



The Regulation and  
Quality Improvement  
Authority

## PRIMARY INSPECTION

**Name of Establishment:** Western Health & Social Care Trust Home Care  
Department Holly Villa

**Establishment ID No:** 10897

**Date of Inspection:** 19 March 2015

**Inspector's Name:** Caroline Rix

**Inspection No:** 020643

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**General Information**

<b>Name of agency:</b>	Home Care Department Holly Villa
<b>Address:</b>	Western Health & Social Care Trust Home Care Department Holly Villa Tyrone & Fermanagh Hospital Site Omagh BT79 0NS
<b>Telephone Number:</b>	02882835935
<b>E mail Address:</b>	martin.mcgeady@westerntrust.hscni.net
<b>Registered Organisation / Registered Provider:</b>	Ms Elaine Way
<b>Registered Manager:</b>	Martin McGeady
<b>Person in Charge of the agency at the time of inspection:</b>	Martin McGeady
<b>Number of service users:</b>	424
<b>Date and type of previous inspection:</b>	Announced Primary Inspection 4 March 2014
<b>Date and time of inspection:</b>	Primary Unannounced Inspection 19 March 2015 from 10.15am to 3.30pm
<b>Name of inspector:</b>	Caroline Rix

## Introduction

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

This is a report of a primary 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	3
Staff	0
Relatives	6
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	40	4

### Inspection Focus

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

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

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

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

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

## Profile of Service

Domiciliary care is provided by the Western Health and Social Care Trust (WHSCT), in the Omagh area, through the Homecare Department, Holly Villa. The registered Manager is Mr Martin McGeady, who has operational responsibility for the three homecare offices based at Spruce Villa, Londonderry; Holly Villa, Omagh; and The Hope Centre, Enniskillen. Mrs Caroline Baxter, homecare services manager, has day-to-day management responsibility for the services managed from Holly Villa and the Hope Centre.

Homecare Department, Holly Villa services are currently being provided to 424 service users by a team of 189 staff. Support is provided to service users in the localities of Strabane, Castlederg and Omagh. The agency provides personal care support, intermediate care and rapid response services along with more traditional domestic and social support. The aim is to deliver high quality home care to people in the Trust's area, to enable those with assessed health and social care needs to continue living in their own homes. The service employs care staffs who are trained to promote service users' independence and quality of life.

## Summary of Inspection

### Detail of inspection process

The annual unannounced inspection for Homecare Department, Holly Villa was carried out on 19 March 2015 between the hours of 10.15 and 15.30. The agency has made good progress in respect of the identified areas discussed in the body of this report.

The user consultation officer (UCO) spoke with three service users and six relatives between 5 March and 2 April 2015 and a summary of feedback is contained within this report. Findings following these home visits were discussed with the homecare services manager.

The inspector did not have the opportunity to meet with staff members to discuss their views on the day of inspection as this was an unannounced inspection and staffs was not available.

Homecare Department, Holly Villa had two requirements and three recommendations made during the agency's previous inspection on 4 March 2014. Both requirements were found to be 'compliant'. Two of the three recommendations were also found to be 'compliant' with one 'substantially compliant'. This outstanding recommendation has been included within the quality improvement plan (QIP) attached to this report. This outcome is to be commended.

**Two requirements and two recommendations (one restated from 4 March 2014) have been made in respect of the outcomes of this inspection.**

### Staff survey comments

Forty staff surveys were issued and four (plus five after the closure date) received which is a disappointing response. The registered manager confirmed that all surveys had been distributed to staff on receipt.

Some staff comments were included on the returned surveys as follows;

'I think the HSC provides a very good quality of care in the community.'

'Supervisor acts on my comments refer to social worker etc and usually rings back with update, very easy to speak to.'

'I can only comment on my own rota, I'm happy and enjoy my job. The feedback I get from my clients regarding their care or the time spent with them makes my job worthwhile and reflects the need and the value of our service.'

## Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with three service users and six relatives between 5 March and 2 April 2015 to obtain their views of the service being provided by the Western Health and Social Care Trust. The service users interviewed have been using the agency for a period of time ranging from approximately four months to seven years and receive assistance with the following at least once per day:

- Management of medication
- Personal care
- Meals

The UCO was advised that care is usually 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 carer had been significantly delayed, this is good practice. One relative felt that, on occasion, care can be rushed; this matter was discussed with the homecare services manager and is to be kept under review.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from the Western Trust. All of the people interviewed were aware of whom they should contact if they have any concerns; one relative informed the UCO that a complaint had been made and they were satisfied with the outcome. Examples of some of the comments made by service users or their relatives are listed below:

- "Not a complaint of any kind."
- "Very efficient and friendly."
- "Know them all well."
- "There's good communication between the carers and the family."

The majority of the people interviewed were unable to confirm that management from the agency visits to ensure their satisfaction with the service or that observation of staff practice had taken place; this was discussed with the homecare services manager during the inspection and records evidenced these visits had taken place.

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 three service users. During the home visits, the UCO was advised that one service user experiences restraint in the form of lap bands and bed rails, however there was no risk assessment in the service user's file for review.

None of the service users are receiving financial assistance from the agency; therefore there was no documentation to review in this regard. One service user is receiving assistance with medication however this was not part of the care plan and the medication log sheets were not consistently completed.

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 that all calls had not been recorded by the carers. It was also noted that one file did not contain a copy of the service user's risk assessment. The above issues were discussed with the homecare services manager and are to be addressed accordingly.



## 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' and the 'Operational Procedures' were reviewed as compliant reflecting a clear structure regarding the agency management, the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager during inspection and review of records for the registered manager and management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. However update training in the area of manual handling was found to be overdue for the registered manager and this is to be addressed.

Review of appropriate appraisal processes for all management staff were confirmed during inspection along with staff supervision processes in line with their procedure timescales.

Monthly monitoring processes are currently in place and operational. The monthly monitoring reports reviewed during inspection were found to be detailed, concise and compliant.

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

One requirement and one recommendation have been made in relation to this theme.

The registered manager is required to ensure registration with professional regulator body (NISCC) is maintained.

The registered manager is recommended to complete outstanding update training on mandatory subject areas.

### Theme 2 - Records management

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

The agency's policies on 'Recording and Reporting Care Practices' and 'Restraint' reviewed during inspection were found to be satisfactory and in line with standard 5 and contain guidance for staff on these subjects.

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 home files during inspection supported general compliance in these areas. However one service user home file did not contain details of medication assistance provided within their care plan and the medication log sheets were not consistently completed.

The agency currently provides care to a number of service users that require some form of restraint. The service user care plans and risk assessments sampled in relation to the area of bedrails and lap belts were found, within the office files, to be appropriately detailed. However, one service user's home file did not contain a risk assessment and is recommended to be addressed.

The procedure 'Guidelines for Handling Client's Finances and Associated Matters' was reviewed, however is required for expansion to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping. Review of service user's records indicated that financial assistance and shopping is not currently provided to service user by agency staff.

One requirement and one recommendation (restated from 4 March 2014) have been made in relation to this theme.

The registered manager is required to expand their 'Guidelines for Handling Client's Finances and Associated Matters' procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.

The registered manager is recommended to ensure that each of the service user home files contains full documentation i.e. care plans, risk assessments, and that log sheets are fully completed by homecare workers.

### **Theme 3 – Recruitment**

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

Review of the 'Selection and Appointment policy, procedure and Addendum for Homecare Department' dated March 2011 was found to be compliant with Regulation 13 and Schedule 3.

Review of four staff personnel files confirmed compliance with Regulation 13, Schedule 3 and Standard 11. Records evidenced that staff personnel files contained relevant information for the registered manager relating to for each domiciliary care worker to enable the day to day management of the agency.

