



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Moyle Community Services
Establishment ID No: 10944
Date of Inspection: 9 February 2015
Inspector's Name: Caroline Rix
Inspection No: IN020284

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Moyle Community Services
Address:	1st Floor, Inver Gloucester Avenue Larne BT40 1RP
Telephone Number:	02828266145
E mail Address:	elizabeth.ross@northerntrust.hscni.net
Registered Organisation / Registered Provider:	Northern HSC Trust/ Dr Anthony Stevens
Registered Manager:	Elizabeth Ross
Person in Charge of the agency at the time of inspection:	Elizabeth Ross
Number of service users:	203
Date and type of previous inspection:	20 March 2014 / Primary Unannounced
Date and time of inspection:	9 February 2015 from 9.45am to 3.15pm Primary unannounced inspection.
Name of inspector:	Caroline Rix

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	3
Staff	6
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	35	9

Inspection Focus

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

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

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

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

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

Profile of Service

Moyle Community Services is a domiciliary care agency based on the Moyle hospital site. Under the direction of the manager Liz Ross, a team of 82 staff provide a variety of services to 203 service users in their own homes. These services include personal care, social support, some domestic assistance and re-ablement. The majority of service users are older people, but the agency also provide services within the categories of physical disability, learning disability, mental health and dementia care. The agency is part of the Northern HSC Trust, and provides services from Whitehead to the greater Larne area.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Moyle Community Services was carried out on 9 February 2015 between the hours of 09.45 and 15.15. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Phone calls to service users and representatives were carried out by the UCO prior to the inspection and a summary of feedback is contained within this report. Findings following these interviews were discussed with the registered manager.

The inspector had the opportunity to meet with six 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.

Moyle Community Services had nine recommendations made during the agency's previous inspection on 20 March 2014. Seven of the nine recommendations were found to be 'compliant' with one recommendation found to be 'substantially compliant' and one 'moving towards compliance'. These recommendations have been carried forward, and included within the quality improvement plan (QIP) attached to this report.

One requirement and two recommendations (both restated from 20 March 2014) have been made in respect of the outcomes of this inspection.

Staff survey comments

35 staff surveys were issued and 9 received which is a disappointing response. The matters raised from the questionnaires was discussed with the registered manager in the course of this inspection.

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

'I feel line managers should do more spot checks, and care workers should be involved more in discussions with social workers.'

'Social workers give clients a time when it can only be given by line manager who is aware of space in rota.'

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with three service users and two relatives on 30 January 2015 to obtain their views of the service being provided by the Northern Health and Social Care Trust's homecare service in the Larne locality. The service users interviewed have been using the agency for a period of time ranging from approximately six months to ten years, receive at least one call per day and are getting help with the following:

- Personal care
- Meals
- Security / social checks
- Shopping

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer.

All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be advised by the agency if their carer had been significantly delayed, this is good practice. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from the Northern Trust. None of the people interviewed had made a complaint about the agency, however all were aware of whom to contact should any issues arise. Examples of some of the comments made by service users or their relatives are listed below:

- "The consistency is great. My XXX has built up friendships with the carers."
- "I look forward to them coming and being able to have a laugh with them."
- "Couldn't say anything about them."
- "Very pleased with the service."
- "No complaints whatsoever."

It was good to note that the majority of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service, however there were mixed results regarding observation of staff practice had taking place in their home. The matter was discussed with the registered manager who confirmed that this is being carried out by the home care officers on a regular basis and records of such are available for review. A number of people interviewed also confirmed that they received a book from the agency when the service commenced and that it is completed by the carers at all calls.

Summary

Theme one - Management and control of operations

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

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

The agency's 'Statement of Purpose' dated September 2014 and the 'Homecare Quality Monitoring and Assessment' procedure dated March 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

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

Review of appropriate appraisal processes for all management staff were confirmed during inspection along with staff supervision processes in line with their procedure timescales. However, one home care officers file sampled indicated they had not received an annual appraisal and this is recommended for review.

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

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

Two recommendations (both restated from 20 March 2014) have been made in relation to this theme.

The registered manager and management staffs are recommended to complete all outstanding update training on mandatory subject areas.

The registered manager is recommended to ensure all staff receives an annual appraisal in line with their procedure.

Theme 2 - Records management

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

The agency has a policy and procedure in place on ‘Recording and reporting’ which was found to be satisfactory and in line with standard 5 and contains 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.

The agency currently provides care to a number of service users that require some form of restraint. The service user care plan and risk assessment sampled in relation to the area of bedrails were found to be appropriately detailed.

Their procedure on ‘Handling service user’s monies’ was reviewed, however is required for expansion as detailed with theme 2 of this report. Review of service user’s records indicated that financial assistance and shopping is not currently provided to service user by agency staff.

One requirement has been made in relation to this theme.

