PRIMARY INSPECTION

Name of Establishment:	**Trust Domiciliary Service - Banbridge Locality**
Establishment ID No:	**10892**
Date of Inspection:	**13 November 2014**
Inspector's Name:	**Maire Marley**
Inspection No:	**IN020270**

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Trust Domiciliary Service - Banbridge Locality
Address:	Banbridge HSS Centre Scarva Road Banbridge BT32 3AD
Telephone Number:	02840620465
E mail Address:	mel.byrne@southerntrust.hscni.net
Registered Organisation / Registered Provider:	Southern HSC Trust / Mrs Anne Mairead McAlinden
Registered Manager:	Mr Mel Byrne
Person in Charge of the agency at the time of inspection:	Mr Mel Byrne
Number of service users:	447
Date and type of previous inspection:	28 October 2013, Primary Announced
Date and time of inspection:	13 November 2014 10:00am- 4.30pm
Name of inspector:	Maire Marley

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	6
Staff	6
Relatives	13
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	10

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

The agency is one of the Southern Health and Social Care Trust's in house domiciliary service providers. The agency provides services in the Craigavon and Banbridge locality; domiciliary care is provided to 462 service users by 237 staff. The service is commissioned from across the Trust's programmes of care. The services provided include personal and practical care. The agency states in their Statement of Purpose: the aim of the service is to enable service users to live independently in the comfort and familiarity of their own surroundings. The service is also available to provide respite to family and / or friends who provide care, by providing them with time off from their caring role.

Summary of Inspection

The annual unannounced inspection for Trust Domiciliary Service - Banbridge Locality was carried out on 13 November 2014 between the hours of 10:00am hours and 4:00 pm. The agency has made good progress in respect of the identified areas discussed in the body of this report.

The requirement and three recommendations made during the agency's previous inspection on 28 October 2013 were examined. Observations and discussions with the registered manager demonstrated that the agency had responded positively to the requested improvements. This outcome is to be commended. Details of the action taken can be viewed in the section following this summary.

Home Visits

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with six service users and thirteen relatives between 23 October and 19 November 2014 to obtain their views of the service being provided by Southern Health and Social Care Trust's homecare service in the Banbridge vicinity. The service users interviewed live in Dromore, Waringstown and surrounding areas, have been using the agency for a period of time ranging from six weeks to ten years, receive at least three calls per week and are receiving assistance with the following:

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

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 advised of the name of, or are introduced to, new members of staff by a regular carer. The majority of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be contacted by the agency if their carer had been significantly delayed, this is good practice.

It was good to note that all of the people interviewed confirmed that they had no concerns regarding the quality of care being provided by the Trust's care staff and are aware of whom they should contact if issues arise. One relative advised that a complaint had been made in regards to one carer's work and was satisfied with the outcome. All of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service and that observation of staff practice had taken place in their home. Examples of some of the comments made by service users or their relatives are listed below:

- "The agency has been able to provide the same carers following my XXX's discharge from hospital which is great."
- "Peace of mind for the family. They notify us if there are any concerns."
- "All very good."
- "No problems with the carers."
- "The carers take the time to talk to my XXX which is so important."

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of seven service users. During the home visits, the UCO was advised that three service users experience restraint in the form of bed rails; the use of such was documented in their risk assessments.

Review of the risk assessments and care plans advised that one service user is receiving assistance with shopping from the agency; this was confirmed by the relatives of the service user. No records were available for review on the day of the visit and the registered manager has been requested to submit a sample of the records to the UCO for review. One service user was also receiving assistance with medication and the documentation was being completed consistently.

All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets, the UCO noted two issues, namely variation in call times and no out times had been recorded for some calls. The matters were discussed with the registered manager and are to be addressed accordingly.

Summary

The inspector had the opportunity to meet with four 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.

Staff survey

40 staff surveys were issued and 10 completed surveys were returned within the timescales. A sample of the staff comments are recorded as follows:

"I think the care and services provided is very good"
"More training would be good to upgrade our band level eg NVQ 3"

"I work in a doubles team I don't like it when we are send to a client's house who usually gets a single worker there. That we have to split the time between us even though it takes the same time to do the duties as a single worker."

