

PRIMARY INSPECTION

Name of Establishment:	Opus Homecare
Establishment ID No:	10935
Date of Inspection:	6 May 2014
Inspector's Name:	Amanda Jackson
Inspection No:	16587

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

Name of agency:	Opus Homecare
Address:	31 Mount Eagles Square Belfast BT17 0GY
Telephone Number:	(028) 9030 9375
E mail Address:	info@opushomecare.co.uk
Registered Organisation / Registered Provider:	Opus Homecare/Michele Cupples and Teresa Harvey
Registered Manager:	Teresa Harvey
Person in Charge of the agency at the time of inspection:	Michele Cupples and Teresa Harvey
Number of service users:	45
Date and type of previous inspection:	Primary Announced Inspection 18 November 2013
Date and time of inspection:	Primary Unannounced Inspection 06 May 2014, 10.15 to 16.15 hours (office based inspection) And 08 May 2014, 14.00 to 16.15 hours (service user home visits)
Name of inspector:	Amanda Jackson

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	2
Staff	2
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	11	3

Inspection Focus

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

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

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

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

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

Profile of Service

Opus Homecare is a domiciliary care agency located in the Mount Eagles Area of West Belfast. The agency currently offer services to approximately 45 service users within the categories of physical disability, mental health, dementia, frail elderly and children. Service provision offers assistance with both personal care needs and domestic assistance. The agency currently provides employment for 13 domiciliary care staff (1 more staff since the previous inspection)

Review of action plans/progress to address outcomes from the previous inspection.

Opus Homecare had no requirements or recommendations made during the agency's previous inspection on 18 November 2013.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection of Opus Homecare was carried out on 06 May 2014 between the hours of 10.15 hours and 16.15 hours and on 08 May 2014 between the hours of 14.00 hours and 16.15 hours. The agency is making steady 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 08 May 2014, and a summary report is contained within this report. Findings following these home visits were discussed with the co-ordinator Deborah Rafferty who agreed to provide feedback to the registered person Michele Cupples and the registered person and manager Teresa Harvey. A follow up email was also sent to the agency registered person on 09 May regarding the outcome from these visits.

Three matters identified by the inspector during these visits:

- Lack of service user risk assessment information within all home files reviewed. These should detail shopping and restraint as appropriate.
- One care plan was found to be out of date regarding current medication assistance and did not detail the length of the calls to allow the inspector to validate appropriateness of call times.
- Staff currently sign their first name only as opposed to full name and are recommended to record the number of tablets given.

The inspector had the opportunity to meet with two 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 but did however highlight that full staff signatures would not be detailed on service user records. One staff member also eluded to shopping taking place for one service user. This had been discussed earlier in the inspection day with Michele Cupples (registered person) and Teresa Harvey (registered person and manager) who stated that shopping was not a task currently being undertaken by the agency. This was requested

by the inspector for attention in respect of appropriate recording of such tasks within the service users care plan and home recording sheets. Staff also described recruitment processes in line with the agency policy and procedure.

Staff survey comments

11 staff surveys were issued and 3 received which is a disappointing response.

No staff comments were included on the returned surveys.

Two requirements and three recommendations have been made in respect of the outcomes of this inspection.

Home Visits summary

As part of the inspection process the inspector spoke with two service users and two relatives on 08 May 2014 to obtain their views of the service being provided by Opus Homecare. The service users interviewed have been using the agency for a period of time ranging from five months to five years and receive at least one call per day. The service users are receiving the following assistance:

- Management of medication
- Personal care
- Meals

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. 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 stated that there were no concerns regarding the timekeeping of the agency's staff and they would usually be advised by the agency if their carer had been significantly delayed, this is good practice.

It was good to note that all of the people interviewed had no concerns regarding the services being provided by Opus Homecare staff. All of the people interviewed were aware of who they should contact if any issues arise. It was noted that some of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service and that observation of staff practice had taken place.

Examples of some of the comments made by service users or their relatives are listed below:

- "Staff always treat me with respect."
- "Staff are marvellous, the care is excellent."
- "First class service."
- "Staff treat my xxx with dignity and respect."

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 homes of three service users. During the home visits, the inspector noted that no service users were experiencing restraint in any form. The use of restraint was discussed during the inspection

with the registered person Michele Cupples and the registered person and manager Teresa Harvey to be documented in the care plans or risk assessments as and when appropriate.

Review of the care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the inspector. This was however questioned during the inspection day by the inspector following discussions with the staff members who eluded to one shopping task taking place. This was requested for review by the registered person Michele Cupples and the registered person and manager Teresa Harvey and to be included in the service users care plan as appropriate. Appropriate records are also required to be maintained where shopping is taking place.

