83 Shankill Road Belfast BT13 1FD
Telephone Number:	02895040332
E mail Address:	nuala.kelly@belfasttrust.hscni.net
Registered Organisation / Registered Provider:	Belfast HSC Trust/Mr Martin Joseph Dillon
Registered Manager:	Nuala Kelly
Person in Charge of the agency at the time of inspection:	Nuala Kelly
Number of service users:	105
Date and type of previous inspection:	20 January 2014 Secondary Announced Inspection
Date and time of inspection:	Primary unannounced inspection 30 March 2015 09.00 to 15.00 hours
Name of inspector:	Amanda Jackson

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	1
Staff	3
Relatives	4
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	40	9

Inspection Focus

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

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

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

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

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

Profile of Service

Belfast Health and Social Care Trust (BHSCT) Intensive Domiciliary Support Team is a domiciliary care agency providing intensive domiciliary support (double runs with two staff member) to service users aged 40 years and upwards. Service are provided across the complete Belfast trust area and had traditionally been two separate services within North and West Belfast Trust and South and East Belfast Trust. Services provided include personal care, medication, meal provision and light housework i.e. bed changing. The service currently provides care over a 24 hour period with up to six calls per day to some service users. The agency employs 130 staff members and provides service provision to approximately 105 service users.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for (BHSCT) Intensive Domiciliary Support Team was carried out on 30 March 2015 between the hours of 09.00 hours and 15.00 hours.

Visits to service users were carried out by the UCO prior to the inspection on 22 and 23 January 2015 and a summary report is contained within this report. Findings following these home visits were discussed with the registered manager and assistant services manager.

The inspector had the opportunity to meet with three staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

BHSCT) Intensive Domiciliary Support Team had four requirements made during the agency's previous inspection on 20 January 2014. All requirements were reviewed as 'compliant'. This outcome is to be commended.

The agency continues to make steady progress in respect of the identified areas discussed in the body of this report.

Four requirements and two recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

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

Staff comments included on the returned surveys where:

“I feel that my line manager is an ever present supportive figure in my role and development.”

“I personally can rely on my manager any time or for any reason. She is always only a phone call away.”

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with one service user and four relatives on 22 and 23 January 2015 to obtain their views of the service being provided by Belfast Health and Social Care Trust's intensive homecare service. The service users interviewed have been using the agency for a period of time ranging from approximately six months to three years and receive assistance at least four times per day. The carers are providing help with the following:

- Management of medication
- Personal care
- Meals
- Housework

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be contacted by the agency if their carers had been significantly delayed; this is good practice. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

All of the people interviewed had no issues regarding the quality of care being provided by the staff from the Belfast Trust and know whom they should contact if any issues arise. One relative advised that they had recently made a complaint to the agency and it is currently being addressed by the registered manager. Examples of some of the comments made by service users or their relatives are listed below:

- “Great peace of mind for the family to know that someone will be calling with XXX during the day and they get on well.”
- “The carers are more than good to us. I enjoy having a bit of a laugh with them.”
- “Would give them a 100%.”
- “They let me know if there are any changes to my XXX's condition.”
- “Doing a great job.”

It was good to note that some of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service and that observation of staff practice had taken place within their home. A number of people interviewed also confirmed that they received a book from the agency when the service commenced and that it is completed by the carers at all calls.

Summary

Theme one - Management and control of operations

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

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

The agency's 'Statement of Purpose' dated 10/01/15 and their policy on Management and control of the agency dated 12/11/13 viewed contain details of the organisational structure, the qualifications, roles and responsibilities of each grade of senior staff.

Discussions with the registered manager during inspection and review of records for the manager and management staff supported a process in place for some but not all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

A staff competency process has been developed by the agency and is operational during 2013/14 for staff with exception to those areas referenced in the previous paragraph.

Review of appropriate supervision and appraisal processes for all management staff were confirmed during inspection.

Monthly monitoring processes are currently in place and operational. The report template included an area for staff competence matters as appropriate and this is to be commended.

Records regarding two medication incidents were reviewed and found to have been appropriately recorded and reported to RQIA but not within the specified timeframes. Additional supporting information for all future incidents is required for review and this has been stated on the QIP attached to this report.

