



The Regulation and  
Quality Improvement  
Authority

## PRIMARY INSPECTION

**Name of Establishment:** Age NI (Castlewellan)  
**Establishment ID No:** 10915  
**Date of Inspection:** 13 October 2014  
**Inspector's Name:** Amanda Jackson  
**Inspection No:** 17339

**The Regulation And Quality Improvement Authority**  
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**General Information**

<b>Name of agency:</b>	Age NI
<b>Address:</b>	The Lodge 1 Dublin Road Castlewellan BT31 9AG
<b>Telephone Number:</b>	02843770657
<b>E mail Address:</b>	patricia.doyle@ageni.org
<b>Registered Organisation / Registered Provider:</b>	Age NI/Linda Robinson (acting responsible person)  The inspector recommended Age NI to write to the RQIA registration team to confirm Linda's position as CEO of Age NI and to apply for permanent registered person position with RQIA.
<b>Registered Manager:</b>	Patricia Ann Doyle
<b>Person in Charge of the agency at the time of inspection:</b>	Patricia Ann Doyle
<b>Number of service users:</b>	53
<b>Date and type of previous inspection:</b>	Primary Inspection 22 April 2013
<b>Date and time of inspection:</b>	Primary Unannounced Inspection 13 October 2014 09.15 to 14.00 hours (inspection) 14.00 hours to 16.00 hours (service user visits).  20 October 2014 Review of staff recruitment files.
<b>Name of inspector:</b>	Amanda Jackson

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods/Process

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

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

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

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

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

### Consultation Process

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

Service users	3
Staff	5
Relatives	2
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	25	8

### 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

Age NI (Castlewellan) provides domiciliary care services over a 24 hour period, in the Downpatrick, Castlewellan and Newcastle areas, for older people over 60 years of age. The service provides personal care within individual homes. The agency currently employs 26 staff (1 more than the previous inspection) and has 53 service users (5 less than the previous inspection). The service is needs led and referrals are taken from the South Eastern Health and Social Care Trust. The agency's Statement of Purpose states that services will encourage older people to remain active and independent. The agency has in place a range of policies and procedures to ensure staff and service users receive a service to meet their individual care needs, as assessed by the local Trust.

Age NI (Castlewellan) had five requirements made during the agency's previous inspection on 22 April 2013. All requirements were 'compliant' and this is to be commended.

## Summary of Inspection

### Detail of inspection process

The annual unannounced inspection for Age NI (Castlewellan) was carried out on 13 October 2014 between the hours of 09.15 hours and 16.00 hours. A second day of inspection took place on Monday 20 October during the Age NI Belfast office inspection to review staff recruitment files which are held at Age NI headquarters. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the inspector following the inspection on 13 October 2014, and a summary report is contained within this report. Findings following these home visits were discussed with the Patricia Doyle (registered manager) on Tuesday 14 October.

The inspector had the opportunity to meet with five 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.

**Two requirements and no recommendations have been made in respect of the outcomes of this inspection. This outcome is to be commended.**

### Staff survey comments

25 staff surveys were issued and eight received which is a reasonable response.

Staff comments included on the returned surveys are as follows:

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

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

"Since starting in 1997, I have seen a great improvement throughout the board across all the current needs."

“All staff would need more time with clients as it is impossible to notice change in client, check dates on food, clean work areas in 15 mins which is most of our calls now.”

“Not having enough time with client to do the job.”

## Home Visits summary

As part of the inspection process the inspector spoke with three service users and two relatives on 13 October 2014 to obtain their views of the service being provided by Age NI (Castlewellan) in the Newcastle area. The service users interviewed have been using the agency for a period of time ranging from approximately five months to several years, receive at least one call per day and are receiving assistance with personal care.

The inspector 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. There were mixed results regarding new carers being introduced to service users by a regular carer; this would be good practice for the agency to do so if possible. All of the people interviewed advised the inspector that there were no concerns regarding the timekeeping of the agency's staff.