The registered manager is required to expand their ‘Handling service user’s monies’ procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.

Theme 3 – Recruitment

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

The inspector was provided with written confirmation from the Northern HSC Trust’s Human Resources manager that their department had carried out the required pre-employment checks and retained information for domiciliary care workers in compliance with Regulation 13 and Schedule 3. The inspector was provided with confirmation that the organisation holds all staff recruitment records centrally for the required retention period.

Review of four staff personnel files held within the agency office confirmed that relevant information had been provided to the registered manager for each domiciliary care worker to enable the day to day management of the agency.

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

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

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Minimum Standard 1.9	<p>The registered manager is recommended to share the results of their annual quality review report with current and prospective service users, their carers / representatives and other interested parties.</p> <p>(Restated from 11 November 2011 & 25 February 2013)</p>	<p>Records evidenced that all service users had been provided with updated 'Blue files' which contained the agency's annual quality summary report. Records verified that these had been hand delivered by the home care officers and the contents explained to service users/representatives.</p>	Three	Compliant
2	Minimum Standard 4.1	<p>The registered manager is recommended to ensure all service users are provided with a written individual service agreement.</p> <p>(Restated from 25 February 2013)</p>	<p>Records evidenced that all service users had been provided with updated 'Blue files' which contained a written individual service agreement. Records verified that these had been hand delivered by the home care officers and the contents explained to service users/representatives.</p>	Two	Compliant

3	Minimum Standard 5.1	<p>The registered manager is recommended to provide service users with information on how they may access their office held records.</p> <p>(Restated from 25 February 2013)</p>	<p>Records evidenced that all service users had been provided with updated 'Blue files' which contained information on how they may access their office held records. Records verified that these had been hand delivered by the home care officers and the contents explained to service users/representatives.</p>	Two	Compliant
4	Minimum Standard 15.3	<p>The registered manager is recommended to provide all service users with a copy of their updated complaints procedure.</p> <p>(Restated from 25 February 2013)</p>	<p>Records evidenced that all service users had been provided with updated 'Blue files' which contained a copy of their updated complaints procedure. Records verified that these had been hand delivered by the home care officers and the contents explained to service users/representatives.</p>	Two	Compliant
5	Minimum Standard 5.2	<p>The registered manager is recommended to ensure that full and accurate information is maintained consistently in service user's home files.</p> <p>(Restated from 25 February 2013)</p>	<p>Records evidenced within sampled care review/on site supervision records that an ongoing monitoring process is being carried out to ensure records are fully completed and accurate in service user's home files. A system to audit daily log sheets when returned to the agency office for storage was viewed.</p>	Two	Compliant

6	Minimum Standard 12.1	The registered manager is recommended to expand their 'Homecare Development Programme' in line with the 'NISCC Induction Standards' to specify their supervision procedure/frequency within the first 6 months of employment.	The 'Homecare Development Programme' had been expanded August 2014 in line with the 'NISCC Induction Standards'. No new staffs have been appointed in the last year therefore no records were available to verify this process has been implemented.	One	Compliant
7	Minimum Standard 12.3 & 12.8	The registered manager is recommended to revise their staff training procedure to specify that manual handling update training will be provided 18 monthly. The manager is recommended to ensure all staff is provided with manual handling update training in line with best practice guidance.	The staff training programme had been revised April 2014 to specify that manual handling update training will be provided 18 monthly. However, the training records indicated that only 25% of staff has received this update training in the past 18 months. Records evidenced that since their previous inspection, the acting registered manager and domiciliary care area managers have liaised with the organisations training team to arrange update training for all staff but to date has not been successful, as the majority of staff has not been provided with manual handling update training 18 monthly.	One	Moving towards compliance