Two requirements and one recommendation have been made in relation to this theme and relate to registered manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 16(2)(a), 11(1)(3) and 13(b), and the revision of the staff supervision and appraisal policy in line with Standard 13.2. Records relating to incidents and reporting timeframes have also been required within this theme in compliance with Regulations 21 and 22.

Theme 2 - Records management

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

The agency has a policy and procedure in place on 'Recording dated 11/11/14 and a separate policy on reporting dated 24/04/13 which were found to be satisfactory and in line with standard 5 and contain guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user records during inspection highlighted gaps in this process in respect of departure times and legible staff signatures and these have been recommended for review.

The agency has a policy and procedure in place on use of restraint dated 12/11/13 which was reviewed as satisfactory.

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

The agency has a policy or procedure on 'Handling Service Users Money' dated 11/11/14 which was reviewed as satisfactory. The agency do not currently manage finances for service users hence records were not reviewed in this respect.

Review of staff training, and quality assurance processes within theme two highlighted a number of areas of 'moving towards compliance' with mandatory training significantly out of date in a number of areas and staff spot monitoring and supervision processes also significantly out of date in line with the agency procedure timeframes. All matters have been required for attention.

Two requirements and one recommendation have been made in relation to this theme and relate to service user restraint appropriately detailed in care plans and risk assessments in compliance with Regulation 15(10). Regulation 16(2)(a) and Regulation 16(4) are required for review in terms of staff training compliant with the RQIA mandatory training guidelines 2012 and staff quality monitoring, supervision and appraisal processes. The one recommendation relates to standard 5.2 and service user home recording.

Theme 3 – Recruitment

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

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

No requirements or recommendations have been made in respect of this theme.

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

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 13 (b)	The registered manager is required to ensure all staff complete competency assessments in the area of Vulnerable adults in compliance with Regulation 13(b), and Minimum standard 14.4. and records are appropriately maintained to support this process.	Review of two staff files who have undertaken training in the area of vulnerable adults since the previous inspection in January 2014 and completed the new competency assessment were confirmed as compliant. This process is currently being rolled out to all staff as update training is undertaken.	Twice	Compliant
2	Regulation 23(1)	The registered manager is required to ensure all future monthly monitoring reports reflect the percentage of staff and service user quality monitoring in compliance with the agency policies timeframes. (Minimum standard 8.11)	Review of the three most recent monthly reports for December 2014, January and February 2015 confirmed compliance with requirement two with the agency now capturing the percentage of service user monitoring being completed together with the numbers of staff quality monitoring completed and any competency issues arising.	Twice	Compliant

3	Regulation 23 (1)	The registered manager is required to ensure all future annual quality reports reflect feedback from staff and service commissioner as key stakeholders within the annual review process. (Minimum standard 8.12)	Review of the annual quality report for January to December 2013 which was issued to service users in March 2014 confirmed compliance with requirement three.	Twice	Compliant
4	Regulation 16 (2)(a)	The registered manager is required to ensure all staff complete competency assessments in the area of manual handling and infection control and ensure appropriate records are maintained in support of competency assessed for all staff. (Minimum standard 12.9)	Review of two staff files who have undertaken training in the areas of moving and handling and infection control since the previous inspection in January 2014 and completed the new competency assessment were confirmed as compliant. This process is currently being rolled out to all staff as update training is undertaken.	Twice	Compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
Criteria Assessed 1: Registered Manager training and skills Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency. Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill. Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA's Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012	
Provider's Self-Assessment:	
The managers have been recruited in respect of the Belfast Trust recruitment policy and procedures and meet the criteria and have been deemed competent to carry out the role at this level in the organisation. They are registered with NISCC and maintain the mandatory training requirements and have relevant qualifications as required for registration as manager. They also have undertaken management training. Annual PCP/PDP's have been completed in respect of the managers which identify evidence of competencies and skill. The Belfast Trust maintain and monitor on its database all staff registration requirements with regulated bodies.	Substantially compliant