All of the people interviewed were aware of whom they should contact if they have any concerns regarding the quality of care being provided by Age NI (Castlewellan). None of the people spoken with had reason to make a complaint regarding the agency and this is to be commended.

The majority of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service, however they were unable to confirm 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:

- “All the staff are excellent.”
- “Wonderful girls.”
- “Consistent carer's makes it easier as you know who is coming.”

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the inspector reviewed the documentation kept in the home of three service users. During the home visits, the inspector noted that none of the service users were experiencing restraint in the form of bed rails or lap bands therefore there was no documentation to review in this regard. This matter was however reviewed during the office based inspection and is referenced within theme two of this report.

Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance (for example shopping), or medication assistance from the agency; this was supported by those people interviewed by the inspector. The matter of medication was however reviewed during the office based inspection and is referenced within theme two of this report. The agency do not currently under take shopping for any service users hence this area was not reviewed during the inspection.

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, it was noted that recording was of a high standard and detailed dates, times in and out, details of activities undertaken and full staff names on the sheets. The

inspector did note that one file contained a care plan and service user agreement which had not been signed at service commencement. The above matters were discussed with the registered manager Patricia Doyle on the day following inspection (Tuesday 14 October) via telephone 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 **compliant** in relation to this theme.

The agency's 'Statement of Purpose' dated December 2012 and the 'Management, control and monitoring of the agency' policy dated June 2013 viewed contain details of the organisational structure, the experience and roles and responsibilities of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussion with the registered manager Patricia Doyle during inspection and review of records for the manager and management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and mandatory training competency assessments were reviewed as compliant during inspection.

A staff competency process is in place by the agency and is operational during 2013/14 for all staff. This is to be commended.

Review of appropriate supervision and appraisal processes for all management staff were confirmed during inspection and again this is to be commended.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update during inspection to include an area for staff competence matters as appropriate.

Records regarding incidents were not reviewed during inspection as the agency has not had any reportable incidents since the previous inspection.

No requirements or recommendations have been made in relation to this theme and this is to be commended.

### Theme 2 - Records management

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

The agency has a policy and procedure in place on 'Recording and reporting care' dated April 2014 which was found to be satisfactory and in line with standard 5 and contain guidance for staff on this subject.

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



The agency has a policy and procedure in place on use of restraint dated November 2012 and a Breach of restraint policy dated November 2012 which were reviewed as satisfactory.

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

The area of service user medication was reviewed during the day of inspection and discussed with the registered manager as appropriate.

The agency has a policy and procedure on 'Handling Service Users Monies' dated November 2012 which was reviewed as compliant. The agency do not currently manage finances for any service users hence this matter was not reviewed during inspection.

One requirement has been made in relation to this theme and relates to service user care plans and risk assessments update in respect of any types of service user restraint.

### **Theme 3 – Recruitment**

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

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2. with exception to the responsible person/manager statement regarding staff fitness.

One requirement has 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 15(6)(a) Regulation 15(9) Regulation 14(b)	<p>The registered person/manager is required to update the policy and procedure to reflect a flowchart for staff of the key steps in reporting potential abuse situations and ensure that staff training materials reflect coverage of the Vulnerable Adults procedure.</p> <p>(Minimum standard 14.3 and 14.4)</p>	<p>Review of the Policy on safeguarding Adults dated 22 April 2013 confirmed compliance with requirement one. Patricia Doyle (registered manager) confirmed this information had been added to the staff training materials.</p>	Once	Compliant
2	Regulation 16(2)(a)	<p>The registered person/manager is required to implement the agency competency assessment regarding staff knowledge in the area of Vulnerable Adults.</p> <p>(Minimum standard 12.9 and 14.4)</p>	<p>Implementation of a staff competency assessment in the area of vulnerable adults was reviewed for three staff members during inspection for 2013 and 2014. The staff training takes place bi-annually with a follow up staff competency assessment carried out annually as part of the staff spot checking process, team meetings and performance review meetings process.</p>	Once	Compliant