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 16(2)(a)	Mandatory training, postponed from 29 Jan. 2014, should be rescheduled at the earliest possible time.	Records evidenced that the postponed mandatory training had been completed during February 2014.	Once	Compliant
2	Regulation 16(4)	The registered person must ensure that all homecare staff have supervision and appraisals in accordance with the minimum standards	Records evidenced that homecare staff have received supervision and appraisals in line with their procedure timeframes.	Once	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 16.3	Supervisors should ensure, as far as it is possible, that service users understand the reason for their visit, e.g. direct observation of care worker, and that they agree to it. Such visits should be recorded in the home file.	Records viewed for November 2014 to February 2015 evidenced that service users/families were advised of the home visit purpose. When observed practice/staff supervision visits were taking place in service users homes the supervisor received feedback on care provided.	Once	Compliant
2	Standard 3.2	The registered person should ensure that each of the home files contains a risk assessment and that log sheets are fully completed by homecare workers.	Records viewed within service users home files evidenced that care plans and risk assessments are not all in place. Recording by homecare workers was not found to be consistently completed.	Once	Substantially compliant
3	Standard 8.2	One staff member commented, "when phoning office, answering machine is very often what you get". This has been confirmed in follow-up attempts. It is recommended that a system be established to ensure that calls are either answered in the office or that they are automatically re-routed to someone in a supervisory position.	A review of the telephone system was completed and the process of answering incoming calls has not been found to be a problem. No further complaints received regarding this area.	Once	Compliant

<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The Registered Manager undertakes all mandatory training as recommended on RQIA Guidance on Mandatory Training for Providers of Care in Regulated Services 2012. The Registered Manager is currently completing QCF5 Health &amp; Social Care Management.</b></p> <p><b>The Registered Manager also undertakes other ad hoc training in to ensure that he develops the necessary skills for managing the agency, e.g, complaints , equality screening, systems development, Reablement, Care Planning Assessment &amp; Review, Out of Hours, Information Governance, etc.</b></p> <p><b>The Registered Manager maintains a log of all training and development undertaken.</b></p> <p><b>The Registered Manager discusses his training and development needs with his line manager on a regular basis.</b></p>	<p>Compliant</p>

Inspection Findings:	
<p>The 'Statement of Purpose' dated April 2014 and the 'Operational Procedures' dated September 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered provider and registered manager together with the homecare services manager, four homecare co-ordinators and home care staff.</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). One of the mandatory training areas was reviewed as out of date in the last 18 months (i.e. Manual handling) and has been recommended for renewal. The manager has also completed training in the areas of supervision and appraisal and this is to be commended.</p> <p>Most areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor.</p> <p>The registered manager is currently enrolled on additional training; QCF Level 5 in Leadership in Health and Social Care Services (Adult Management Wales and Northern Ireland) and is expected to complete this course by September 2015, 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 not currently registered with NISCC and this is required to be addressed.</p>	<p>Substantially Compliant</p>

<p><b>Criteria Assessed 2: Registered Manager's competence</b></p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The Registered Manager has developed a range of activity consistent with policies and procedures and regulatory requirements to ensure that work practices are systematically audited, e.g., Supervision, Appraisal &amp; Observed Practice, Team Meetings, Client Monitoring, Service User and Staff Questionnaires, review of complaints and untoward accidents.</b></p> <p><b>The Homecare Department have medication and untoward incident policies that require staff to identify, report, record and review when incidents occur. In those cases where policy has been breached or an incident requires a review of the policy these are reported to RQIA or WHSCT Medicines Governance Department.</b></p> <p><b>Staff are required to undertake mandatory training routinely, evidence of learning is captured as part of this. Staff practice is also routinely observed by their line manager, any issues emanating from practice are addressed with staff and further training arranged. Care Practice for all staff is also reviewed from any learning that emanated from other audit and monitoring arrangements, e.g., complaints, untoward incidents, questionnaires etc. Issues arising are referred back to the departmental training officer, Homecare Services Manager and Registered Manager to review.</b></p> <p><b>All staff in the WHSCT Homecare Department receive appraisal yearly in accordance with policy and</b></p>	<p>Compliant</p>