8	Minimum Standard 14.4	The registered manager is recommended to carry out competency assessments following safeguarding vulnerable adults training to ensure staff understanding of their roles and responsibilities regarding protection of vulnerable adults.	Records evidenced that staff competency assessments following safeguarding vulnerable adults training had been completed in February and March 2014 to ensure staff understanding of their roles and responsibilities in this area.	One	Compliant
9	Minimum Standard 13.5	The registered manager is recommended to ensure all staff receives an annual appraisal in line with their procedure.	Records evidenced that annual appraisals are scheduled for all staff. However, one homecare officer and one homecare worker files sampled indicated they had not received an annual appraisal.	One	Substantially compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The Registered Manager shall undertake such training as is appropriate to ensure that he/she has the necessary skills to manage the Agency. The Registered Manager has completed QCF Level 5 in February 2014 as nominated by NHSCT and registration fee paid plus all training deemed mandatory by DHSSPS and NHSCT.</p> <p>The Registered Manager has the competence skill and knowledge to manage the agency with sufficient care.</p> <p>The Registered Manager maintains a record of all training undertaken relevant to the management and provision of services</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The 'Statement of Purpose' dated September 2014 and the 'Homecare Quality Monitoring and Assessment' procedure dated March 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered provider, registered manager together with four home care officers, one assistant home care officer and home care workers.</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). One of the mandatory training areas was reviewed as out of date in the past eighteen months (i.e. manual handling) and has been recommended for renewal. The registered manager has also completed training in the areas of supervision and appraisal and this is to be commended.</p> <p>Most areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor.</p> <p>The registered manager had completed the training course, QCF Level 5 in Leadership in Health and Social Care Services (Adult Management Wales and Northern Ireland) in February 2014 which is to be commended; this was discussed during inspection in terms of keeping abreast of new areas of development. The registered manager is not currently enrolled on any additional training other than mandatory update training, however will be supporting registered managers from other domiciliary care agency facilities who have commenced the above mentioned QCF Level 5 course recently.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from October 2014 to October 2017.</p>	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>The Agency carries out on-site supervisions, monitoring visits, joint and service reviews which form part part of the audit process to ensure working practices are consistent with NHSCT policy and procedure. The Area Manager completes monthly monitoring and complies an Annual Quality Report which includes Service user feedback and is shared with Service Users. Medication errors are recorded in Incident and Near Miss Reporting Form in accordance with NHSCT procedures and also to RQIA. The effect of training on practice is monitored through on-site supervision, formal supervision and appraisal. Personal development plans are drawn up per procedure.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency 'Supervision for Social Care Staff Employed in Adult Services' policy and procedure dated September 2012 was reviewed and clearly referenced practices for all agency staff including the processes for management staff supervision and appraisal.</p> <p>Appraisal for the manager currently takes place on an annual basis and was reviewed for April 2013 and March 2014 for the registered manager. Supervision records were also viewed that had been completed in line with their procedure timescales, these records were found to be appropriately detailed.</p>	<p>Compliant</p>

The inspector reviewed the agency log of two medication incidents reported through to RQIA over the past year. Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the medication matters within appropriate timeframes.

Monthly monitoring reports completed by the domiciliary care area manager were reviewed during inspection for September 2014 to January 2015 and found to be detailed, concise and compliant.

The agency had completed their annual quality review for the year 1 April 2013 to 31 March 2014 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>The NHSCT ensures through Recruitment and Selection procedures that Home Care Workers are not supplied by the agency unless he/she has the necessary skills and experience for the work they are to perform.</p> <p>Training in specific techniques - as per individual service user requirements e.g stoma care/eye drops is provided by suitable qualified Healthcare Professionals.</p> <p>Home Care Workers are inducted into the agency and their training needs are met through initial Home Care Worker development training, on-going mandatory training and personal development plans.</p> <p>Domiciliary Care Locality Managers and Home Care Officers are trained in Supervision and Performance Appraisal.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has a 'Staff Training and Development' procedure in place which was reviewed and details the training needs for staff and timescale for refresher training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012.</p>	<p>Substantially compliant</p>

Training records sampled for two home care officers were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). However one of the home care officer records indicated that one of the mandatory training areas was out of date in the past eighteen months (i.e. manual handling) and has been recommended for renewal. The registered manager confirmed that update training on manual handling is scheduled for all home care officers and herself during February 2015.

Training records for the two home care officers confirmed that each had also completed training in the areas of staff supervision and appraisals and this is to be commended.

Most areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor.

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
Provider's Self-Assessment:	
<p>The agency carries out monitoring visits, joint and service reviews which form part of the audit process to ensure working practices are consistent with NHSCT policy and procedure.</p> <p>The Area Manager completes monthly monitoring and compiles an Annual Quality Report which includes Service user feedback and is shared with Service Users.</p> <p>Medication errors are reported in Incident and Near Miss Reporting Form in accordance with NHSCT procedures and also to RQIA.</p> <p>The effect of training on practice is monitored through on-site supervision, formal supervision and appraisal.</p> <p>Personal development plans are drawn up as per procedure.</p>	Substantially compliant
Inspection Findings:	
<p>The agency's 'Supervision for Social Care Staff Employed in Adult Services' policy and procedure dated September 2012 clearly reflected the processes for management staff supervision and appraisal.</p> <p>Appraisal records sampled for one of the two home care officers were found to have taken place annually, and were reviewed during inspection for 2013 and 2014. However, as detailed within point 9 of the follow up section above, one home care officer had not received an appraisal during 2013 but had an appraisal in 2014; therefore this scheduling system is recommended for review.</p>	Substantially compliant

Supervision records for both home care officers were viewed and found to be appropriately detailed, and confirmed as having taken place in line with their procedure timescale.

It was discussed and reviewed during inspection that the home care officers are currently registered with NISCC.

