



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Establishment:** Peninsula Care Services  
**Establishment ID No:** 10986  
**Date of Inspection:** 21 July 2014  
**Inspector's Name:** Amanda Jackson  
**Inspection No:** 16593

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**General Information**

<b>Name of agency:</b>	Peninsula Care Services
<b>Address:</b>	3a Movilla Street Newtownards BT23 7JG
<b>Telephone Number:</b>	028 9182 8921
<b>E mail Address:</b>	info@peninsulacareservices.co.uk
<b>Registered Organisation / Registered Provider:</b>	Peninsula Care Services Ltd / Mr Jonathan Cook
<b>Registered Manager:</b>	Miss Gillian Mary Mulholland
<b>Person in Charge of the agency at the time of inspection:</b>	Mr Jonathan Cook and Miss Gillian Mary Mulholland
<b>Number of service users:</b>	96
<b>Date and type of previous inspection:</b>	24 April 2014, Unannounced Inspection regarding recruitment practices.  10 March 2014 Follow up secondary inspection.
<b>Date and time of inspection:</b>	21 July 2014 (office based inspection) 09.30 to 15.30 hours And 22 July 2014 10.00 to 14.00 hours (service user visits and feedback to registered person Jonathan Cook and assistant manager Pauline Lowes)
<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	4
Staff	5
Relatives	0
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	25	9 and one beyond the due 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**

Peninsula Care Services is a domiciliary care agency based in Newtownards. It provides personal and domestic care to older people and adults with physical or learning disabilities located within the Ards and Peninsula locality. Currently the agency employs twenty eight staff and provides services to ninety six service users (decrease of nine since the previous inspection on 24 April 2014).

Peninsula Care Services had two recommendations made during the agency's previous two inspections on 24 April 2014 and 10 March 2014. All recommendations were found to be 'compliant' at this time. This outcome is to be commended.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Peninsula Care Services was carried out on 21 July 2014 between the hours of 09.30 hours and 15.30 hours (office based inspection and staff discussions) and 22 July 2014 between the hours of 10.00 hours and 14.00 hours (service user visits). The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the inspector following the inspection on 22 July 2014, and a summary report is contained within this report. Findings following these home visits were discussed with the Jonathan Cook (registered person) and Pauline Lowes (assistant manager).

The inspector had the opportunity to meet with five 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 but did however raise concerns regarding lack of travel time between calls which impacts on service users call time. Staff also highlighted issues around communication from the office when changes take place with service users such as hospital admission/discharge, service user out for the day etc. This caused staff some distress as they feel at times unaware of current service user needs and circumstances. All matters were discussed with Jonathan Cook (registered person) and Gillian Mulholland (registered manager) during inspection and recommended for attention.

Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

### **Staff survey comments**

25 staff surveys were issued and nine received which is a reassuring response.

Staff comments included on the returned surveys:

"Training provided throughout the year"

“I haven’t been here long enough for appraisal but I’m am aware I get one after a year”

“I find that the care provided by Peninsula is of a high standard and we try our best to meet everyone’s needs and choices”

“Aware off appraisal but haven’t had them yet, not here long enough”

**One requirement and two recommendations have been made in respect of the outcomes of this inspection.**

### **Home Visits summary**

As part of the inspection process the inspector spoke with four service users on 22 July 2014 to obtain their views of the service being provided by Peninsula Care Domiciliary Care Agency. The service users interviewed have been using the agency for the past few years and receive at least two calls per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals

The inspector was informed 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 some service users or their representatives are usually introduced to new members of staff by a regular carer however consistency in this area was recommended during feedback. All of the people interviewed advised that there were no concerns regarding the timekeeping of the agency’s staff and service users would generally be contacted if their carer had been significantly delayed, again consistency in this area was recommended during feedback as good practice across all service user groups.

It was good to note that none of the people interviewed had made a complaint about the agency or had any concerns about the quality of service, however all were aware of whom they should contact if any issues arise. Examples of some of the comments made by service users are listed below:

- “Staff are wonderful, excellent, couldn’t ask for better.”
- “The staff are wonderful.”
- “All the staff are great.”
- “Their just great.

A number of the people interviewed were unable to confirm that management from the agency visit to ensure their satisfaction with the service. This was discussed with Jonathan Cook (registered person) and Pauline Lowes (assistant manager) during inspection and confirmed as compliant with the policy timeframes of quarterly. The majority of the people interviewed were unable to confirm that observation of staff practice had taken place; this matter was also discussed during feedback and reviewed as part of the inspection within three randomly selected staff spot checks as compliant.

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the inspector reviewed the documentation kept in the home of four service users. The matter of restraint was discussed with Jonathan Cook (registered person), Gillian Mulholland (registered manager) and Pauline Lowes (assistant manager) who have been requested that any use of restraint is documented accordingly for all service users. The inspector further discussed the requirement to include risk assessment details on all service user files as appropriate during the forthcoming reviews/quality monitoring visits with service users.

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 inspector with exception to very occasional shopping for one service user which is detailed earlier in this report and was discussed fully during feedback.

During the home visits, the inspector reviewed three service user files regarding receipt of assistance with medication by the carers. The medication log was being completed appropriately in two out of three files reviewed. The recording in the third file was discussed during feedback and requested for attention.