<p><b>procedure. Objectives are set against performance and appropriate training is planned for the following year.</b></p>	
<p><b>Inspection Findings:</b></p>	
<p>The agency 'Staff Supervision and Appraisal' policy and procedure dated May 2013 was clearly referenced regarding practices for care staff and the processes for management staff supervision and appraisal.</p> <p>Appraisal for the registered manager currently takes place on an annual basis and was reviewed for May 2014. Supervision currently takes place and records reviewed for these meetings.</p> <p>The inspector reviewed the agency log of incidents; none were required to be reported through to RQIA over the past year. Review of the incidents log confirmed appropriate recording and reporting to the relevant bodies.</p> <p>Monthly monitoring reports completed by the Assistant Director of Intermediate Care and Rehabilitation (delegated person) were reviewed during inspection for September and December 2014 and found to be detailed, concise and compliant. These reports include a section relating to the area of staff training and competency, for use as appropriate.</p> <p>The agency had completed their Annual Quality Report for the year 2013/2014, issued in May 2014, was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements.</p>	<p>Compliant</p>



<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 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><b>Provider's Self-Assessment:</b></p>	
<p><b>All newly appointed staff required to undertake a 5 day induction [orientation] before they commence work comprising of all areas of Mandatory training complemented by mentoring by an experienced member of the care team. Following completion for any new staff who has not previously worked as a social care worker, a further induction that meets the requirements of the NISCC Induction Standards is completed. During this Induction competencies are assessed over a 3 month period.</b></p> <p><b>Community Nurses provide on site training to named carers when required for specific techniques in the application of medications, e.g., ear drops, eyedrops, applications of creams.</b></p> <p><b>All staff receive regular Supervision and Annual Appraisal. Staff also attend regular Team Meetings where training needs are also discussed. Specific training needs in respect of staff roles and responsibilities are discussed at Supervision &amp; Appraisal. Objectives are set at Appraisal and this monitored and reviewed against practice.</b></p> <p><b>All Management and Supervisory staff have received training in Supervision and Performance Appraisal.</b></p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency holds a 'Staff Training and Development' policy and procedure which sits alongside their training programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and details the training needs for staff and timescale for refresher training. The organisation employs a departmental training officer who coordinates staff training.</p> <p>Training records for the homecare services manager and one of the homecare coordinators were found to be in place regarding all areas of mandatory training areas in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>These two management staff has also completed training in the areas of supervision and appraisal and this is to be commended.</p> <p>Most areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor.</p>	<p>Compliant</p>

<p><b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b></p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The Registered Manager and management staff adhere to a range of activity consistent with policies and procedures and regulatory requirements to ensure that work practices are systematically audited, e.g., Supervision, Appraisal &amp; Observed Practice, Team Meetings, Client Monitoring, Service User and Staff Questionnaires, review of complaints and untoward accidents.</b></p> <p><b>The Homecare Department have medication and untoward incident policies that require staff to identify, report, record and review when incidents occur. In those cases where policy has been breached or an incident requires a review of the policy these are reported to RQIA or WHSCT Medicines Governance Department.</b></p> <p><b>Staff are required to undertake mandatory training routinely, evidence of learning is captured as part of this. Staff practice is also routinely observed by their line manager, any issues emanating from practice are addressed with staff and further training arranged. Care Practice for all staff is also reviewed from any learning that emanated from other audit and monitoring arrangements, e.g., complaints, untoward incidents, questionnaires etc. Issues arising are reviewed and appropriate action taken., e.g, review of procedure, review of training, capability.</b></p> <p><b>All staff in the WHSCT Homecare Department receive appraisal yearly in accordance with policy and</b></p>	<p>Compliant</p>