Inspection Findings:	
<p>The statement of purpose dated 10/01/15 and the policy on Management and control of the agency dated 12/11/13 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person, registered manager and co-ordinators and all other staff including management and care staff.</p> <p>Training records for the registered manager were confirmed by the manager not to be up to date for all areas of mandatory training with all areas having lapsed over the past few years. All mandatory training together with manager competency assessments have been required for renewal to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers.</p> <p>The manager had not completed training in the areas of supervision and appraisal and this has also been recommended.</p> <p>The registered manager is not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from 2014 to 2017.</p>	Moving towards compliance

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>There is a process in place to update policies and procedures on a regular basis. These are reviewed and updated in light of audit of incidents, complaints, adult safeguarding referrals and comments from service users together with review of monthly reports and quality monitoring visits. All medication errors and incidents are reported as per reporting regulations and also on the Belfast Trust DATIX system. There is a process in place to update policies and procedures as a result of incidents concerning staff practice. These are highlighted to staff via team meetings which include reflective practice and newssheet which also discuss topical issues around these areas. The managers meetings are held regularly and managers are given the opportunity to reflect on the affect of training on the performance of the agency. The Belfast Trust has a personal contribution framework for appraisal.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The agency Supervision policy and procedure (which make reference to timeframes for appraisal) dated 25/02/15 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is required in this respect.</p> <p>Appraisal for the registered manager currently takes place on an annual basis and was reviewed for 2014 during inspection. Supervision currently takes place quarterly and was reviewed during inspection as compliant for 2014.</p> <p>The inspector reviewed the agency log of two medication incidents reported through to RQIA over the past year. Review of these incidents confirmed appropriate recording and reporting to RQIA but not within the required timeframes. The agency have also implemented a revised process in February 2015 to ensure all associated incident records (i.e. staff update training/competency assessment etc) are captured and maintained centrally for inspection review.</p> <p>Monthly monitoring reports completed by the assistant service manager were reviewed during inspection for December 2014 and January and February 2015 and found to be detailed, concise and compliant. Revision of the report template took place following the previous inspection to include a staff competency area for use as appropriate and this is to be commended.</p> <p>The agency had completed their annual quality review for the year 2013 which was issued to service users in March 2014; this document included their evaluation of staff training completed to date and their proposed future training requirements.</p>	Substantially compliant

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>All home care co-ordinators are recruited under the Belfast Trust recruitment and selection procedure and must meet the necessary criteria and provide evidence of relevant qualifications. They are all registered with NISCC and maintain the regulatory registration requirements. They also undertake relevant management training. All staff are trained in the administration of medication including specific techniques. All staff training needs are assessed as part of their PCP/PDP on a yearly basis. All home care co-ordinators have received supervisory training and they have also been trained in the Belfast Trust personal contribution framework.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency holds a training and development policy and procedure dated 25/02/15 which sits alongside the annual training programme/plan for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p> <p>Training records for three co-ordinators were found to be in place regarding a number of areas of mandatory training but not all areas in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>All three co-ordinators have completed training in the areas of supervision and appraisal and this is to be commended.</p>	<p>Moving towards compliance</p>

A number of areas of training reviewed included a competency assessment element however these had not been consistently signed off by the assessor and were not available for all areas of mandatory training.

Review of all training records and competency assessments is required in compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for management staff (co-ordinators)

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
Provider's Self-Assessment:	
<p>There is a process in place to update policies and procedures on a regular basis. These are reviewed and updated in light of audit of incidents, complaints, adult safeguarding referrals and comments from service users together with review of monthly reports and quality monitoring visits. All medication errors and incidents are reported as per reporting regulations and also on the Belfast Trust DATIX system. There is a process in place to update policies and procedures as a result of incidents concerning staff practice. These are highlighted to staff via team meetings which include reflective practice and newssheet which also discuss topical issues around these areas. The home care co-ordinator meetings are held regularly and staff are given the opportunity to reflect on the affect of training on the performance of the agency. The Belfast Trust has a personal contribution framework for appraisal.</p>	Substantially compliant
Inspection Findings:	
<p>Appraisal for the three co-ordinators currently takes place annually and was reviewed during inspection for 2014. Supervision for all three staff members is scheduled to take place three times annually with effect from 2015 and all staff had evidence of one supervision taking place in 2015. Prior to 2015 staff supervision was contracted to take place twice annually and this was reviewed during inspection for all staff members.</p>	Compliant

