



The Regulation and  
Quality Improvement  
Authority

Jackie's Domiciliary Care  
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**Unannounced Care Inspection  
of  
Jackie's Domiciliary Care**

**21 January 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 21 January 2016 from 09.45 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

The details of the QIP within this report were discussed with the Mrs Jacqueline Ryan, the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Guardian Day Care and Residential Care/Mrs Jacqueline Ryan	<b>Registered Manager:</b> Mrs Jacqueline Ryan
<b>Person in charge of the agency at the time of Inspection:</b> Mrs Jacqueline Ryan	<b>Date Manager Registered:</b> 08/06/2009
<b>Number of service users in receipt of a service on the day of Inspection: 55</b>	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

**4. Methods/Process**

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015.

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

- Discussion with the agency manager
- Consultation with staff
- Examination of records
- File audits
- Evaluation and feedback

Following the inspection the inspector spoke with three service users' relatives, by telephone, on 1 February 2016, to obtain their views of the service.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Two service user records in respect of the trust review process.
- Three staff supervision and appraisal records
- Staff rotas
- Four monthly monitoring reports
- Annual quality report
- Management staff daily contact log records
- Daily log records
- On call rota
- Two communication records with trust professionals

The inspector distributed questionnaires to staff during the inspection and no completed questionnaires were returned to RQIA by agency staff. During the inspection, agency staff were asked to compile a list of professionals and other service user representatives who would be agreeable to being contacted by RQIA for the purposes of obtaining their views on the quality of service provision. On the day of inspection the inspector met with two care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report.

## 5. The Inspection

Jackie's Domiciliary Care is a domiciliary care agency which at the time of inspection was providing services to 55 service users by a team of 24 staff in the surrounding areas of Coalisland, Cookstown and Dungannon to support people to live as independently as possible, in their own homes. Support provided includes personal care, domestic tasks and medication management.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 19 March 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 13 and Schedule 3 Regulation 21(1) Schedule 4(1)</p>	<p>The registered person/manager is required to ensure all staff recruitment is compliant with Regulation 13 and Schedule 3 and that all records are centrally maintained and available for inspection in compliance with Regulation 21(1) Schedule 4(1)</p> <p>(Minimum standard 11)</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed two staff files of recently recruited care workers and these files were compliant with Regulation 13 and Schedule 3 at the time of inspection.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 16(5)</p>	<p>The registered person/manager is required to ensure all staff complete a full induction including shadowing and that appropriate records are maintained to confirm completion of this process.</p> <p>(Minimum standard 12)</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the induction records for two staff, these files included details of the staff induction and work shadowing completed by these staff.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 16(2)(a) Regulation 11(1)(3) Regulation 13(b)</p>	<p>The registered person/manager is required to ensure implementation of mandatory training across all staff groups to include supervision and appraisal training for the registered manager and management staff as appropriate. Competency assessments are also required for all mandatory areas.</p>	<b>Met</b>

