



The Regulation and  
Quality Improvement  
Authority

## PRIMARY INSPECTION

<b>Name of Establishment:</b>	<b>Connected Health Domiciliary Care Ltd</b>
<b>Establishment ID No:</b>	<b>10954</b>
<b>Date of Inspection:</b>	<b>12 September 2014</b>
<b>Inspector's Name:</b>	<b>Caroline Rix</b>
<b>Inspection No:</b>	<b>16558</b>

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

<b>Name of agency:</b>	Connected Health Domiciliary Care Ltd
<b>Address:</b>	3B Boucher Business Studios Glenmachan Place Belfast BT12 6HQ
<b>Telephone Number:</b>	028 90329777
<b>E mail Address:</b>	pauline.lavery@connected-health.co.uk
<b>Registered Organisation / Registered Provider:</b>	Connected Health Domiciliary Care Limited Mr Terence Hugh Brannigan
<b>Registered Manager:</b>	Mrs Pauline Lavery
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Pauline Lavery
<b>Number of service users:</b>	222
<b>Date and type of previous inspection:</b>	16 May 2013, Primary announced inspection
<b>Date and time of inspection:</b>	12 September 2014 from 9.30am to 4.15pm. Primary unannounced inspection
<b>Name of inspector:</b>	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	2
Staff	2
Relatives	4
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	30	3 plus 3 after closure date

### 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**

Connected Health Domiciliary Care Ltd (formerly Care Circle) is a domiciliary care agency based in Boucher Road, Belfast. A staff team of 72 provide community based domiciliary care services to approximately 222 service users in their own homes. The service is provided to those who are frail elderly, have learning disability and mental health care needs. The provision mainly operates in the locality areas of west Belfast, East Belfast, South Belfast and Dunmurray, Lisburn, Hillsborough and Banbridge. Service provision is commissioned through the Belfast Health and Social Care Trust, South Eastern Health and Social Care Trust and the Southern HSC Trust.

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

Connected Health Domiciliary Care had four requirements and three recommendations made during the agency's previous inspection on 16 May 2013. Three of the four requirements were found to be 'compliant' with one requirement 'moving towards compliance'. Two of the three recommendations were found to be 'compliant' with one 'moving towards compliance'. The outstanding requirement and recommendation have been carried forward and included within the attached quality improvement plan (QIP).

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Connected Health Domiciliary Care was carried out on 12 September 2014 between the hours of 09.30 and 16.15. The agency has made good progress in respect of the identified areas discussed in the body of this report. The registered manager Pauline Lavery provided assistance to the inspector throughout the day.

Visits to service users were carried out by the UCO following the inspection on 25 June and 3 July 2014, and a summary of feedback is contained within this report. Findings following these home visits were discussed with the registered manager and had been addressed.

The inspector had the opportunity to meet with two staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff members 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.

### **Staff survey comments**

Thirty staff surveys were issued and three (plus three after the closure date) were received which is a disappointing response. The manager confirmed that all surveys had been distributed to care staff.

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

'Good management and excellent support. I feel the service and care given by the company is very good. All calls are carried out at the proper times, even when the normal carer is off'.

'Very good company to work for and well managed.'

‘Good well-run company compared to my previous employer.’

**Four requirements (one restated from 16 May 2013) and four recommendations (one restated from 16 May 2013) have been made in respect of the outcomes of this inspection.**

### Home Visits summary

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with two service users and four relatives between 25 June and 3 July 2014 to obtain their views of the service being provided by Connected Health. The service users interviewed are located in Hillsborough and the surrounding areas, have been using the agency for a period of time ranging from approximately one to six years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals
- Financial assistance for example shopping
- Security checks

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. There were no concerns regarding the timekeeping of the agency’s staff and the agency usually contacts the service user if the carer has been significantly delayed, this is good practice.

All of the people interviewed had no concerns regarding the quality of care being provided by the carers from Connected Health. No one had made a complaint about the agency, however all were aware of whom they should contact if any issues arise. The majority of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service, however none were able to inform the UCO that observation of staff practice had taken place in their home. The matter was discussed with the registered manager who confirmed that supervisions are carried out by the team leaders and records are held in the office.

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

- “Couldn’t praise them enough. I give them 100%.”
- “It gives me peace of mind that someone calls regularly with my XXX and lets me know if there are any concerns.”
- “My XXX is trying to do what they can but the carers help when it is needed.”
- “Couldn’t speak higher of them.”