<p><b>procedure. Objectives are set against performance and appropriate training is planned for the following year.</b></p>	
<p><b>Inspection Findings:</b></p>	
<p>Appraisal records sampled for the homecare services manager and one of the homecare coordinators were found to have taken place annually, and were reviewed during inspection for 2014 and 2015.</p> <p>Supervision records for both of these management staff were viewed and found to be appropriately detailed, and confirmed as having taken place in line with their procedure timescale.</p> <p>It was discussed and reviewed during inspection that the majority of management staff are currently registered with NISCC with the remaining having applied for renewal.</p>	<p>Compliant</p>

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

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

**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**

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The WHSCT Homecare Department maintains electronic and paper records for services users and staff. Service User records are kept up to date and are secured in locked filing cabinets. Records maintained on ICT systems are pass coded and relevant permissions set to ensure only those staff that requires access will be able to do so.</b></p> <p><b>The WHSCT Homecare Department also maintains service users records in their own home. Records maintained in this setting include:</b></p> <p><b>Services User Care Plan - with a detailed records of the prescribed service</b></p> <p><b>Service User Agreement</b></p> <p><b>Moving &amp; Handling Risk Assessment</b></p> <p><b>Financial Affairs Documentation [as appropriate]</b></p> <p><b>Medication Documentation [as appropriate]</b></p> <p><b>Records of visits by Homecare staff</b></p> <p><b>Staff also maintain a record of information outlined in Standard 5.2 and sign these records to identify the person making the entry.</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency's policies on 'Recording and Reporting Care Practices' and 'Restraint' were reviewed during inspection as compliant. The agency's 'Guidelines for Handling Client's Finances and Associated Matters' procedure dated September 2013 was found to be substantially compliant, however is recommended to be expanded to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping. The 'Homecare Staff Handbook' dated April 2013 contains details on recording and reporting.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>• Daily evaluation recording</li> <li>• Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications.</li> <li>• The agency hold a money agreement within the service user agreement</li> </ul>	<p>Substantially compliant</p>

- 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 four staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2014 were reviewed as compliant with no staff competence issues arising.

The registered manager and management staff discussed recording and reporting as a regular topic during staff meetings/group supervision, review of recent staff meetings minutes for three dates in February 2015 evidenced this topic.

Review of four service user files confirmed appropriate recording in the general notes and medication records. Review of medication agreements within three service user files confirmed the process of medication assistance had been discussed, agreed and confirmed/signed with service users and/or family member before medication assistance commenced with agency staff. However one service user home file did not contain details of medication assistance provided within their care plan and the medication log sheets were not consistently completed.

Review of service user records during the inspection and discussion with the registered manager confirmed that restraint is in place for a number of service users in respect of bedrails. Review of two service users files evidenced that the use of bedrails, and a lap belt for one service user, was clearly documented within their care plans and risk assessments. However, one service user's home file did not contain a risk assessment relating to restraint and is recommended to be addressed.

As detailed within their previous QIP, the registered manager is recommended to ensure that each of the service user home files contains full documentation i.e. care plans, risk assessments, and that log sheets are fully completed by homecare workers. **(Restated from 4 March 2014).**

<p><b>Criteria Assessed 3: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—          (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The WHSCT Homecare Department has a Financial Affairs Procedure that specifies arrangements for care staff where they are required to act as an agent for, or receive money from a service user as part of their prescribed service. The referring agent and care co-ordinator will visit the service user to gain signed consent of the arrangements agreed and a copy of the procedure will be provided. The WHSCT will arrange for the care staff involved to record any financial transactions undertaken on behalf of the service user. These records will be monitored and reviewed by the Care Coordinator.</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspector viewed the staff ‘Guidelines for Handling Client’s Finances and Associated Matters’ however as detailed within the criteria above, staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping is required to be developed.</p> <p>The registered manager confirmed that at present no service users are in receipt of regular financial assistance, for example shopping, by the agency staff, therefore no records in relation to this area were reviewed.</p>	<p>Not applicable</p>