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

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

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>The Registered Manager ensures that records specified in Schedule 4 (11) service user plan where possible are kept up to date, in good order and in a secure manner.</p> <p>All records are held for inspection and stored in line with Records Management Procedures.</p> <p>The recent audit of practice was carried out within Domiciliary Care by Information Commissioners Office and any action recommended will be implemented.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policies and procedures on 'Recording and reporting' and 'Handling service user's monies' dated May 2014 were reviewed during inspection. The recording and reporting procedure was also viewed within the Home Care Workers Handbook and found to be 'compliant'. Their procedure on 'Handling service user's monies' was found to be 'substantially compliant', however is required for expansion to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.</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, alongside a separate record for PRN (as and when required) medications. This was confirmed as compliant during staff and management discussions. • The agency hold a money agreement within the service user agreement • Staff spot checking template which includes a section on adherence to the agency recording policy • Staff group supervision template includes records management (recording and reporting) <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of four staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2014 were reviewed as compliant with no staff competence issues arising. Staff members confirmed during discussions that direct observation of their practise takes place which included the supervisor reviewing their recording on daily logs within service user home files.</p>	<p>Substantially compliant</p>

The registered manager and home care officers discussed records management as a regular topic during staff meetings/group supervision, review of recent staff meeting minute records and the staff Newsletter evidenced this topic.

Review of four service user files by the inspector confirmed appropriate recording in the general notes and medication records. Review of medication agreements within two service user files confirmed the process of medication assistance had been discussed, agreed and confirmed/signed with service users and/or family member before medication assistance commenced with agency staff.

Review of service user records during the inspection and discussion with the registered manager confirmed that restraint is in place for a number of service users in respect of bedrails. Review of one service users file evidenced that the use of bedrails was clearly documented within their care plan and risk assessment.

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>Staff of the agency only receive money from service users where this is part of the agreed care plan. No user of the service contribute financially to Domiciliary Care Provision within NHSCT.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector viewed the staff guidance for ‘Routine shopping arrangement’ dated January 2015 along with the template and duplicate recording books as compliant. However as detailed within the criteria above, staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping is required to be developed.</p> <p>The registered manager confirmed that at present no service users are in receipt of regular financial assistance, for example shopping, from the agency staff. However, one service user’s care plan is being reviewed with the trust social worker due to a recent change in relation to financial support required.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<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. 	

Provider's Self-Assessment:	
The agency complies with the NHSCT Recruitment and Selection Policy. The NHSCT Human Resources Department has responsibility to ensure that all pre employment checks are carried out.	Compliant
Inspection Findings:	
<p>The registered manager had provided the inspector with a list of twelve domiciliary care workers identified as having commenced employment most recently(between May 2008 and June 2013). The inspector was provided with written confirmation from the Northern HSC Trust's Human Resources manager that their department had carried out the required pre-employment checks and retained information for each of these twelve domiciliary care workers in compliance with Regulation 13 and Schedule 3. The inspector was provided with confirmation that the organisation holds all staff recruitment records centrally for the required retention period.</p> <p>Review of four staff personnel files (sampled from the list of most recently recruited staff) held within the agency office confirmed that relevant information had been provided to the registered manager for each domiciliary care worker, (e.g. photographic identity, next of kin details, driving licence and car insurance information), to enable the day to day management of the agency.</p> <p>Home care workers interviewed described, in the majority of cases, their recruitment processes in line with the organisations procedure. However a number of these staff had been employed by the organisation up to thirty years ago and could not confirm their exact recruitment processes.</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 the one complaint received during 2014 and records confirmed this had been appropriately managed and resolved.

Additional matters examined

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

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Elizabeth Ross, registered manager and Amanda Williamson, area manager domiciliary care as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Unannounced Primary Inspection

Moyle Community Services

9 February 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Elizabeth Ross, registered manager and Amanda Williamson, area manager domiciliary care 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 15 (6)	The registered manager is required to expand their 'Handling service user's monies' procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of care plan tasked shopping.	Once	The Registered Manager will develop a standard operational procedure for staff to follow when assisting service users who require financial assistance. This will include the purchase of items in an emergency which would not be recorded in the individual care plan.	Within one month of inspection date.

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 13.5	The registered manager is recommended to ensure all staff receives an annual appraisal in line with their procedure. (Restated from 20 March 2014)	Twice	The Registered Manager has drawn up an action plan to ensure all staff receive an annual appraisal in line with procedure.	Within three months of inspection date.
2	Minimum Standard 12.3	The registered manager is recommended to ensure all staff is provided with manual handling update training in line with best practice guidance. (Restated from 20 March 2014)	Twice	The Registered Manager will ensure all staff are provided with manual handling updates in line with best practice. This will be delivered by the use of a DVD, workbook and face to face training	Within six months of inspection date

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	Elizabeth Ross
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr Tony Stevens Una Cuning

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Caroline Rix	26/02/15
Further information requested from provider			