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 three service users. During the home visits, the UCO was informed that none of the service users experienced restraint, for example bed rails or lap bands, or received any assistance with medication. Therefore no documentation was available for review in these areas.

One service user informed the UCO that the carers occasionally provide assistance with shopping, however there was no risk assessment available for review and the care plan was noted to contain out of date information. It was also noted that a file relating to another service user did not contain a risk assessment and one file had an out of date care plan. The above matters were discussed with the registered manager and are to be addressed accordingly.

All visits by carers are to be recorded on log sheets which are held in the service user's home and no issues were identified by the UCO on review of the log sheets.

## 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' viewed contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager and senior coordinator during inspection and review of records for the manager and management staff supported a process in place for each area of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments had been provided relevant to their role.

Review of appropriate appraisal processes for all management staff were confirmed during inspection along with staff supervision processes in line with their procedure timescales.

Monthly monitoring processes are currently in place and operational. The reports reviewed during inspection included an area for staff competence matters, as appropriate.

Records regarding three incidents, each related to vulnerable adult reports, were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

One recommendation has been made in relation to this theme.

The registered manager is recommended to complete mandatory update training on each subject area in line with their training and development procedure timeframe.

### 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 'Record and Reporting care practices' 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. Review of service user home files during inspection supported general compliance in these areas.

The agency has a policy and procedure in place on use of 'Restraint' dated May 2013 which was reviewed and found to be satisfactory. The agency currently provides care to a number of service users that require some form of restraint. However the care plan and risk assessment viewed for one service user in relation to this area was not fully detailed. This area was discussed with the registered manager and has been addressed appropriately.

The agency has a policy and procedure on 'Handling service user's monies'. This was reviewed and found to be appropriately detailed. The registered manager confirmed that they currently provide a small number of service users with financial assistance with shopping. Records were reviewed relating to two service users (one viewed during the home visit and the second during the inspection to the office). One record was found to be fully detailed on the care plan, risk assessment, consent form and audit records of any transactions had been completed, and one did not contain full details. This area was discussed with the registered manager and has been addressed appropriately.

One requirement and two recommendations have been made in relation to this theme.

The registered manager is required to revise their Records Management procedure to ensure that the records specified in Schedule 4 are retained for a period of not less than eight years from the date of last entry.

The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.

The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of financial assistance with shopping.

### **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 partial compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2. All the points listed within schedule 3 are to be included within their procedure.

Records confirmed that, with the exception of the next of kin details for two staff, information had been obtained for staff as required. This area was discussed with the registered manager and has been addressed appropriately.

Two requirements have been made in respect of this theme.

The registered manager is required to expand their 'Recruitment and Selection of Staff' procedure to ensure that information on the domiciliary care workers next of kin is obtained

and includes a statement by the registered manager that the person is physically and mentally fit for work which he is to perform.

The registered manager is required to ensure that full information is obtained for all domiciliary care workers.

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

### Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 5	The registered manager is required to expand the Statement of Purpose to include the relevant qualifications and experience of the registered provider and their updated complaints procedure.	The Statement of Purpose was reviewed and has been expanded to include the qualifications and experience of the registered provider and their updated complaints procedure.	Once	Compliant
2	Regulation 6	The registered manager is required to update their Service User's Guide with their revised complaints procedure and provide this updated information to all service users.	The Service Users Guide dated November 2013 was reviewed. This document had been revised, however the complaints procedure needs further updated to include the contact telephone number for the NI Ombudsman and detail the current role of RQIA in relation to unresolved complaints.	Once	Moving towards compliance
3	Regulation 23	The registered manager is required to expand their quality monitoring procedure to include the various processes and timescales in place to evaluate the quality of services provided.	The Quality Monitoring procedure reviewed had been expanded and includes their various types of monitoring and quality reviews along with the timeframe for each process.	Once	Compliant