During the home visits, the inspector was advised that two service users are receiving assistance with medication by the carers from Opus homecare; however the assistance was not recorded on one of the care plans. Recording of this task is completed on the daily log sheets rather than on individual medication logs. This was reviewed by the inspector during inspection and confirmed as appropriate. Assurance was provided that this matter would be addressed by the agency. The inspector also recommended staff to record the number of tablets given as good practice.

It was noted that one care plan contained out of date information. The above matters were discussed with the registered person and manager who have been requested to ensure that the matters are addressed accordingly.

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 entries were noted to be detailed, carers were recording times appropriately but currently sign the forms with just their first name as opposed to their full name. This again was discussed during inspection.

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.

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

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

Review of appropriate supervision and appraisal processes for the co-ordinator were also confirmed during inspection.

Monthly monitoring processes are currently in place and operational. The report template updated during inspection includes an area for staff competence matters as appropriate.

Two requirements have been made in relation to this theme and relate to registered manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3) and 13(b)).

Theme 2 - Records management

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

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 area of service user restraint was not reviewed during inspection but discussed with the registered person and manager for consideration where appropriate.

Three recommendations have been made in relation to this theme and relate to appropriate service user records completion (standards 5.2 and 5.6), review of the restraint policy (standard 9.1 and appendix 1) and appropriate staff records completion (standard 13.3).

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.

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

The Inspector would like to express her 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 requirements or recommendations resulted from the inspection on **18 November 2013**.

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
Criteria Assessed 1: Registered Manager training and skills Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency. Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill. Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA's Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012	
Provider's Self-Assessment:	
Both the Registered Manager and Responsible Person are currently completing QCF Level 5 in Leadership for Health and Social Care Services (Adults' Management; Domiciliary) Wales & NI via Rutledge accredited training to ensure their experience and skills are up to date and current to enable them to manage the agency with sufficient care, competence and skill. The Registered Manager delivers Training in-house via approved accredited training DVDs & competency assessments and is therefore familiar and up-to-date with RQIA mandatory training. Registered manager also attends Providers Meetings with Trust during which training is delivered and updates are given in areas relevant to the management and provision of services	Compliant

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>There is a Quality Assurance & Monitoring Policy and Procedure in place which details the process of systematic audits on working practices. Policies & procedures are reviewed on an on-going basis and formally every three years & are updated when necessary to ensure they reflect daily practice or changes as may be put in place by DHPSS, RQIA, NISCC or other legislative changes.</p> <p>Medication errors and incidents are reported in accordance with procedures to Trust representatives, family and RQIA when required.</p> <p>Competency / capability assessment are given as part of training and reflect staff competence & knowledge. The effect of training is also measured by directly observing staff, during one-to-one supervision sessions using direct questioning and using spot checks. Compliment & complaint records are also reviewed to evaluate performance identify further training. The impact of training is also discussed with staff after it has taken place, usually during Group or one-to-one Supervision. People are encouraged to share what they have learnt and how they have used or would use the training to improve their performance. Formal Appraisal takes place annually and this is detailed in the Training, Development, staff monitoring & supervision Policy & procedure. Records of appraisal can be evidenced in staff files.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency Staff supervision and appraisal policy and procedure dated November 2013 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. This currently occurs in a different format for the co-ordinator regarding supervision. Revision of the policy and procedure during inspection confirmed compliance in this area.</p>	Compliant
<p>Supervision and appraisal for both the registered person and manager do not currently take place due to the size and structure of the agency.</p>	Not applicable
<p>The inspector reviewed the agency log of one incident reported through to RQIA over the past year (one vulnerable adult incident). Review of this incident confirmed appropriate recording and reporting to RQIA regarding the vulnerable adult matter within appropriate timeframes.</p>	Compliant
<p>Monthly monitoring reports completed by the registered person and manager (Teresa Harvey) were reviewed during inspection for February, March and April 2014 and found to be detailed, concise and compliant. Revision of the report template took place during inspection to include a staff competency area for use as appropriate, this is to be commended.</p>	Compliant

