



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Establishment:** Jackie's Domiciliary Care  
**Establishment ID No:** 10953  
**Date of Inspection:** 19 March 2015  
**Inspector's Name:** Amanda Jackson  
**Inspection No:** IN021010

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

<b>Name of agency:</b>	Jackie's Domiciliary Care
<b>Address:</b>	28 Moor Road Coalisland Dungannon BT71 4QB
<b>Telephone Number:</b>	02887746361
<b>E mail Address:</b>	<a href="mailto:guardiancentre@btconnect.com">guardiancentre@btconnect.com</a>
<b>Registered Organisation / Registered Provider:</b>	Jackie's Domiciliary Care/ Jacqueline Ryan
<b>Registered Manager:</b>	Jacqueline Ryan
<b>Person in Charge of the agency at the time of inspection:</b>	Jacqueline Ryan
<b>Number of service users:</b>	38
<b>Date and type of previous inspections:</b>	4 September 2014 / Secondary Unannounced Inspection and 16 September 2013 / Primary Announced Inspection
<b>Date and time of inspection:</b>	Primary Unannounced Inspection 19 March 2015 10.00 to 15.15 hours
<b>Name of inspector:</b>	Amanda Jackson

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods/Process

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

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

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

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

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

### Consultation Process

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

Service users	3
Staff	1
Relatives	6
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	19	8

### Inspection Focus

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

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

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

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

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

## **Profile of Service**

Jackie's Domiciliary Care Service offers care to service users, in their own homes, in the Coalisland, Cookstown, Arboe and Moy areas. Services provided include help with personal care, practical help and a service to give carer's respite for agreed periods each week. The service is tailored to meet each individual's needs, with the goal of maintaining and improving quality of life in the household. All current service users receive their care packages via direct payments or via contractual arrangements with the Southern Health and Social Care Trust (SHSCT) and Northern Health and Social Care Trust (NHSCT).

The domiciliary service is managed and administered from an office located in the grounds of Guardian Residential and Day Care Services, which are affiliated businesses.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Jackie's Domiciliary Care Service was carried out on 19 March 2015 between the hours of 10.00 hours and 15.15 hours.

Jackie's Domiciliary Care Service had five requirements made during the agency's previous secondary unannounced inspection on 04 September 2014 and three recommendations made during the agency's previous annual announced inspection on 16 September 2013. One requirement was reviewed as 'compliant', two as 'substantially compliant' and two as 'not applicable'. One recommendation was reviewed as 'compliant' with the remaining two reviewed as 'moving towards compliance'. All outstanding matters have been included in the QIP for this report.

Visits to service users were carried out by the UCO prior to the inspection on 10 and 12 March 2015 and a summary report is contained within this report. Findings following these home visits were discussed with the registered person/manager during inspection.

The inspector had the opportunity to meet with one staff member 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 member during inspection supported that they have an appropriate knowledge in the area of recording. The staff member also described recruitment processes in line with the agency policy and procedure.

The agency continues to make steady progress in respect of the identified areas discussed in the body of this report.

**Five requirements and six recommendations have been made in respect of the outcomes of this inspection.**

## **Staff survey comments**

19 staff surveys were issued and 8 received which was a reassuring response.

Staff comments included on the returned surveys are as follows:

“Support always available.”

“Excellent care and service provided.”

“The agency provides excellent care at very high standard.”

“Level of hygiene keeping light. Hands need to be washed when you coming in and leaving out. Gloves and aprons used all the time.”

## **Home Visits summary**

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with three service users and six relatives on 10 and 12 March 2015 to obtain their views of the service being provided by Jackie’s Domiciliary Care Agency. The service users interviewed have been using the agency for a period of time ranging from three months to three years and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

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 introduced to new members of staff by a regular carer. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency’s staff and they would usually be contacted by the agency if their carer had been significantly delayed, this is good practice. 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 Jackie’s Domiciliary Care Agency. One service user advised that a complaint had been made to the agency and that they were satisfied with the outcome. All of the people interviewed were aware of whom they should contact if any issues arise. All of the people interviewed were able to confirm that management from the agency visits regularly to ensure their satisfaction with the service and that observation of staff practice had taken place in their home; this is good practice.

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

- “Nothing but praise.”
- “Can’t fault them.”
- “Couldn’t be better.”
- “Peace of mind for the family that the carers do such a good job.”

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of four service users. During the home visits, the UCO noted that three service users experience restraint in the form of bed rails; the use of such was documented in their risk assessments.