4	Regulation 17	<p>The registered manager is required to expand their staff handbook to include guidance on the use of mobile hand held devices/social networking sites and specify their use in relation to communicating of confidential information.</p>	<p>The revised Staff Handbook was viewed, dated September 2014, in a bound booklet format.</p> <p>This handbook contains comprehensive details/ guidance on the use of mobile hand held devices/social networking sites and specifies their use in relation to communicating of confidential information. The agency plan to distribute this revised handbook to all staff by ends of September 2014.</p>	Once	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 13.2	The registered manager is recommended to expand their staff supervision procedure to specify the types of supervision to be carried out for each staff member.	The Staff Supervision procedure was reviewed and had been expanded to specify the types of supervision to be carried out for each staff member.	Once	Compliant
2	Standard 8.10	The registered manager is recommended to implement their proposed scheduling tool to ensure service users and staffs monitoring visits are completed in compliance with their policy timeframes.	The agency has introduced a scheduling tool for service user review visits and contacts and staff monitoring processes.	Once	Compliant
3	Standard 15.4 &15.6	The registered manager is recommended to update their Complaints procedure to include the contact telephone number for the NI Ombudsman and detail the current role of RQIA in relation to unresolved complaints.	The Complaints policy and procedure dated May 2013 was viewed. This document had been revised, however still needs updated to include the contact telephone number for the NI Ombudsman and detail the current role of RQIA in relation to unresolved complaints.	Once	Moving towards compliance

<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 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>Regulation 11 (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>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 Manager undertakes all necessary training that helps her manage the agency sufficiently. They also ensure that all care staff have the necessary training and it is always kept up to date.</b></p> <p><b>The Manager has also undertook level 5 in Leadership &amp; Management this qualification is Level 5 NVQ equivalent. Along with this the manager has signed up for a course Level 5 in Health &amp; Social Care</b></p>	<p>Moving towards compliance</p>

Inspection Findings:	
<p>The Statement of Purpose was reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person, operations officer, registered manager together with a senior coordinator, and one team leader, along with care staff.</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). Two of the mandatory training areas were reviewed as out of date in the past year (i.e. infection control and protection of vulnerable adults) and have been recommended for renewal. The records evidenced that the manager was scheduled to attend training on these subjects 11 September 2014 but the trainer had postponed these training sessions at short notice. The manager confirmed that a new training date is expected to be confirmed by end of September 2014.</p> <p>Each area of training reviewed included a competency assessment element which had been signed off by the assessor.</p> <p>The manager has also completed training in the areas of supervision and appraisal as part of the NVQ Level 5 Diploma in Leadership and Management award completed in July 2014, and this is to be commended.</p> <p>The registered manager and the senior coordinator have applied for the QCF level 5 in Health and Social Care course, however a start date is not yet known 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 manager is currently registered with NISCC with certificate viewed with expiry date June 2015.</p>	<p>Substantially compliant</p>

<p><b>Criteria Assessed 2: Registered Manager's competence</b></p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</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 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>Procedures in the office are that anything, errors or incidents are reported immediately. Client &amp; staff are monitored continuously and when necessary, action is taken,</b></p> <p><b>All our training is added to a quality improvement plan along with extra training. Staff have an appraisal annually with Manager</b></p>	<p>Moving towards compliance</p>
<p><b>Inspection Findings:</b></p>	
<p>The agencies policies and procedures on Staff Supervision and Appraisals were clearly referenced regarding practices for all care staff along with 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 2013 for the registered manager. Supervision takes place 3 monthly and has been reviewed as satisfactory.</p> <p>The inspector reviewed the agency log of three incidents reported through to RQIA over the past year (each related to a vulnerable adult incident). Review of these incidents confirmed appropriate recording and reporting to RQIA and required other bodies regarding the vulnerable adult matters within appropriate timeframes.</p> <p>Monthly monitoring reports completed by the operations officer as delegated by the registered person for June to August 2014 were reviewed during inspection and found to be detailed, concise and compliant. Records noted</p>	<p>Compliant</p>

<p>progress month to month regarding the vulnerable adult report received July 2014.</p> <p>The agency had completed their annual quality review for the year 2013 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements. Records confirmed a copy of their annual quality report had been posted to all service users in February 2014.</p>	
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<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></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>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Trainers are booked to come to our offices to train our staff. These trainers are healthcare professionals who deal daily with the training.</b></p> <p><b>The Manager ensures that all staff are trained and attend extra training before they go out in the community and then they shadow for a relevant period.</b></p> <p><b>Everyone requires different levels of training and once identified, the specific training will be arranged for them.</b></p> <p><b>The manager and supervisory staff are trained in supervision and performance appraisal before they start to do them.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency has in place a Staff Training and Development policy and procedure which sits alongside their annual training programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines (September 2012) and confirmed as compliant.</p> <p>Training records for the senior coordinator were found to be in place regarding all areas of mandatory training areas in compliance with RQIA mandatory training guidelines (September 2012). Training records evidenced that the senior coordinator had received training in the areas of staff supervision and appraisal as part of the NVQ Level 5 Diploma in Leadership and Management award completed in July 2014, and this is to be commended.</p>	<p>Compliant</p>

The registered manager and the senior coordinator have applied for the QCF level 5 in Health and Social Care course, however a start date is not yet known and this was discussed during inspection in terms of keeping abreast of new areas of development.