3	Regulation 23(1)	<p>The registered person/manager is required to review the policy 'Management, Control and Monitoring of the agency' to ensure individual roles and responsibilities are clearly reflected and the specific measures taken by the agency in 'Managing', 'Controlling' and 'Monitoring' the agency are reflected.</p> <p>(Minimum standard 9 and appendix 1)</p>	<p>Review of the Management, control and monitoring of the agency policy dated June 2013 evidenced a clear outline of management structure, together with staff job descriptions and key areas of responsibility detailed.</p>	Once	Compliant
4	Regulation 23(1)	<p>The registered person is required to review the content of the monthly monitoring reports to reflect how actions from the previous month have been carried forward.</p> <p>(Minimum standard 8.11)</p>	<p>Review of monthly monitoring reports for April, May and June 2014 provided clear evidence within each of the report key areas and detailed action taken and carried forward.</p>	Once	Compliant
5	Regulation 16(2)(a)	<p>The registered person/manager is required to develop the agency competency assessment regarding staff knowledge in the areas of Manual Handling and Infection Control.</p> <p>(Minimum standard 12.9 and 16.3)</p>	<p>Development of a staff competency assessment for the areas of Manual Handling and Infection Control were reviewed during inspection on the staff spot check template and evidenced within three staff files for 2013 and 2014 spot checks.</p>	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>	
<b>Criteria Assessed 1: Registered Manager training and skills</b>  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). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b>	
<b>Provider's Self-Assessment:</b>	
<b>The registered manager has completed all necessary training to ensure she has the necessary skills and experience to fulfill her role. This training involves key elements of managing a Domiciliary Care Service. Along side this the registered manger has completed NISCC conduct committee training, in house courses and updates on people and deveploment. All Mandatory training completed and will be updated as per requirements.</b>	Compliant
<b>Inspection Findings:</b>	
The statement of purpose dated December 2012 and reviewed during the inspection day briefly outlines the management structure and references the policy on Management, Control and monitoring of the agency as detailing the complete breakdown of the management structure and management responsibilities. The policy on Management, control and monitoring of the agency dated June 2013 was reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered acting person Linda Robinson, registered manager Patricia Doyle, together with all other staff including management and care staff.	Compliant

<p>Training records for the registered manager Patricia Doyle were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) with exception to challenging behaviour which was completed in 2012 and is due for update in November 2014. Records reviewed included staff training, dates of training, content of training, trainer details and qualifications and overall competence assessment for compesate training areas i.e. several areas of training completed on the same day are referenced within the one competency sign off. The manager has also completed training in the areas of supervision and appraisal and this is to be commended.</p>	<p>Compliant</p>
<p>All areas of training reviewed during inspection included a competency assessment with a covering email from the trainer/assessor to confirm compliance.</p>	<p>Compliant</p>
<p>The registered manager Patricia Doyle completed the Level 5 QCF in Health and Social Care in 2012 and is currently involved in the NISCC conduct committee since early 2014. These areas of development have been commended in terms of keeping abreast of new areas of development.</p>	<p>Compliant</p>
<p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from 2014 to 2017.</p>	<p>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>Monthly audits are carried out by the registered person to ensure working practices are in line with AgeNI policies and procedures.</b></p> <p><b>No medication errors/or incidents have occurred but the registered manager has a clear understanding of the reporting procedures.</b></p> <p><b>Training is complete and competence has been assessed in line with AgeNI framework . Age NI are content that the registered manager competently undertakes her role.</b></p> <p><b>Annual performance review in place and action plan agreed.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency Supervision and appraisal policy and procedure dated November 2012 was clearly referenced regarding practices for all staff within the organisation including care and management staff.</p> <p>Appraisal for the manager currently takes place on an annual basis and was reviewed for 2013 and 2014 for the registered manager Patricia Doyle. Supervision also takes place three times annually and was reviewed for 2014 as compliant.</p> <p>The inspector did not review the agency log of incidents reported through to RQIA as the agency has not had any reportable matters since the previous inspection.</p>	<p>Compliant</p> <p>Compliant</p> <p>Not applicable</p>

Monthly monitoring reports completed by the registered acting person Linda Robinson were reviewed during inspection for April, May and June 2014 and found to be detailed, concise and compliant. Revision of the report template was recommended during inspection to include a staff competency area for use as appropriate.