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

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

THEME 2 Regulation 21 (1) - Records management	
Criteria Assessed 1: General records <p>Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner; and</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user's home and that they are kept up to date, in good order and in a secure manner.</p> <p>Standard 5.2 The record maintained in the service user's home details (where applicable):</p> <ul style="list-style-type: none"> • the date and arrival and departure times of every visit by agency staff; • actions or practice as specified in the care plan; • changes in the service user's needs, usual behaviour or routine and action taken; • unusual or changed circumstances that affect the service user; • contact between the care or support worker and primary health and social care services regarding the service user; • contact with the service user's representative or main carer about matters or concerns regarding the health and well-being of the service user; • requests made for assistance over and above that agreed in the care plan; and • incidents, accidents or near misses occurring and action taken. <p>Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.</p>	COMPLIANCE LEVEL

Provider's Self-Assessment:	
Service user's records are maintained within the agency under the Belfast Trust management policies and procedures and the agency is supported by administrative staff to ensure appropriate maintenance and storage. All service users are provided with the necessary documentation to be maintained within their own home and staff record on this appropriately in respect of the service user's health and wellbeing .	Substantially compliant
Inspection Findings:	
<p>The agency policies on Recording dated 11/11/14 and a separate policy on reporting dated 24/04/13, Handling a service user's money dated 11/11/14 and the Restraint policy dated 12/11/13 were all reviewed during inspection as compliant. The staff handbook which is issued to all staff at employment commencement in the form of a policy file and staff declaration was reviewed during inspection to include all of the above policies.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on a separate record. The inspector did recommend recording the number of tablets and inclusion of a full list of medication as good practice. This was confirmed as compliant during staff and management discussions. • The agency does not hold a money agreement as this task is generally not undertaken by the agency. • Staff spot checking template which includes a section on adherence to the agency recording and reporting policy. • Staff supervision template does not include records management (recording and reporting) but reviews staff competence overall. <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of three randomly selected staff files during inspection confirmed staff adherence to records management as part of the staff observation of practice process but this process was not found to have been consistently carried out across all staff with two of the three files reviewed as not compliant for 2014 regarding staff observations of practice, supervision and appraisal.</p>	Moving towards compliance

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three randomly selected staff members during inspection and confirmed as moving towards compliance in these areas. A number of areas were found not to be available for review or not up to date and have been required for review.

The registered manager discussed records management as a regular topic for discussion during staff meetings/group supervision, review of three recent staff meeting minute records dated 26 February 2015 for two different staff teams and 19 February 2015 evidenced this topic.

Review of four service user files during the inspection confirmed appropriate recording in the general notes and medication records with exception to a number of gaps in call times and legibility of a few staff signatures. The agency has commenced an internal audit of staff recording with staff returning records from all service users on a monthly basis. These records are then randomly reviewed by the co-ordinators and issues arising are to be addressed directly with staff reviewed as non-compliant with the agency procedures. The inspector discussed with the registered manager how these matters appeared to be addressed through staff meetings as opposed to individually and this was recognised by the manager for further attention to ensure future staff competence and compliance.

Review of service user records and discussion with the registered manager during inspection confirmed that restraint is in place for a number of service users in respect of bedrails or lapbands however this would not currently be reflected on service user care plans or risk assessments. Review of service user information has been recommended in this respect.