	(Minimum standard 12)	
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed training and supervision and appraisal records for three staff. These records evidenced staff had received mandatory training in accordance with RQIA guidance on mandatory training 2012 and staff received supervision and appraisal in accordance with agency policy.	
<b>Requirement 4</b>  <b>Ref:</b> Regulation 16(2)(4)	The registered person/manager is required to review the staff spot check, supervision and appraisal policy and process to ensure appropriate application across all staff groups in compliance with the revised agency policy.  (Minimum standard 13)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed staff received supervision and appraisal in accordance with agency policy and records were available and up to date at the time of inspection. The inspector also viewed records of spot checks for three staff and spoke to staff which confirmed staff received spot checks while caring and supporting for service users.	
<b>Requirement 5</b>  <b>Ref:</b> Regulation 21 and 22(8)	The registered person/manager is required to ensure all incident and complaints records are available for inspection review at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed incident and complaint records were available and up to date at the time of inspection.	
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 8.10	It is recommended that audits of working practices (staff spot checks) should be carried out in a more structured, systematic manner and that records of all audits should be kept.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the spot check records for three staff which evidenced that spot checks are now carried out regularly in accordance with agency policy. These records also contained evidence of actions taken following checks.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.7</p>	<p>Some training records did not include information on the qualifications and position of the person providing the training. It is recommended that this information should be included.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the training records for three staff which included the qualifications of the person providing the training.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 9.4</p>	<p>The registered person/manager is recommended to ensure all policies and procedures including the Statement of purpose are dated when issued, reviewed or revised.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the Statement of Purpose, On-Call Policy and Supervision and Appraisal Policy and each contained date of issue and date of revision.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 8.1.</p>	<p>The registered person/manager is recommended to update the Statement of purpose and the policy on Management, control and monitoring of the agency as detailed within theme one criteria one.</p> <p><b>Action taken as confirmed during the inspection:</b> The Statement of Purpose and policy on the Management, control and monitoring of the agency have been updated.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 8.11</p>	<p>The registered person/manager is recommended to update the monthly monitoring process and template as discussed within theme one, criteria two of the report.</p> <p><b>Action taken as confirmed during the inspection:</b> The monthly monitoring report template has been updated and now includes a staff competency area.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 8.12</p>	<p>The registered person/manager is recommended to update the annual report as discussed within theme one, criteria two of the report.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the annual report which includes information in relation to staff training and competencies. The manager informed the inspector this report is available to service users on request and is sent to the HSC Trust.</p>	<p><b>Met</b></p>

### **5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.**

#### **Is Care Safe?**

Service user referral information received from HSC Trust commissioners contained information regarding service user and/or representative's views. The referrals detailed a care plan. The agency care plans and risk assessments completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated; these care plans were person centred. The files reviewed contained a copy of the service user's care plan and risk assessment and, in the main, were accurate, up to date and included basic information regarding the service user's condition. The inspector viewed three service users' assessment of need, risk assessments and care plans during the inspection and found that one did not contain relevant risk assessments relating to the use of specialist equipment. This was discussed with the registered manager, who informed the inspector they would contact the HSC Trust immediately following the inspection to request risk assessments relating to each item of equipment in use with the service user.

The service users' representatives spoken to by the inspector confirmed they are included in decision making regarding their care plan, both at service commencement or when changes occur. The service users' representatives also comment on the quality of service provided by the agency by completing a questionnaire issued annually by the agency to review the satisfaction of service users and/or representatives. The service users' representatives informed the inspector they been visited or contacted by the agency to be asked about the quality of the service. Two service users' representatives were able to confirm staff were observed while delivering care and support. The inspector viewed records of visits made by the agency manager to service users which indicated staff were observed delivering care and support.

The service users' representatives spoken to by the inspector confirmed new carers were introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

Feedback from the two staff on the inspection day indicated staff felt care delivery was safe. The two staff who participated in the inspection confirmed they had received observation of practice by managers from the agency.

#### **Is Care Effective?**

The service users' representatives interviewed following the inspection had not made any complaints regarding the service and were aware of whom they should contact if any issues arise.

The agency manager advised the inspector that service users are invited to complete an annual questionnaire from the agency to obtain the views of the service from service users or their representatives.

The agency manager informed the inspector they had not received any complaints. The inspector discussed the agency complaints procedure with the two staff members who

participated in the inspection and the service users' representatives following the inspection. These individuals demonstrated a clear understanding of the complaints procedure.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided. A few of the comments from the service user who was contacted following the inspection are:

- "All the carers are very good".
- "Polite and friendly staff".

The most recent monthly monitoring reports reviewed evidenced working practises are being systematically reviewed along with detailed information relating to ongoing quality monitoring. The service user records viewed in the agency office evidenced how feedback received had been followed up. These records evidenced that the agency carried out care review visits with service users at least annually, or when changes to their needs were identified.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices

### **Is Care Compassionate?**

The service users' representatives interviewed by the inspector raised no concerns regarding the quality of care being provided by the carers from Jackie's Domiciliary Care. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible. Two service users' representatives informed the inspector they did not always receive the same carers but if new carers were allocated they were informed of the change and introduced to the new carers.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by the service users' representatives are listed below:

- "Very happy with the care."
- "Polite and respectful staff."