Review of the risk assessments and 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 UCO. Two service users are receiving assistance with creams by the carers and records of such were being completed.

All visits by carers are to be recorded on log sheets which are held in the service user's home; no issues were noted following review. All four files contained copies of the service user's care plans and risk assessments, however one care plan was noted to contain out of date information and requires to be updated.



## 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 **moving towards compliant** in relation to this theme.

The agency's 'Management and Control of Operations' policy dated 21/01/15 and 'Statement of Purpose' not dated contain details of the organisational structure, the qualifications and experience of the registered person/manager but not senior staff. This has been recommended for review to include the roles and responsibilities of each grade of senior staff.

Discussions with the registered person/manager during inspection and review of records for the manager 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.

Review of appropriate supervision and appraisal processes for all management staff were confirmed during inspection however the policy and procedure require updating to reflect specific timeframes for management staff supervision processes.

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

Records regarding incidents were not available for review during inspection and have been required for attention.

Three requirements and four recommendations 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), 13(b) and 16(2)(a), and the revision of the staff supervision and appraisal policy and implementation of supervision for all staff in line with Regulation 16(2)(4). Retention of all incident and complaints records have been required in line with Regulation 21 and 22.

Recommendation relate to a number of policy reviews in line with standards 8 and 9 and review of the monthly and annual quality review processes in accordance with standard 8.

### 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 'Management of Records and Information' dated 24/07/12 which were found to be satisfactory and in line with standard 5 and contain guidance for staff on this subject.

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

The agency has a policy and procedure in place on use of restraint dated 21/07/12 which was reviewed as satisfactory.

The agency currently provides care to a number of service users that require some form of restraint. Risk assessments in relation to this area were reviewed as compliant.

The agency has a policy on 'Handling Service Users Monies' which was not dated and has been recommended for review in this respect. Review of processes in place for service user shopping were confirmed as compliant with exception to completion of the service user financial agreement.

Review of staff training and spot checks were found to be substantially compliant and have been recommended for review in compliance with theme two.

Two requirements and one recommendation (which overlap with theme one) have been made in relation to this theme and relates to staff training, spot checks and policy reviews.

### **Theme 3 – Recruitment**

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

Review of the agency policy, procedure and recruitment records confirmed substantial compliance with Regulation 13 and Schedule 3 and Standards 8.21 and 11.2. with exception to gaps in employment for one staff member, full driving licence and car insurance for business use, confirmation of job description receipt and sign off on staff induction/shadowing process together with a recent photo of all staff members.

One requirement (restated from the previous report and QIP dated 4 September 2014) has been made in respect of this theme.

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

### Follow-Up on Previous Issues - 4 September 2014 / Secondary Unannounced Inspection

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1.	Regulation 13, Schedule 3, Standard 11 (Domiciliary Care) and Regulation 20, 21, Schedule 2, and Standard 19 (Residential Care)	The registered manager must revise the policy and procedures in relation to the recruitment of staff ensuring compliance with regulations and minimum standards in relation to the functioning of the residential care home, day care and domiciliary care services.	The inspector briefly reviewed the policy during inspection which appeared compliant with requirement one.	Once	Compliant
2.	Regulation 13, Schedule 3, Standard 11 (Domiciliary Care) and Regulation 20, 21, Schedule 2, and Standard 19 (Residential Care)	The registered manager must implement the revised procedures for all new staff recruited from 4 September 2014 within the residential home, day care and domiciliary care services.	Review of three staff recruitment files during inspection confirmed recruitment to be substantially compliant with requirement two, a number of areas require further review and have been detailed within theme three of this report.	Once	Substantially compliant

3.	Regulation 16(5), Standard 12 (Domiciliary Care) and Regulation 20, Schedule 2, and Standard 23 (Residential Care)	The registered manager must ensure all staff employed to work in the residential home, day care and domiciliary care services complete a full induction, including mandatory training, and are registered with the appropriate regulatory or occupational body.	<p>Review of two out of three staff files (those whom have been recruited since the previous inspection) had evidence of an induction process but this was not found to include sign off on the staff induction shadowing process and this was required during inspection.</p> <p>Domiciliary care staff are not required to be registered with NISCC at this time and hence this area was not reviewed during inspection.</p>	Once	Substantially compliant
4.	Regulation 19 (2) Schedule 4 7 (Residential Care)	The registered manager must ensure that the staff duty rota is current, accurate and reflective of staffing levels at all times.	This requirement is only applicable to residential care and hence was not reviewed during this domiciliary care inspection.	Once	Not applicable
5.	Regulation 19 (2) Schedule 4 6 (Residential Care)	The registered manager must return the next six staff recruitment and induction records to RQIA for review. The registered manager must ensure this information is password protected.	Staff recruitment files were reviewed during inspection as detailed in the above requirements.	Once	Not applicable