Each area of training reviewed included a competency assessment element which had been signed off by the assessor.

Review of the staff training plan included additional training deemed appropriate for the manager and senior staff. The senior coordinator confirmed during discussion that the training and support provided had been relevant to her role and responsibility.

<b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b>	<b>COMPLIANCE LEVEL</b>
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<b>Provider's Self-Assessment:</b>	
<p><b>As explained in Criteria assessed 2, procedures in the office are that anything, errors or incidents are reported immediately. Client &amp; staff are monitored continuously and when necessary, action is taken,</b></p> <p><b>All our training is added to a quality improvement plan along with extra training. Staff have an appraisal annually with Manager</b></p>	Compliant
<b>Inspection Findings:</b>	
<p>The agencies policies and procedures on Staff Supervision and Appraisals were clearly referenced regarding practices for all care staff along with the processes for management staff supervision and appraisal.</p> <p>The annual appraisal of the senior coordinator has not yet taken place as this staff member commenced employment less than one year ago and is scheduled for later in September 2014. The senior coordinators six monthly probationary review had been completed and was reviewed as appropriately detailed. Supervision records for the senior coordinator had been completed in line with their procedure timescales.</p> <p>The monthly monitoring reports viewed provided comment on management staff matters and a section for competence, should they arise.</p>	Compliant

<p>Records viewed confirmed that the senior coordinator is registered with NISCC expiry date July 2015, and a system is in place to verify continued registration of each senior staff member with their registering body.</p>	
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<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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**THEME 2**  
**Regulation 21 (1) - Records management**

**Criteria Assessed 1: General records**

**COMPLIANCE LEVEL**

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

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

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

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

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

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

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>All our records are kept in locked cabinets and are kept up to date, these are made available to RQIA for inspection, with this we are also registered members of the Information Commissioners Office.</b></p> <p><b>The clients have folders in their homes which are monitored to make sure they are tiday and readable and when full the excess pages are brought into the office and filled securely and new pages left in the folder.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency policies on Recording and Reporting care practices, Handling service user's monies and the Restraint policies each dated May 2013 were all reviewed during inspection as compliant. The revised Staff handbook dated September 2014 was viewed and contains comprehensive details for staff on each of the procedures reviewed above. The agency has a system in place to ensure each staff member receives a copy of their revised Staff handbook which is expected to be completed by the end of September 2014.</p> <p>The Management of Records procedure viewed did not contain correct retention of records period. The registered manager is required to revise their Records Management procedure to ensure that the records specified in Schedule 4 are retained for a period of not less than eight years from the date of last entry.</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 PRN (as and when required) medications. The staffs record the number of tablets and include a full list of medication as good practice. This was confirmed as compliant during staff and management discussions.</li> <li>• The agency hold a money agreement within the service user agreement</li> <li>• Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping</li> <li>• Staff spot checking template which includes a section on adherence to the agency recording policy</li> <li>• Staff group supervision template includes records management (recording and reporting)</li> </ul> <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of three staff files during inspection confirmed staff adherence to records management as detailed within</p>	<p>Substantially compliant</p>

the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising. Records evidenced that the registered manager and senior coordinator audit the entries in daily log notes as part of their staff spot checks, during service user monitoring visits and when records are returned to the office for storage.

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 these areas.

The registered manager and senior coordinator discussed records management and data protection as a regular topic during staff meetings/group supervision, review of four recent staff meeting minute records dated April, May, July and August 2014 evidenced this topic. Staff members met during inspection confirmed that the subject of record keeping and recording was discussed with them regularly.

Review of two service user files in the office during the inspection confirmed appropriate recording in the general notes and medication records with staff detailing the number of tablets given and staff full signatures completed.

Review of service user records during the inspection and discussion with registered manager confirmed that restraint is in place for a number of service users in respect of bedrails. Review of one service user file did not evidence the use of bedrails within the care plan or risk assessment, although both documents had been updated by the care manager 22 July 2014. The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.