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 inspector agrees with the provider's self- assessment and has assessed the agency as compliant in relation to this theme.

The agency's 'Quality Assurance' policy and 'Statement of Purpose' dated January 2014 were viewed and contained details of the organisational structure, the qualifications and experience of senior staff and included the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager and two supervisors during inspection and review of records for the registered manager and management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012.

The competency process developed and implemented by the agency during 2013/14 was viewed and contained the associated competency assessments for care staff. Records viewed confirmed additional training was provided.

Records reviewed confirmed appropriate appraisal processes were in place for the management team and care staff and there was evidence of supervision processes in place.

Monthly monitoring processes are currently in place and operational. The reports viewed on the day were detailed and found to be satisfactory.

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

A review of the complaints procedure and complaint records resulted in recommendations for further development.

The findings of this inspection indicate there are suitable management arrangements in place to support the delivery of the services provided.

Theme 2 - Records management

The inspector agrees with the provider's self- assessment and has assessed the agency as substantially compliant in relation to this theme.

The SHSCT has a policy and procedure in place on 'Record Keeping' which were found to be satisfactory and in line with Standard 5 of the Domiciliary Care Minimum Standards. The policy contained guidance for staff on this subject. A copy of the document is contained in the Domiciliary Care Workers handbook.

A range of templates reviewed during inspection supported appropriate processes are in place for service user recording in the areas of general care and medication. Review of service user

care files during inspection resulted in recommendations in regard to the development of assessments and care plans.

The registered manager reported that a nurse had been seconded by the Trust to undertake a review of service users who currently receive medication in their homes. This member of staff is invited to staff meetings to share learning with the team. This is commended.

The agency has a policy and procedure in place on use of restraint dated January 2014 which was reviewed as satisfactory.

The registered manager reported that the agency currently provides care to a number of service users that require some form of restraint. The care plans and risk assessments viewed during the UCO home visits in relation to this area were found to be detailed. The area of service user restraint was not reviewed during this inspection but was discussed with the registered manager and staff team. The registered manager reported in the event of challenging behaviour incidents a Mova Specialised Advisor would be allocated and training would focus on the staff team working with the service user. This is commended.

The agency has a policy on 'Handling Service Users Monies'. There was evidence that the policy had been discussed at staff meetings and staff had been provided with Fraud Awareness training. Management reported in the main they do not handle monies for service users however at present they handle the monies for one service user. The arrangements in place were discussed with the staff team. It is recommended that the arrangements are clearly recorded in the service users agreement and systems implemented to monitor these arrangements.

Requested records were readily available and easy to reference and the registered manager was organised and available for discussion and clarification throughout the inspection.

Review of service user care files during this inspection and the UCO visit resulted in four recommendations relating to service users assessments, care plans and evaluation logs, when implemented these will further enhance the records already in place.

Theme 3 – Recruitment

The inspector agrees with the provider's self- assessment and has assessed the agency as compliant in relation to this theme.

Review of the agency policy, procedure and five recruitment records confirmed compliance with Regulation 13 and Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standards 8.21 and 11.2 of The Domiciliary Care Agencies Minimum Standards (2008.)

It is recommended that the Trust provides the registered manager with proof that the full recruitment process has been fully completed and the outcome is satisfactory.

Staff views

The inspector had the opportunity to meet with four care 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. A staff member recruited within the past year described recruitment processes in line with the agency policy and procedure.

Discussions were held with two supervisors who demonstrated a good knowledge of the issues and challenges facing the team and were fully familiar with their roles and responsibilities. The supervisors competently answered queries about supervision and the training and development needs of the team. They confirmed they were in receipt of training relating to supervision and recruitment and were aware of their role in regard to the monitoring and auditing of records. No issues were identified on this occasion.

In conclusion eight recommendations are made as a result of this inspection and were discussed with the registered manager. Details of the requested improvements along with timescales can be viewed in the QIP attached to this report.