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user's agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>The service has clear policies and procedures in respect of staff handling service users monies and this is monitored as part of observation of practice in service users homes. Records are kept in service users homes of all transactions.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The registered manager confirmed during inspection that no service users were currently in receipt of money management i.e. shopping from the agency hence this criteria was not reviewed.</p>	<p>Not applicable</p>

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

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving towards compliance</p>

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

Provider's Self-Assessment:	
The agency is part of the Belfast Trust and the Trust has clear recruitment and selection procedures as outlined in the Belfast Trust recruitment and selection policy.	Compliant
Inspection Findings:	
<p>Review of the staff recruitment policy dated June 2010 confirmed compliance with regulation 13 and schedule 3 but is required for review in light of domiciliary care standards three year timeframe for policy reviews.</p> <p>Review of one 2014 staff recruitment file during inspection confirmed compliance with Regulation 13, Schedule one and standard 11. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection. Request to review a second file could not be provided by the trust. The inspector was provided with written confirmation from the Belfast HSC Trust's Human Resources manager that their department had carried out the required pre-employment checks and retained information for this domiciliary care worker in compliance with Regulation 13 and Schedule 3.</p>	Compliant

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

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

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed three of the 2014 complaints during the agency's inspection and confirmed all records to be compliant. The agency have implemented a revised process in February 2015 to ensure all associated complaints records (i.e. staff update training/competency assessment etc) are captured and maintained centrally for inspection review.

Additional matters examined

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

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the **registered manager and assistant services manager**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Unannounced Primary Inspection

Belfast Health and Social Care Trust/ Intensive Domiciliary Support Team

30 March 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with the **registered manager and assistant services manager** receiving feedback during the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 16(2)(a) Regulation 11(1)(3) Regulation 13(b)	<p>The registered manager is required to ensure implementation of mandatory training across all staff groups (including care and management staff) to include supervision and appraisal training for the registered manager and management staff as appropriate. Competency assessments are also required for all mandatory areas.</p> <p>(Minimum standard 12)</p> <p>As discussed within theme one, criteria one and three of the report.</p>	Once	The registered manager will ensure that a process is in place to evidence mandatory training for all staff including competency sign off.	To be completed by 30/06/15
2	Regulation 21 and Schedule 4 and Regulation 22(8)	<p>The registered manager is required to ensure all incidents are reported to RQIA within the required 24 hour timeframe and that all associated records are centrally maintained for future review.</p> <p>As discussed within theme one, criteria two of the report.</p>	Once	A central incident file has now been established which includes Trust datix forms, RQIA notification and outcomes. The manager will ensure that all notifiable incidents are reported within the 24 hour period.	To be commenced with immediate effect

3	Regulation 15(10)	<p>The registered manager is required to ensure service user restraint (bedrails, lapbands or other forms of restraint) are appropriately recorded on service user care plans and/or risk assessments.</p> <p>As discussed within theme two, criteria one of the report.</p>	Once	<p>The care plan has been adapted to reflect any restraint used in the form of bedrails, lapbands or any other methods of restraint used .Service users continue to sign consent for the use of bedrails.Consent forms will be introduced for lap band use .</p>	To be commenced with immediate effect
4	Regulation 16(2)(a) and Regulation 16(4)	<p>The registered manager is required to ensure care staff training, quality monitoring, supervision and appraisal processes are compliant with the agency policy timeframes.</p> <p>As discussed within theme two, criteria one of the report.</p>	Once	<p>An audit process has been in place in place to ensure that all home care co-ordinators meet the expected standards within the agency policy time frames for carrying out.The manager will ensure that where a home care co-ordinator is absent for a period that cover is in place to ensure compliance with this standard.</p>	To be completed by 30/06/15

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 13.2	<p>The registered manager is recommended to review and update the supervision policy to clearly reflect the process and timeframes for all management staff.</p> <p>As discussed within theme one, criteria two of the report.</p>	Once	The agency policy on supervision and performance will be reviewed at the next policy group meeting to include timeframed for managers.	To be completed by 30/06/15
2	Standard 5.2	<p>The registered manager is recommended to ensure all staff recording is compliant with standard 5.2.and where recording is not compliant that appropriate measures are taken to address such matters with individual staff members.</p> <p>As discussed within theme two, criteria one of the report.</p>	Once	An audit is in place with regard to staff recording.An failure to record will be addressed individually to ensure future staff competence and compliance in this area .Also staff meetings and staff news letter will continue to address the reording requirements..	To be commenced with immediate effect

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Nuala Kelly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dillon Chief Executive

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	27/05/15
Further information requested from provider			