<p><b>Criteria Assessed 2: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—          (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The company have a policy and procedure in place for dealing with Service Users money. This procedure is followed where a domiciliary care worker acts as an agent for the service user in respect of any money handled. A receipt book is kept up to date with all transactions.</b></p> <p><b>Training is provided for all staff members.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Review of the care plans during home visits advised that one service user received financial assistance for occasional shopping, from the agency, however, the risk assessment or care plan did not contain this information.</p> <p>The registered manager was advised and has requested these documents from the care manager.</p> <p>The registered manager confirmed that they provide a small number of service users with assistance regarding shopping. Records relating to one other service user viewed in the agency office confirmed that regular shopping is provided as part of their care plan, with records in place to support agreed process and a system to audit this arrangement is in place.</p>	<p>Substantially compliant</p>

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

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

<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>The company have policies and procedures in place relating to all recruitment, the Registered Manager follows all of these procedures to make sure that all the above Regulation 13, Standard 8.21 and Standard 11.2 are being all met and that the applicant is competent in all aspects of the employment.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Review of the 'Recruitment and Selection of Staff' policy and procedure confirmed partial compliance with regulation 13 and schedule 3, and included details on recruitment of ex-offenders. The registered manager is required to expand their procedure to ensure that information on the care workers next of kin is obtained and includes a statement by the registered manager that the person is physically and mentally fit for work which he is to perform.</p> <p>Review of four staff recruitment files for those employed from August 2013 onwards confirmed partial compliance with Regulation 13, Schedule one and standard 11. Two of the four staff files did not contain details of their next of kin, however all the remaining information and documents had been obtained. This area was discussed with the registered manager who confirmed the information would be requested immediately.</p> <p>Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were 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>
	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 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed three of the five complaints received during 2013 during the agency's inspection and confirmed records to be compliant with appropriate management of these issues.

The agency had received three complaints during 2014 to date, records of two received were reviewed, these confirmed each complaint had been appropriately managed and resolved to the complainants satisfaction.

### **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 Pauline Lavery, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



## Quality Improvement Plan

### Announced Primary Inspection

#### Connected Health Domiciliary Care Ltd

**12 September 2014**

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

The specific actions set out in the Quality Improvement Plan were discussed with Pauline Lavery registered 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

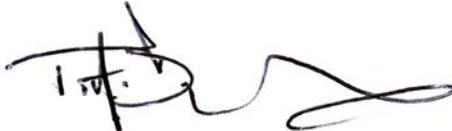
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 6	<p>The registered manager is required to update their Service User's Guide with their revised complaints procedure and provide this updated information to all service users.</p> <p><b>(Restated from 16 May 2013)</b></p>	Twice	Complaints procedure has been updated and in service users guide and will be provided to all service users within the timescale.	Within three months of inspection date.
2	Regulation 21 (1)(b)	The registered manager is required to revise the Records Management procedure to ensure that the records specified in Schedule 4 are retained for a period of not less than eight years from the date of last entry.	Once	Registered manager has updated records management procedure as per regulation.	Within two months of inspection date.
3	Regulation 13 Schedule 3(2)+(10)	The registered manager is required to expand their Recruitment and Selection of Staff procedure to ensure that information on the domiciliary care workers next of kin is obtained and includes a statement by the registered manager that the person is physically and mentally fit for work which he is to perform.	Once	Recruitment and selection of staff procedure has been expanded to include all information required as per regulation.	Within two months of inspection date.
4	Regulation 13 Schedule 3	The registered manager is required to ensure full information and documents are obtained in respect of all domiciliary care workers.	Once	The manager will ensure full information and documents are obtained in respect of all domiciliary care workers	Within two months 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 15.4 &15.6	<p>The registered manager is recommended to update their Complaints procedure to include the contact telephone number for the NI Ombudsman and detail the current role of RQIA in relation to unresolved complaints.</p> <p><b>(Restated from 16 May 2013)</b></p>	Twice	Complaints procedure has been updated to include the contact number for ombudsman and detail the current detail the role of RQIA in relation to unresolved complaints.	Within three months of inspection date.
2	Minimum Standard 8.17	The registered manager is recommended to complete mandatory update training on each subject area in line with their training and development procedure timeframe.	Once	Training plan in place to insure mandatory training is updated by the timeframe	Within three months of inspection date.
3	Minimum Standard 5.2	The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.	Once	The manager has emailed care managers to request updated care plans to include areas of restraint.	Within three months of inspection date.
4	Minimum Standard 8.14	The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of financial assistance with shopping.	Once	The registered manager will ensure where financial assistance is needed with shopping, new care plan will be requested from care managers to include this task	Within three 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:

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Caroline Rix	16/12/14
Further information requested from provider			