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 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 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 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>All employees complete a robust recruitment & selection process followed by a comprehensive induction training programme which covers all areas of their job role. The induction training lasts for a minimum of 3 days & includes shadowing a co-worker prior to being allocated a rota. Staff are provided with mandatory training updates, in line with current legislative requirements.</p> <p>A training scheduling tool is in place which clearly highlights when individual refresher / update training is due so training is delivered within the specified timeframes. There is a training plan in operation to support this. Details of the training are located in the Agency's central training file and certificates held within individual staff training folders.</p> <p>Training in specific techniques is given by the District Nursing Team.</p> <p>Managers attended Investors In People workshops over a 9 month period. During this time training in performance appraisal was given. Certificates are held in Managers files and were examined and confirmed during RQIA's 2010 Inspection. However unit 511 in the QCF level 5 Diploma in Leadership for Health & Social Care Services (Adults Management) also provides further updated training in this area.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency holds a training and development policy and procedure dated November 2013. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p> <p>Training records for the one co-ordinator were found to be in place regarding a number of mandatory training areas in compliance with RQIA mandatory training guidelines (September 2012). This was referenced within QCF level 2 training/course records together with a few areas reflected within Opus in house training records. All areas of mandatory training however were not evidenced for inspection. Records maintained detail the staff training log but did not detail staff competency assessments for all relevant areas. A separate training content file is maintained by the agency for all training areas which had been reviewed during previous inspections.</p> <p>Review of all training records and competency assessments is required in compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers i.e. supervision training.</p>	<p>Compliant</p> <p>Moving towards compliance</p> <p>To be completed three months from date of inspection</p>

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
Provider's Self-Assessment:	
Please refer to criteria assessed 2 above.	Compliant
Inspection Findings:	
<p>The agency Staff supervision and appraisal policy and procedure dated November 2013 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. This currently occurs in a different format for the co-ordinator regarding supervision. Revision of the policy and procedure during inspection confirmed compliance in this area.</p> <p>Supervision for the co-ordinator currently takes place three times annually (one individual one to one session and two group sessions) together with an annual appraisal process and records were reviewed during inspection to confirm compliance in both areas during 2013.</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 person Michele Cupples and registered person and manager Teresa Harvey for future consideration (as required). Revision of the report template took place during inspection to include a staff competency area for use as appropriate, this is to be commended.</p>	<p>Compliant</p> <p>Compliant</p> <p>Compliant</p>

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

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

Provider's Self-Assessment:	
<p>Review of records from recent service user home visits and office file audits confirm they are maintained, up to date, in good order and held securely within locked cabinets in the Agency's office. They are available at all times for inspection at the agency premises by authorised RQIA representatives.</p> <p>The task notes contained and completed within the service user's home fully captures all the criteria as listed in 5.2 and compliant with 5.6. All staff are trained to report changes and concerns and/or sensitive information to the office so they can be documented and acted upon as soon as possible. Task sheets are audited, usually on a monthly basis to ensure records are maintained accurately and transferred to secure storage in a locked file in the Agency's office.</p> <p>The Home monitoring visit report includes a section specifically for recording the review of the task notes and any subsequent issues identified from them. There is also a section within the report that ensures/recommends they are kept in a safe place as agreed with the service user/ representative</p>	Compliant
Inspection Findings:	
<p>The agency policies on Recording and reporting care practices dated May 2013, Safeguarding and protecting service user's money and valuables dated January 2013 and the Medication policy dated March 2013 were all reviewed during inspection as compliant. Review of the agency policy on Restraint dated 2008 has been requested during inspection.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on the daily evaluation recording, the inspector did recommend recording the number of tablets as good practice. • The agency do not hold a money agreement or recording template as this was discussed as not taking place by the agency. The inspector did discuss the staff feedback regarding occasional shopping (see the summary of inspection section (under staff feedback) and requested this area of recording to be reviewed. • Staff spot checking template which includes a section on adherence to the agency recording policy • Staff supervision template does not specifically includes records management (recording and reporting) but 	<p>Substantially compliant</p> <p>To be completed three months from the date of inspection</p> <p>Compliant</p>

<p>details any current work related matters following spot checks</p> <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of two staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014 however staff spot check records were not found to be consistently signed and dated. Staff supervision records for 2013 were reviewed as compliant with no staff competence issues arising.</p> <p>Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for two staff members during inspection and confirmed compliance in these areas.</p> <p>Michele Cupples (registered person) and Teresa Harvey (registered person and manager) discussed records management as a regular topic for discussion during staff meetings/group supervision, review of three recent staff meeting minutes records dated April 2014 and November and February 2013 evidenced this topic.</p> <p>Review of three service user files following the inspection by the inspector confirmed appropriate recording in the general notes and medication records. The inspector recommended staff to detail the number of tablets given and staff full signature as opposed to first names only. One care plan was noted to be out of date regarding medication being given and the duration of the calls. Review of an additional medication agreement within the same service user file confirmed the process applied where an additional non-blister packed medication is required short term. This process is completed before medication administration can commence with agency staff. The agreement is discussed and confirmed/signed with service user and / or family member(s).</p> <p>Review of service user records during the inspector visits confirmed that no service users were experiencing restraint in any form. Discussion with Michele Cupples (registered person) and Teresa Harvey (registered person and manager) during inspection confirmed that restraint is in place for a number of service users in respect of bedrails. Review of service user files (care plans and risk assessments) was recommended were appropriate to evidence such documentation.</p>	<p>Substantially compliant</p> <p>To be commenced with immediate effect from the date of inspection</p> <p>Compliant</p> <p>Compliant</p> <p>Substantially compliant</p> <p>To be completed three months from the date of inspection</p> <p>Substantially compliant</p> <p>To be completed three months from the date of inspection</p>
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<p>Criteria Assessed 2: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user's agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>There is a policy and procedure in operation for Managing Service Users Money. All staff are trained during induction and refresher training given annually.</p> <p>There are currently no service users which receive services involving the exchange of cash or any other financial transactions directly between them and care staff or any representative of Opus Homecare.</p>	Compliant
<p>Inspection Findings:</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. This was however questioned during the inspection day by the inspector following discussions with the staff members who eluded to one shopping task taking place with another service user not met by the inspector. This was requested for review by the registered person Michele Cupples and the registered person and manager Teresa Harvey and to be included in the service users care plan as appropriate.</p>	<p>Substantially compliant</p> <p>To be completed three months from the date of inspection</p>