## Follow-Up on Previous Issues – 16 September 2013 / Primary Announced Inspection

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 8.10	It is recommended that audits of working practices should be carried out in a more structured, systematic manner and that records of all audits should be kept.	Review of three staff files during inspection highlighted that staff spot checks are not happening in a systematic manner and this has been further recommended for review as discussed within theme two of the report.	Once	Moving towards compliance
2	Standard 12.7	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.	The registered person/manager is delivering training to all staff. Upon review of the manager training, several areas were found to require updating.	Once	Moving towards compliance
3	Standard 12.7	The registered person should ensure that all staff attending a training event, sign the attendance sheet in person.	Review of staff training records since the previous inspection confirmed compliance with recommendation three.	Once	Compliant

<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The registered manager has completed training to ensure that experience and skills are up to date for managing the agency. For example updates manual handling and induction training.</b></p> <p><b>As the agency has grown and increased the number of packages covered - the manager has continued to manage the agency with sufficient care, competence and skill.</b></p> <p><b>The registered managers training has been updated and records maintained and certificates have been filed or displayed.</b></p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The statement of purpose not dated and the policy on Management and control of operations dated 21/01/15 were reviewed as moving towards compliant as the policies reflected the management structure within the agency in terms of a flow chart and the qualifications of the registered person/manager. This structure is required to include the qualifications, roles and responsibilities of all management staff and the lines of accountability.</p> <p>Training records for the registered person/manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) with exception to manual handling, fire safety and food hygiene. The manager has not completed training in the areas of supervision and appraisal and this has been required during inspection.</p> <p>Most areas of training reviewed did not include a competency assessment and this has been required across all mandatory areas.</p> <p>Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers</p> <p>The registered person/manager is not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered person/manager is currently registered with NMC to January 2016.</p>	<p>Moving towards compliance</p>

<p><b>Criteria Assessed 2: Registered Manager's competence</b></p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Working practices are systematically audited at weekly meetings with team leaders and action is taken when necessary as per policy and procedure.</b></p> <p><b>Medication errors and incidents are and and will continue to be reported to the appropriate authorities as per policy and procedure.</b></p> <p><b>Training is evaluated as part of quality improvement plan by spot checks, additional or re training is organised as needed.</b></p> <p><b>Staff have regular appraisals and these are recorded and reviewed as per policy and procedure.</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency Supervision and appraisal policy and procedure dated 01/06/13 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is required in this respect. Supervision for care staff is stated as quarterly with annual appraisal but no specific reference to staff spot checks within the policy and this has been recommended for attention.</p> <p>Supervision and appraisal for the registered person/manager does not take place as they are also the proprietor of the agency.</p>	<p>Moving towards compliance</p>



The inspector was unable to review the agency log of one incident which occurred in 2013 as the records were not available at inspection due to a recent change of premises for the agency.

Monthly monitoring reports completed by the registered person/manager were reviewed during inspection for December 2014 and January and February 2015 and found to be detailed and concise. Revision of the report template was recommended during inspection to include a staff competency area for use as appropriate and to include qualitative feedback from the care commissioners. The inspector also recommended the registered manager to review the revised RQIA template for monthly monitoring in light of the requested changes to current processes.

The agency had completed their annual quality review for the year 2014; this document included reference to the training matrix for the agency but did not make any specific reference to their evaluation of staff training completed to date and their proposed future training requirements. These areas have been recommended for inclusion in the 2015 annual report.

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>All Domiciliary care workers have the experience and skills necessary for their role. Training in specific techniques by qualified healthcare professionals is sought as and when required. Training needs of individual staff are identified and met within timescales as per policy and procedure. The manager and supervisory staff are trained in the supervision and performance appraisal.</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency holds a training and development policy and procedure dated 12/01/13 which sits alongside the annual training programme/matrix for mandatory training. 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 two community senior carers and the one office based co-ordinator (who completes staff supervisions for some staff due to currently completing level 4 Health and social care QCF qualification) were found to be in place regarding all areas of mandatory training areas in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>The office based co-ordinator who carries out staff supervisions as part of her role has not completed training in the areas of supervision and appraisal and this has been recommended during inspection.</p>	<p>Substantially compliant</p>

Most areas of training reviewed did not include a competency assessment with exception to the fire safety training which referenced competency assessment outcomes on the certificate. Implementation of competency assessments across all mandatory areas is required.