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 17	The registered manager is required to expand their staff handbook to include their updated 'safeguarding vulnerable adult's' procedure along with details of their current training opportunities.	A review of the staff hand-book found that the 'safeguarding vulnerable adult's' procedure along with details of the training programme had been updated and included in the hand-book.	**Once**	**Compliant**

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Minimum Standard 14.1	The registered manager is recommended to expand their 'safeguarding vulnerable adult's' procedure to cross reference 'Safeguarding Vulnerable Adults A Shared Responsibility Standards and Guidance (2010)' and include a flowchart of key steps staff should follow within the process.	The information presented for inspection included the leaflet "See Something Say Something" and a flow chart detailed the procedures for Responding to Concerns in regard to Vulnerable Adults. Contact details for the Safeguarding Team and the Out of Hours Service were also included.	**Once**	**Compliant**
2	Minimum Standard 14.4	The registered manager is recommended to include staff competency assessments following protection of vulnerable adults training both at the end of the training session and at a date following actual training to ensure continued staff understanding of their roles and responsibilities regarding protection of vulnerable adults.	The registered manager provided evidence of the competency test completed by staff following the Protection of Vulnerable Adult Training.	**Once**	**Compliant**
3	Minimum Standard 9.5	The registered manager is recommended to review all policies and procedures as part of a 3 yearly process as detailed within Minimum Standard 9.5.	A random selection of policies were selected and found to be reviewed in January 2014.	**Once**	**Compliant**

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
Criteria Assessed 1: Registered Manager training and skills Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency. Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill. Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). **Ref: RQIA's Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012**	
Provider's Self-Assessment:	
10.3 Managers and staff attend Mandatory training as dictated by the Organistion and training required by RQIA and NISCC. This can be evidenced by personal files and training database **11.1 The Agency can evidence that it's statement of purpose reflects lines of accountability , management structure. It operates in accordance with legistive requirements and its staff are familiar with the Agencies Policies and Procedures. The NISSC code of practice for employers and staff are adhered to and canbe evidenced through personal files, supervision, team meetings and disciplinary records.** **8.17 The registered managers are compliant with required training and this can be evidenced through personal files and training databases.**	Compliant

Inspection Findings:	
The statement of purpose dated 7 November 2014 and the policy on Management and Control of the agency dated 1 January 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. The document included details of the registered person, registered manager, together with the office managers, co-ordinators and care staff. Training records for the registered manager Mr Mel Bryne were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012.). The registered manager has obtained a range of post graduate training to ensure he remains up to date with developments and has the skills and competency to manage the agency. Records examined during inspection confirmed that the registered manager is currently registered with NISCC. Most areas of training reviewed included a competency assessment element and related to medicines, protection of vulnerable adults, infection control and direct observations. Records viewed were appropriately signed and dated by the assessor.	Compliant

Criteria Assessed 2: Registered Manager's competence 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. Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement. 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.	
Provider's Self-Assessment:	
8.10 Supervision, manual handling , medicines, out of hours practices, staff survey and service user have all been audtied and completed and can be evidenced at inspection. Follow up action can be evidenced through Newsletters, medication action plans, Quality Improvement Meeting minutes. **7.13 The Agency can evidence that incidents and errors are reported on DATIX and same notified to RQIA in accordance with Trust and RQIA reporting procedures. Trust pharmacy Director is copied into all incidents.** **12.9 QCF level 2 award evaluates training on practice through practical assessments. Other competency based training includes medicines, manual handling. The Quality Improvement group meet quarterly to review training needs and improve practice** **13.5 All staff are subject to an annual appraisal wth their line manager which can evidenced in their personal files.**	Compliant

Inspection Findings:	
The agency supervision and appraisal policy and procedure was examined and found to have been reviewed in October 2012. The document detailed the supervision process and covered social workers and social care staff and included staff working in senior management roles. A separate supervision policy standards and criteria dated May 2011 was in place for domiciliary care workers. In addition, the trust adopted and implemented the KSF framework. There was evidence that systems are in place for the appraisal and supervision of the registered manager. The inspector reviewed the agency log of incidents reported through to RQIA over the past year. There were three incidents in regard to medication. Review of these incidents confirmed appropriate recording and reporting to RQIA within appropriate timeframes. Monthly monitoring reports completed by the registered person were reviewed during inspection for the months of April 2014 until September 2014 and found to be detailed, concise and compliant. The inspector was satisfied that monitoring arrangements were in place to include the staff competency assessments in regard to medicines, protection of vulnerable adults, infection control and direct observations. The agency had completed their annual quality review for the year April 2013 until March 2014 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements.	Compliant

Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc) 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. 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. Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.	
Provider's Self-Assessment:	
13.b The agency can evidence that no staff member has commenced without approriate checks and has been given the skills to carry out required duties. **7.9 No care workers administer eye / ear / creams/ lotions to a service user until they have been trained and deemed competent through the Agencies (MMSA) Medicaine Management Skills Assessment which is assessed by a qualified specialist nurse.** **12.4 The training needs of staff are identifed and met through supervision, appraisal, incidients, complaints , social service inhouse training unit annual training and development plan.** **13.1 Managers and supervisory staff are trained in supervision and appraisal and can be evidenced through personal files and training database. The Agency has a rolling programm for supervisory staff to undertake QCF level 5 supervison module**	Compliant

Inspection Findings:	
The agency holds a training and development policy and procedure which sits alongside the training and development programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant. Training records for the supervisors and care staff were found to be in place regarding all areas of mandatory training areas. The agency has a policy on 'Handling Service Users Monies' and there was evidence that the policy had been discussed at staff meetings and staff had received training in Fraud Awareness. Management reported in the main they do not handle monies for service users. However at present they are handling one service user's monies. This care plan was not viewed on this occasion however the arrangements in place were discussed with the staff team. It is recommended that the arrangements are clearly recorded in the service users agreement and systems implemented to monitor the arrangements. The area of service user restraint was not reviewed during inspection but was discussed with the registered manager and staff team. The registered manager reported in the event of challenging behaviour incidents a Mova Specialised Advisor would be allocated and focus the training for the staff working with the service user. This is commended.	Compliant

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc) 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. Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement. 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.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
8.10 Supervision, manual handling , medicines, out of hours practices, staff survey and service user have all been audtied and completed and can be evidenced at inspection. Follow up action can be evidenced through Newsletters, medication action plans, Quality Improvement Meeting minutes. **7.13 The Agency can evidence that incidents and errors are reported on DATIX and same notified to RQIA in accordance with Trust and RQIA reporting procedures. Trust pharmacy Director is copied into all incidents.** **12.9 QCF level 2 award evaluates training on practice through practical assessments. Other competency based training includes medicines, safeguarding. The Quality Improvement group meet quarterly to review training needs and improve practice** **13.5 All staff are subject to an annual appraisal wth their line manager which can evidenced in their personal files.**	Compliant

Inspection Findings:	
The information detailed in the provider's self -assessment was evidenced in the records viewed during inspection. There was evidence of the audits undertaken in regard to supervision, service user's agreements, medication, incidents/accidents, and complaints. The SHSCT supervision and appraisal policy and procedure dated 2012 was clearly referenced regarding practices for the supervision and appraisal of both management and staff. The records for two domiciliary supervisors were examined and found to contain evidence that annual appraisal had been undertaken for each supervisor in 2014. There was evidence to confirm that staff are in receipt of supervision every four to six weeks. Domiciliary care staff are directly observed by their supervisor in the client homes and there is an opportunity for staff to discuss their development in the office following the observation. Records for five care staff were examined and the direct observations were found to be up to date and relevant. Each staff member's annual appraisal was up to date and included training and development needs. The care staff consulted expressed that the management team were very supportive and approachable and felt that their supervisors were always there to support and encourage them. No issues were identified by the staff team. There was evidence that staff are encouraged to undertake the QCF level 2 award that considers the effect of training on practice. The Trust should consider how the outcomes of these evaluations can be captured into a competency based framework for staff. The current monthly monitoring reports include an interview with members of staff and their views are passed to the registered manager for consideration (as required).	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

THEME 2 Regulation 21 (1) - Records management	
Criteria Assessed 1: General records Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are— (a) kept up to date, in good order and in a secure manner; and (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority. (2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user's home and that they are kept up to date, in good order and in a secure manner. Standard 5.2 The record maintained in the service user's home details (where applicable): • the date and arrival and departure times of every visit by agency staff; • actions or practice as specified in the care plan; • changes in the service user's needs, usual behaviour or routine and action taken; • unusual or changed circumstances that affect the service user; • contact between the care or support worker and primary health and social care services regarding the service user; • contact with the service user's representative or main carer about matters or concerns regarding the health and well-being of the service user; • requests made for assistance over and above that agreed in the care plan; and • incidents, accidents or near misses occurring and action taken. Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.	**COMPLIANCE LEVEL**