Compliant

<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>Age NI confirms that all staff have the skills and experience necessary for their role. On occasion and when required additional training is provided to ensure the necessary staff have the skills to met the needs of the service user as per their care plan , for example stoma care. All staff training is completed to ensure care worker is competent to deliver care that is of high quality. Formal supervision and annual performance reviews are only undertaken by the registered manager who has the appropriate training.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency holds a Learning and development policy and procedure dated July 2012 which sits alongside the annual training programme for mandatory training. Review of this policy and training programme were found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p> <p>Training records for the two senior care workers Leanne Goodman and Margaret Owens were found to be in place regarding all areas of mandatory training areas with exception to challenging behaviour training which was completed in 2012 and is due for update in November 2014. Records reviewed included staff training, dates of training, content of training, trainer details and qualifications and overall competence assessment for compestate training areas i.e. several areas of training completed on the same day.</p>	<p>Compliant</p> <p>Compliant</p>



<p>Both of the senior care workers have not completed training in the areas of supervision and appraisal as this is not an area of their responsibility.</p>	<p>Not applicable</p>
<p>All areas of training reviewed during inspection included a competency assessment with a covering email from the trainer/assessor to confirm compliance.</p>	<p>Compliant</p>

<b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b>	<b>COMPLIANCE LEVEL</b>
<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>	
<b>Provider's Self-Assessment:</b>	
<p><b>The registered manager audits working practice of senior care staff to ensure that they are working consistently to the standards and to Age NI policies and procedures.</b></p> <p><b>No medication errors/or incidents have occurred but the registered manager ensures that senior care staff have a clear understanding of the procedure to be followed when reporting any such errors or incidents.</b></p> <p><b>Training is complete and competence has been assessed in line with AgeNI framework . Age NI content that registered manager and senior care workers competently undertake their role.</b></p> <p><b>Annual performance reviews are in place and action plan agreed</b></p>	Compliant
<b>Inspection Findings:</b>	
<p>Appraisal for both of the senior care workers currently takes place annually and was reviewed during inspection for 2014. Supervision for both staff members takes place three times annually and was reviewed as compliant for the 2014 year to date.</p> <p>The current monthly monitoring reports do not provide comment on management staff matters and competence should they arise and this was discussed during inspection with the registered manager Patricia Doyle for future consideration (as required).</p>	Compliant

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

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

**THEME 2**  
**Regulation 21 (1) - Records management**

**Criteria Assessed 1: General records**

**COMPLIANCE LEVEL**

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.

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>All service user records are updated as required and kept securely in good order within the premises. They are available for inspection by authorized personal on the premises. A copy of all records are maintained within the service users home. These are updated as required and contain all information as required by standard 5.2. All records are legible,accurate,up to date and signed and dated by the person making the entry.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency policies on Recording and reporting care dated April 2014, Handling service user’s monies dated November 2012 and the Restraint policy dated November 2012 and updated during inspection (dated October 2014) to reflect bedrails and lapstraps, and the Breach of restraint policy dated November 2012 were all reviewed during inspection as compliant. The staff handbook which does not detail an overarching date includes all of the above policies with exception to recording and reporting which was recommended for inclusion during inspection and added to the handbook during the inspection day.</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 a separate recording template. This template is clearly detailed with the medication to be administered, the number of tablets and the times of each medication. Patricia Doyle (registered manager) confirmed a full list of medication is detailed on the blister pack within service user’s homes.</li> <li>• The agency does not hold a money agreement within the service user agreement and this has been recommended for inclusion. The agency do not currently have any service users in receipt of shopping. Review and update to the service user agreement took place following the inspection, submission of the revised template to the inspector confirmed compliance.</li> <li>• Shopping records are detailed on the daily evaluation recording sheet as appropriate.</li> <li>• Staff spot checking template which includes a section on adherence to the agency recording policy.</li> <li>• Staff group supervision template does not include records management (recording and reporting) as this is captured during the spot checking process.</li> </ul> <p>All templates were reviewed as appropriate for their purpose.</p>	<p>Compliant</p>