Review of all training records and competency assessments is required for review in compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for management staff.

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>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Working practices are audited systematically at staff meetings and via spot checks/supervisions to ensure that they are consistent with the agency's policies and procedures and action is taken when necessary. Medication errors and incidents are reported, in accordance with policy and procedures. The effectiveness of training on practice and procedures is evaluated as part of quality improvement. During staff appraisal with line manager, performance and personal development plans are discussed, recorded and action is taken as per policy and procedure.</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Appraisal for the two community senior carers and the one office based co-ordinator currently takes place annually and was reviewed during inspection for 2015. Supervision for all three staff members appeared to be compliant with the agency policy timeframes for care staff. Discussion with the registered person/manager confirmed timeframes to be the same for all staff members including care staff and management staff. The inspector has required updating of the agency supervision and appraisal policy in this respect.</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/manager for future consideration (as required).</p>	<p>Compliant</p>



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

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

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

**Criteria Assessed 1: General records**

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

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

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

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

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

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

**COMPLIANCE LEVEL**

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>All records are maintained, kept up to date, in good order and secured. And at all times available for inspection for RQIA.</b>  <b>Service users plan, perscribed services are kept in the service users home, are up to date and in good order and secure manner.</b>  <b>The records kept in the service users home contain the required information to meet the standard 5.2</b>  <b>All records are legible, accurate, up to date and signed and dated by the person making the entry.</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency policies on Management of records and information dated 24/07/12, Handling service user's monies not dated and the Restraint policy dated 21/07/12 were all reviewed during inspection as compliant. The staff handbook was recommended for review to include restraint and recording and reporting for staff.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>• Daily evaluation recording</li> <li>• Medication administration is detailed on the daily evaluation recording, alongside a separate record for medications. The inspector did recommend recording the number of tablets and inclusion of full staff signatures.</li> <li>• The agency hold a medication agreement</li> <li>• Shopping record</li> <li>• Staff spot checking template which includes a section on adherence to the agency recording policy</li> <li>• Staff supervision template does not includes records management (recording and reporting)</li> </ul> <p>All templates were reviewed as appropriate for their purpose by the RQIA UCO.</p> <p>Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff spot checks was reviewed as inconsistent across staff files reviewed and has been required for attention. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising.</p>	<p>Substantially compliant</p>



Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as compliant in all areas with exception to competency assessments which have been required for review.

The registered person/manager discussed records management as a regular topic for discussion during staff meetings/group supervision, review of three recent staff meeting minute records dated 23 September 2014, 29 August 2014 and 28 March 2014 evidenced this topic.

Review of four service user files prior to the inspection by the UCO confirmed appropriate recording in the general notes and medication records (application of creams) with exception to the inspector recommendation regarding staff detailing the number of tablets given and full staff signature to be recorded. A full list of service user medication in the service user's home files was confirmed during discussions with the registered person/manager and one staff member during inspection. One care plan was noted to be out of date (regarding calls) during the UCO visits and this was requested for updating during the inspection. The inspector reviewed an additional service user file in respect of tablet medication administration and confirmed recording to be compliant. A separate medication agreement was also reviewed for this service user and signed by the family member and agency personnel.

Review of service user records during the UCO visits and discussion with the registered person/manager during inspection confirmed that restraint is in place for a number of service users in respect of bedrails. Review of four service user files by the UCO evidenced risks assessments in this respect.

<p><b>Criteria Assessed 3: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—                  (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Not applicable however if necessary policy and procedure will be followed.</b></p>	<p>Not applicable</p>
<p><b>Inspection Findings:</b></p>	
<p>Discussions during the inspection advised that one service user is in receipt of financial assistance (shopping), from the agency; this was supported by the staff member interviewed by the inspector. Review of the care plan for this service user confirmed compliance however this package has only recently commenced (February 2015) and hence records are in the service users home and could not be reviewed during the inspection. Review of the template being used for recording shopping appeared appropriate. The inspector also recommended completion of the service user financial agreement in line with the agency policy for this new package and retention of the agreement in the agency office file.</p>	<p>Substantially compliant</p>