Provider's Self-Assessment:	
21.1 The Agency endeavours to ensure that records are maintained, kept up to date, in good order and secure and can be made available for Inspection. **2 The Agency ensures that all service users receive a service user agreement which specifies service users needs and care plan can be evidenced in inspection.** **5.2 The Agency can evidence that records are contained in the service user agreement as per Standard**	Substantially compliant
Inspection Findings:	
The agency policies on Recording and Reporting care practices dated January 2014, Handling Service User's Monies dated January 2014 and the Restraint Policy were all reviewed during inspection as compliant. The staff handbook also detailed the policies. Templates were reviewed during inspection for: • Daily evaluation recording • Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications. 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 hold a money agreement within the service user agreement • Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping • Staff spot checking template which includes a section on adherence to the agency recording policy • Staff group supervision template includes records management (recording and reporting) All templates were reviewed as appropriate for their purpose. Review of five staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for the period January 2014 –October 2014 were reviewed as compliant with no staff competence issues arising**.** This was confirmed during discussion with the registered	Substantially compliant

manager.

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for four staff members during inspection and found to be satisfactory. Managing service user's monies is not an area of specific training but is included in the Trust's Fraud Awareness training and discussed at staff meetings. The registered manager and supervisors reported that the agency operate a no restraint policy and in the event of challenging behaviour a focus group would respond and work specific to the service user needs .

Records viewed on the day did not indicate that any form of restraint is in place and there have been no reports of restraint from this agency. However in discussion with staff it was confirmed that restraint is in place for a number of service users in respect of bedrails. The inspector did not have the opportunity to view these files however it is recommended that management ensure care records are audited and any restraint in regard to the use of lap belts, cot sides and the security arrangements for individual homes is clearly detailed in the care plans. These arrangements must be agreed by the multi –disciplinary team and should demonstrate that it is in the best interest of the service user.

The registered manager and supervisors confirmed that records management is a regular topic for discussion during staff meetings/group supervision; this was evidenced in the review of the minute of staff meetings.

Review of seven service user files during the inspection confirmed appropriate recording in the general notes and medication records. It was recommended that staff sign their full name in the daily evaluation recordings and use only black ink/pen.

The inspector found that information contained in the assessment of need for service users was not sufficiently robust to inform care staff of the person's physical and mental health, emotional well-being, capacity for the activities of daily living and self- care. There was no information recorded in regard to how the service user spends their day. The registered manager must ensure that a person centred, holistic assessment of need is obtained for each service user before the service commences. The assessment of need should include all elements of Standard 3 criterion 3.2 of Domiciliary Care Agencies Minimum Standards (2008).

It was noted that information in care plans was also very limited and focused mainly on tasks without providing details of the full support or care to be provided. Further development is recommended for the care plans.

Criteria Assessed 3: Service user money records 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. 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).	
Provider's Self-Assessment:	
15 (6) & (d) The Agency ensures that service user agreement and care plan contains a specific recording proforma to evidence appropriate handling of service users money. **8.14 Records can be viewed on inspection to demonstrate compliance**	Compliant
Inspection Findings:	
Review of the care plans during the inspector home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the inspector. This was however questioned during the inspection day by the inspector following discussions with the staff members who eluded to the arrangements in regard to receiving monies on behalf of a service user. The staff member reported on the arrangements in place however it is recommended that the service user agreement is reviewed to ensure it clearly identifies the arrangements in place in regard to receiving monies on behalf of a service user. Clear processes should be in place to monitor these arrangements.	Substantially 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 3 Regulation 13 - Recruitment	
Criteria Assessed 1: Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (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. Standard 8.21 The registered person has arrangements in place to ensure that: • 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 . Standard 11.2 Before making an offer of employment: • 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:	
13, 8.21, 11.2 The Agency recruits new staff in compliance with Trust policies and procedures, external regulation and good practices. Evidence will be made available for inspection through the Trust Human Recources Department	Compliant
Inspection Findings:	
Review of the SHSCT recruitment policy dated 2012 confirmed compliance with Regulation 13 and Schedule 3 of The Domiciliary Care Agency Regulations (Northern Ireland) 2007 and standards 8.21 and 11.2 of the Domiciliary Care Agency Minimum Standards (2007). It is recommended that the Trust provides the registered manager with proof that the full recruitment process has been fully completed and the outcome is satisfactory. Staff consulted confirmed job descriptions were issued during the recruitment process.	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 the complaints records during the agency's inspection and found the last recorded complaint was dated 6/5/14. The record indicated that the complaint had been passed to the Trust's complaints officer and was recorded on 6/5/14 as closed. In accordance with the minimum standards the record should detail all communication with complainants, the results of any investigation and the action taken. A review of the complaints procedure and the information provided to service users resulted in a recommendation that the information is updated to include information on the role and function of the RQIA.