The service users' representatives informed the inspector that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included learning disabilities and working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement. The agency manager keeps under review and revises where necessary, the self referred service users' assessment and care plans. The service users or family members confirmed they are given the opportunity to comment on the quality of service by annual surveys for the agency. Two family members confirmed that the agency manager is in contact to check satisfaction with the service.



Staff interviewed confirmed that service users' views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users' particular needs.

### Areas for Improvement

The agency is required to ensure care plans and risk assessments are appropriately detailed regarding service user's needs.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

### Is Care Safe?

A range of management systems, policies and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts and on call arrangements. The inspector was informed communications with the referring HSC Trusts was mostly via telephone; however the agency did not maintain evidence of all the communications. The registered manager advised the inspector that two new management staff had been employed and they plan to review their record keeping processes.

The inspector met with two staff during the inspection and these staff informed the inspector of the actions to be taken by them if a call was missed. The agency manager informed the inspector that service users were also given details of who to contact if they had any missed calls or concerns relating to the quality of the service. However the policy on Management, control and monitoring of the agency did not contain clear guidelines for staff and service users on what to do if a call was missed. This was discussed with the registered manager during inspection. The manager advised the inspector missed calls management was discussed with staff at induction, however there was no evidence contained in the induction records or staff handbook. The registered manager stated they would develop a missed calls policy which would be shared with staff and service users. The service users' relatives the inspector spoke to following the inspection confirmed they were aware of who to contact if they missed a call.

The inspector viewed the training records for staff; these records indicated that all of the staff had received training in accordance with the RQIA Guidance on Mandatory Training for Providers of Care in Regulated Services.

### Is Care Effective?

The inspector was informed by the service users' representatives interviewed that there were no concerns regarding the carers' timekeeping.

Procedures in place for staff quality monitoring and supervision were reviewed during inspection. The inspector viewed the records of three care staff; these staff had received supervision in accordance with agency policy.

Staff interviewed confirmed that they felt supported by senior staff and they demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home.

### **Is Care Compassionate?**

As previously detailed under theme one of this report, the service users' representative spoken with by the inspector highlighted service quality in general to be good with appropriately trained and skilled staff who delivered compassionate care.

### **Areas for Improvement**

The agency's management, control and monitoring policy does not contain detail on the management of missed calls and therefore this policy should be revised to provide guidance for staff and service users.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jacqueline Ryan, the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

### **6.1 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 (Northern Ireland) 2007.

### **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and

approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

**Requirement 1**
**Ref:** Regulation 15(2)(c)

**Stated:** First time

**To be Completed by:**  
Immediate from the date of inspection

The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written is prepared which shall-

(b)specify how those needs are to be met by the provision of prescribed services.

**Response by Registered Person(s) Detailing the Actions Taken:**  
After consultation with the service user/representative, the agency shall ensure that a relevant referral and risk assessment from the HSC Trust and agency, shall be completed to specify how needs are to be met by the service.

### Recommendations

**Recommendation 1**
**Ref:** Standard 9.4

**Stated:** First time

**To be Completed by:**  
25 February 2016

Policies and procedures are dated when issued, reviewed or revised.

**Response by Registered Person(s) Detailing the Actions Taken:**  
All policies and procedures are now dated when issued, reviewed and revised appropriately.

### Response by Registered Person(s) Detailing the Actions Taken:

<b>Registered Manager Completing QIP</b>	Jackie Ryan	<b>Date Completed</b>	26/2/16
<b>Registered Person Approving QIP</b>	Jackie Ryan	<b>Date Approved</b>	26/2/16
<b>RQIA Inspector Assessing Response</b>	Lorraine O'Donnell	<b>Date Approved</b>	27/2/16

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**