<p>Review of three randomly selected staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising as discussed with Patricia Doyle (registered manager) during inspection.</p>	Compliant
<p>Staff training records for medication, restraint and managing service users monies were reviewed for three randomly selected staff members during inspection and confirmed as compliant in these areas. The area of challenging behaviour was completed in 2012 and is due for update in November 2014. The area of recording and reporting is not completed as a formal training area within Age NI but is covered as part of staff meetings and reviewed for each staff member's competence during staff spot checks.</p>	Compliant
<p>Patricia Doyle (registered manager) discussed records management as a regular topic for discussion during staff meetings/group supervision, review of four recent staff meeting minute records dated 04 December 2013, 25 February 2014, 18 June 2014 and 16 September 2014 evidenced this topic.</p>	Compliant
<p>Review of three service user files following the inspection by the inspector confirmed appropriate recording in the general notes. Medication records were reviewed during the office based inspection as those service users being visited are not in receipt of medication. Review of two service user medication records were found to be in general compliance with exception to two gaps noted during review. These have been agreed for review by the manager with the staff member in question. One care plan and service user agreement where noted not to have been signed during the inspector review of documentation and this was discussed with Patricia Doyle (registered manager) during feedback.</p>	Compliant
<p>Review of two service user records and discussion with Patricia Doyle (registered manager) during the inspection confirmed that restraint is in place in respect of bedrails. Review of these files during inspection did not evidence care plans or risk assessments on this matter and this was discussed during inspection.</p>	Not compliant
	To be completed two months from the date of inspection

<p><b>Criteria Assessed 2: 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>Age NI does not currently act as an agent for service users in relation to monies. However all staff have attended training on the agencies policy and procedure in relation to service users monies.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>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 and confirmed by the registered manager Patricia Doyle. The agency does not currently provide any financial assistance to service users.</p>	<p>Not applicable</p>

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



<b>Provider's Self-Assessment:</b>	
Age NI have comprehensive policies and procedures in place that comply with all recruitment standards and legislation	Compliant
<b>Inspection Findings:</b>	
Review of the Recruitment and selection policy dated February 2014 confirmed compliance with regulation 13 and schedule 3.	Compliant
Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 with exception to a statement by the registered person or manager regarding staff fitness to undertake the role. Development of a template for this purpose was forwarded to the inspector following inspection by Val Gamble (Age NI People and Development advisor) and confirmed as appropriate. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.	Substantially compliant  Responsible person/manager statement to be commenced with immediate effect.

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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 only complaint received by the agency for 2013 and confirmed this record to be compliant. The agency has not received any complaints during 2014 and this is to be commended.

### **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 **Patricia Doyle (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:

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



## Quality Improvement Plan

### Unannounced Primary Inspection

Age NI (Castlewellan)

13 October 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 **Patricia Doyle (registered manager)** receiving feedback during and 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(2)(a)(b)(c) Regulation 15 (11)	The registered manager is required to ensure that service user restraint is detailed on the service user care plan and risk assessment for current and all future service users.  As discussed within theme two, criteria one of this report.  (Minimum standard 3.2)	Once	Email sent to all care managers requesting all current careplans and risk assessments to be amended and updated to include details of restraint and advising to be included on all future careplans and risk assessments.	To be completed two months from the date of inspection
2	Regulation 13 and Schedule 3	The registered person/manager is required to ensure a statement regarding staff fitness forms part of the recruitment procedure.  As discussed within theme three, criteria one of this report.	Once	Complete and in place as required	To be commenced with immediate effect.

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Patricia Doyle
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Linda Robinson

<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	Yes	A.Jackson	13/10/14
Further information requested from provider			