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

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

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

Provider's Self-Assessment:	
Opus Homecare operate a robust recruitment and selection system and there is a policy and procedure in place to support this. The Policy and procedure was developed to take into consideration and capture all the above information as specified above in Regulation 13, standard 8.21 and 11.2 and reviewed during previous inspections and updated accordingly. Recruitment records can be evidenced within individual staff files.	Compliant
Inspection Findings:	
<p>Review of the staff recruitment policy dated January 2012 confirmed compliance with regulation 13 and schedule 3.</p> <p>Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 and included staff contracts signed at employment commencement.</p>	Compliant

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

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

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed two of the 2013 complaints during the agency's inspection and confirmed all records to be compliant. No complaints for 2014 were reviewed.

Additional matters examined (delete as appropriate)

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 **Michele Cupples (registered person) and Teresa Harvey (registered person and 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

Opus Homecare

6 May 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 **Michele Cupples (registered person)** and **Teresa Harvey (registered person and manager)** receiving feedback during the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 11(1) Regulation 11(3)	<p>The registered manager is required to attend training compliant with the RQIA mandatory training guidelines 2012 and any additional training required in the safe and effective running of the agency.</p> <p>(Minimum standard 8.17)</p> <p>As discussed within theme one, criteria one of this report.</p>	Once	The registered manager is currently completing QCF level 5. However as this course had not completed at the time of inspection the registered manager will complete, in addition, all mandatory training in-house to remain compliant with RQIA training guidelines and timeframes.	To be completed three months from the date of inspection
2	Regulation 13(b)	<p>The registered person/manager is required to ensure all management staff attend appropriate training compliant with the RQIA mandatory training guidelines 2012 and any additional training required in the safe and effective running of the agency.</p> <p>(Minimum standards 7.9, 12.4 and 13.1)</p> <p>As discussed within theme one, criteria three of this report.</p>	Once	Paperwork has now been received from Volunteer Now and People First training to evidence mandatory training for office coordinator in Challenging behaviour/Restraint. Fire safety training will now include a competency assessment.	To be completed three months from the date of inspection

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 5.2 Standard 5.6	<p>The registered person/manager with support from management staff are recommended to ensure service user records completed by care staff are compliant with Standard 5.2 Standard 5.6. regarding full staff signatures service user shopping and restraint (as appropriate), the number of tablets given and a full list of service user medications.</p> <p>As discussed within the summary of inspection section (under staff feedback) theme two, criteria one of this report and within theme two, criteria one (regarding medication records).</p>	Once	<p>Staff have now been notified to record full signature or their unique id numbers in home task notes and record the number of tablets given. Full list of service user medications are already listed in the service users blister pack filled by the community pharmacist.</p> <p>Staff have also been informed they are to inform office asap if a client requests shopping and they are not permitted to carry this task out unless it is officially recorded on the clients timetable of service.</p>	To be completed three months from the date of inspection
2	Standard 9.1 and Appendix 1	<p>The registered person/manager is recommended to review the agency policy on restraint.</p> <p>As discussed within theme two, criteria one of this report.</p>	Once	<p>The registered person will review the agency's policy on restraint within 3 months of the date of inspection.</p>	To be completed three months from the date of inspection

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
3	Standard 13.3	<p>The registered person/manager is recommended to ensure all staff records are appropriately signed and dated.</p> <p>As discussed within theme two, criteria one of this report.</p>	Once	Spot checks will be signed by relevant staff member.	To be commenced with immediate effect from the date of inspection

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

NAME OF REGISTERED MANAGER COMPLETING QIP	<i>Michele Cupples</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Michele Cupples</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	19/06/14
Further information requested from provider			