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

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

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

<p><b>Provider's Self-Assessment:</b></p>	
<p>Before making an offer of employment the Western Trust Homecare Department will require all of the following to be satisfied;</p> <ul style="list-style-type: none"> <li>• The applicant's will be required to provide photographic proof of identity.</li> <li>• Two satisfactory references will need to be provided, linked to the requirements of the job. One reference must be from the applicant's current or most recent employer.</li> <li>• Any gaps in employment will need to be explored with a satisfactory explanation given and recorded.</li> <li>• The applicant's criminal history disclosure, at the enhanced disclosure level, is sought from Access NI. [Complementary arrangements will be put in place for applicants from outside of the UK]</li> <li>• The professional and vocational qualifications held by the applicant will be confirmed in accordance with the eligibility criteria for the post.</li> <li>• The applicant's registration status with the relevant regulatory bodies will be confirmed, as appropriate.</li> <li>• A pre-employment health check will be obtained.</li> <li>• Where appropriate, a valid driving licence and insurance cover for business use of car is confirmed.</li> <li>• Where appropriate current status of work permit / employment visa is confirmed.</li> </ul> <p>On completion of the above the Trust's Employee Resourcing Department will issue a Certificate of Employment Eligibility confirming the fitness of the applicant for appointment. The WHSCT Recruitment Department</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Review of the 'Selection and Appointment policy, procedure and Addendum for Homecare Department' dated March 2011 was found to be compliant with Regulation 13 and Schedule 3.</p> <p>The registered manager had provided the inspector with a list of twelve domiciliary care workers identified as</p>	<p>Compliant</p>

<p>having most recently commenced employment or been redeployed from within the organisation (between 2006 and February 2014).</p> <p>Review of four staff personnel files (sampled from the list of most recently recruited staff) confirmed compliance with Regulation 13, Schedule 3 and Standard 11. These staff records are retained centrally at the organisations human resources department.</p> <p>Staff records held within the agency office confirmed that relevant information had been provided to the registered manager for each domiciliary care worker, (e.g. photographic identity, next of kin details, driving licence and car insurance information), to enable the day to day management of the agency.</p>	
--	--

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

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

## **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 two of the six complaints received during 2014 and one of the five received during 2015 to date; and records confirmed these had been appropriately managed and resolved.

### **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 Martin McGeady as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



**Quality Improvement Plan**

**Announced Primary Inspection**

**WHSCT Home Care Department Holly Villa**

**19 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 Martin McGeady after the inspection visit.

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

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

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

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

**Statutory Requirements**

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 15 (6)	The registered manager is required to expand their 'Guidelines for Handling Client's Finances and Associated Matters' procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.	Once	The Guidelines for Handling Client's Finances and Associated Matters has been update to incorporate guidance on emergency / occasional shopping.	Within three months of inspection date. ✓
2	Regulation 10 Schedule 2(8)	The registered manager is required to ensure registration with professional regulator body (NISCC) is maintained.	Once	The Registered Manager has commenced registration process with NISCC.	Within two months of inspection date. ✓

21.5.15 M. McGeady still waiting for NISCC certificate to be received  
Lix



**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	Minimum Standard 12.3	The registered manager is recommended to complete outstanding update training on mandatory subject areas.	Once	Registered Manger will undertake MH update training in May 2015.	Within six months of inspection date. ✓
2	Minimum Standard 5.2 &5.6	The registered manager is recommended to ensure that each of the service user home files contains full documentation i.e. care plans, risk assessments, and that log sheets are fully completed by homecare workers. <b>(Restated from 4 March 2014)</b>	Twice	There is a standard suite of documentation held within the service user's home. The Registered Manager will ensure that staff regularly review documentation on file to ensure that it is complete and is routinely updated as required.	Within two months of inspection date and ongoing. ✓

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Martin McGeady
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	<i>Carrie Hay</i>

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	<i>Yes</i>	<i>Carrie Hay</i>	<i>21.5.15</i>
Further information requested from provider			