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 Mr Mel Byrne registered 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:

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

The Regulation and Quality Improvement Authority

Quality Improvement Plan

Primary Unannounced Inspection

Trust Domiciliary Care Banbridge

13 November 2014

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 Mr Mel Byrne registered manager 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.

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	3.1	The registered manager must ensure that a person centred, holistic assessment of need is obtained for each service user before the service commences.	One	The Registered Manager will inform key workers and supervisors that new packages cannot be taken until a person centred, holistic assessment of need is available.	No later than March 2015
2	3.3	The registered manager should ensure; • care plans detail the care and services to be provided for the service user • specifies how specific needs and preferences are to be met • details the management of identified risks • an identified care plan must be reviewed to ensure it clearly identifies the arrangements in place in regard to receiving monies on behalf of a service user. • Clear processes should be in place to monitor these arrangements.	One	A short life working group will be set up between the ICT teams and the Dom care team in January 2015. This group will work on developing a more detailed care plan which specify the care and services to be provided for the service user and includes any risk assessments required and arrangements for the handling of client's money. These will be monitored by Key worker, DCS and monitoring officer.	No later than March 2015

3	5.2	The registered manager should ensure that; • Care records are audited to ensure any restrictive practice in regard to the use of lap belts, cot sides and security arrangements for individual homes is clearly detailed in the care plans. • These arrangements must be agreed by the multi –disciplinary team and should demonstrate that it is in the best interest of the service user.	One	The monitoring manager will check as part of their monthly monitoring that any restrictive practice is clearly identified in the care plans. Where this information is not available or needs updated this will be reported to the key worker for follow up with the responsible professional.DCS will ensure when accepting a new package where restrictive practice is indicated that this is detailed in the care plan. For existing cases the DCS will also check during their monitoring visits that this is in the client's care plans.	No later than March 2015
4	11.2	It is recommended that the Trust provides the registered manager with written proof that the recruitment process has been fully completed and the outcome is satisfactory.	One	The Registered Manager will make arrangements with the BSO that in any future recruitment exercises that they will provide additional proof that the recruitment process has been fully completed and the outcome is satisfactory before any worker is commenced	No later than March 2015
5	5.2	The registered manager should ensure staff sign their full name in the daily evaluation recordings and use only black ink/pen.	One	Supervisors and the monitoring officer will check that DCW's are clearly writing their first and second names in the daily record sheets in black ink. This will be reinforced with staff at	No later than March 2015

				team meetings and training. Where a worker persists in not doing this then the Trust's disciplinary process will be utilised.	
6	15.4	The registered person should ensure information in regard to complaints is updated to include information on the role and function of the RQIA.	One	The registered manager will instruct the Complaints department of the trust that their information is updated to include information on the role and function of RQIA	No later than March 2015
7	15.10	The registered manager must ensure complaint records details all communication with complainants, the results of any investigation and the action taken.	One	All complaint information is held centrally by the complaints department and the outcome and action taken. All such documentation will be made available for inspection.	No later than March 2015
8	8.10	The registered manager should consider how the outcomes of staff evaluations can be captured into a competency based framework for staff.	One	The registered manager will work alongside the Trust's social services training department and with the EDL department to consider how the outcomes of staff evaluations can be captured into a competency based framework for staff	No later than March 2015

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	Mel Byrne
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	MARIAN MCALINDEN

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	M. Marley	16/2/15
Further information requested from provider			