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

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

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

<b>Provider's Self-Assessment:</b>	
<p>As per our recruitment policy and procedures during interview and selection, we ensure that a b c and d are met . The recruitment policy and procedure including input from Access NI ensures that pre employemnt checks are carried out, criminal history information is sought at the correct level for those carrying out a regulated activity. On Application and at interview, Identity is confirmed, references obtained from present and most recent employer, gaps in employment are accounted for, criminal history, qualifications, registration and health assessment, driving licence and insurance cover and permit or visa is confirme</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>Review of the staff recruitment policy dated November 2014 confirmed general 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 with exception to gaps in employment for one staff member, full driving licence and car insurance for business use, confirmation of job description receipt and sign off on staff induction/shadowing process. The full driving licence and car insurance were not fully compliant for one staff member reviewed during inspection and this has been requested for submission to RQIA for review. Staff contracts signed at employment commencement where also confirmed during inspection.</p>	Substantially compliant

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

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

## **Additional Areas Examined**

### **Complaints**

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2014 and 31 December 2014. This form was reviewed and found to be satisfactory. The inspector reviewed the one complaint received by the agency in 2014 during the agency's inspection and confirmed all records to be compliant.

### **Additional matters examined**

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

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with the **registered person/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**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Primary Unannounced Inspection

#### Jackie's Domiciliary Care

19 March 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with **registered person/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 13 and Schedule 3 Regulation 21(1) Schedule 4(1)	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)  (Minimum standard 11)  As discussed within theme three of the report.	Twice  (restated from previous report and QIP dated 4 September 2014 / Secondary Unannounced Inspection).	Staff recruitment is compliant with Regulation 13 and Schedule 3 and records are centrally maintained.	To be commenced with immediate effect
2	Regulation 16(5)	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.  (Minimum standard 12)  As discussed within requirement three within the follow up section of this report.	Twice  (restated from previous report and QIP dated 4 September 2014 / Secondary Unannounced Inspection).	Full inductions are completed and shadowing and records maintained.	To be commenced with immediate effect



3	Regulation 16(2)(a) Regulation 11(1)(3) Regulation 13(b)	<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> <p>(Minimum standard 12)</p> <p>As discussed within theme one, criteria one and three of the report and within theme two, criteria one.</p>	Once	Implementation of mandatory training across all staff groups, including supervision and appraisal training for the registered manager and management staff, also competency assessment are now in place	To be completed by 19/06/15
4	Regulation 16(2)(4)	<p>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.</p> <p>(Minimum standard 13)</p> <p>As discussed within theme one, criteria two of the report and within theme two, criteria one.</p>	Once	Policy and procedure, all spot checks have been reviewed. Supervision appraisal, policy and processes are in compliance with agency policy.	To be completed by 19/06/15

5	Regulation 21 and 22(8)	<p>The registered person/manager is required to ensure all incident and complaints records are available for inspection review at all times.</p> <p>As discussed within the follow up section of this report and within theme one, criteria two of the report.</p>	Once	All incidents, complaints and records are now available for future inspections.	To be commenced with immediate effect
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**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	Standard 8.10	<p>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.</p> <p>As discussed within recommendation one within the follow up section of this report.</p>	<p>Twice</p> <p>(restated from previous report and QIP dated 16 September 2013 / Primary announced inspection).</p>	<p>Staff spot checks are now in place and carried out in a more structured and systematic manner and records maintained</p>	<p>To be commenced with immediate effect</p>
2	Standard 12.7	<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>As discussed within recommendation two within the follow up section of this report.</p>	<p>Twice</p> <p>(restated from previous report and QIP dated 16 September 2013 / Primary announced inspection).</p>	<p>Information and qualifications and position of the person providing the training are now maintained.</p>	<p>To be commenced with immediate effect</p>

3	Standard 9.4	<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>As discussed within theme one, criteria one of the report and within theme two, criteria one.</p>	Once	All policies and procedures, including the Statement of Purpose, are dated when issued and reviewed	To be completed 19/05/15
4	Standard 8.1.	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.	Once	The Statement of Purpose has been updated and the policy on Management, control and monitoring	To be completed 19/05/15
5	Standard 8.11	The registered person/manager is recommended to update the monthly monitoring process and template as discussed within theme one, criteria two of the report.	Once	The monthly monitoring processes and template are updated	To be completed 19/05/15
6	Standard 8.12	The registered person/manager is recommended to update the annual report as discussed within theme one, criteria two of the report.	Once	The annual report has been reviewed and updates will be maintained	To be completed 19/12/15

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Jacqueline Ryan
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Jacqueline Ryan

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	A.Jackson	13/05/15
Further information requested from provider			