All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets, no issues were noted by the inspector with exception to one care plan which contained out of date information and is to be replaced alongside review of risk assessment information within service user files. Again these matters were discussed with Jonathan Cook (registered person) and Pauline Lowes (assistant manager) during feedback.

## **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 **Compliant** in relation to this theme.

The agency's 'Management, control and monitoring of the agency' policy and 'Statement of Purpose' dated 2013 viewed contain details of the organisational structure.

Discussions with the registered person Jonathan Cook and registered manager Gillian Mulholland during inspection and review of records for the manager and assistant manager supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012.

A staff competency process is in place within the agency and is operational during 2013/14 for staff. This was reviewed during inspection as compliant.

Review of appropriate appraisal and supervision processes for all management staff were confirmed during inspection.

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.



Records regarding one incident was reviewed during inspection and found to have been appropriately recorded, managed and reported within RQIA timeframes.

One recommendation has been made in relation to this theme and relates to details contained within manager supervision minutes.

## **Theme 2 - Records management**

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

The agency has a policy and procedure in place in respect of 'Recording and reporting' dated 2012 which was found to be satisfactory, in line with standard 5 and contained 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 the use of restraint dated 2012, which was reviewed as satisfactory.

The agency currently provides care to a few service users that require bedrails in place as a form of restraint, unfortunately these service user could not be visited by the inspector due to various reasons. The care plans and risk assessments in relation to this area were however discussed during inspection as not holding information in relation to restraint and have been requested for attention by the registered person Jonathan Cook with immediate effect.

The agency did not have a policy or procedure on 'Handling Service Users Monies' however this was developed during the inspection and confirmed as compliant. This was discussed with the registered person Jonathan Cook and registered manager Gillian Mulholland for sharing with all staff.

Staff training in the area of restraint/challenging behaviour was found not to be fully compliant during inspection and again this has been required for attention.

One requirement has been made in relation to this theme and relates to care plan and risk assessment updates regarding restraint.

## **Theme 3 – Recruitment**

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

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

One recommendation has been made in respect of this theme regarding date of employment commencement on staff contracts in compliance with standard 11.4.

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

**Follow-Up on Previous Issues**

<b>No.</b>	<b>Minimum Standard Ref.</b>	<b>Recommendations</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Number of Times Stated</b>	<b>Inspector's Validation Of Compliance</b>
1	Standard 12.9	<p>The registered manager is recommended to implement and maintain evidence of staff competency following training in the areas of Manual handling.</p> <p>As detailed within the March 2014 follow up inspection report.</p>	<p>Review of two new staff training records within the area of Manual handling confirmed compliance with recommendation one. Staff complete a post training theory competency assessment marked, signed and dated by the trainer and the certificate issued by the trainer details the practical areas of assessment covered during training. Jonathan Cook (Registered person) confirmed this process to be the same for staff completing update training in the area of manual handling.</p>	Twice	Compliant
2	Standard 11.2	<p>The registered person/manager is recommended to ensure all new staff recruitment records are maintained in compliance with standard 11.2 regarding staff driving licence and car insurance.</p> <p>As detailed within the April 2014 unannounced inspection report.</p>	<p>As detailed within theme three of this report, Review of two 2014 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11.</p>	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 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 registered manager is a Registered Nurse with many years of experience in patient care. Gillian currently maintains her mandatory training requirements as per RQIA's Guidance on Mandatory Training for Providers in Regulated Services, September 2012.</b></p> <p><b>The Registered Manager and Assistant Manager have completed training in the area of Supervision and Appraisal.</b></p> <p><b>The Registered Manager has now been enrolled in a CMI Management Award which will take 6 months for completion.</b></p> <p><b>All management staff have access to ELAS (Employment Law &amp; Advisory Service) for all HR related advice and support.</b></p>	<p><b>Substantially Compliant</b></p>

Inspection Findings:	
<p>The statement of purpose dated 13/10/13 and the policy on Management, control and monitoring of the agency dated 12/12/13 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person Jonathan Cook, registered manager Gillian Mulholland, together with the assistant manager Pauline Lowes and all other staff including other office and care staff.</p>	<p>Compliant</p>
<p>Training records for the registered manager Gillian Mulholland 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 and managing service users monies. The agency do not manage service users monies hence this training is not applicable. The area of manual handling was recommended for renewal as it was currently out of date by approximately six months. This was attended immediately following inspection and submitted to the inspector for review on Friday 25 July and confirmed as compliant. The manager has also completed training in the area of supervision and appraisal and this is to be commended.</p>	<p>Compliant</p>
<p>Most areas of training reviewed have been completed via social care TV and include a competency assessment grade or mark detailed on the certificate. Review of a revised competency assessment process for manual handling implemented by the agency since the previous annual inspection in December 2013 detailed a new theory competency assessment with an appropriate sign of section. The training certificate also details the practical competency assessment completed during training.</p>	
<p>The registered 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>Compliant</p>
<p>It was discussed and reviewed during inspection that the registered manager is currently registered with the Nursing and Midwifery Council (NMC) until September 2014.</p>	<p>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>The Agency reports medication errors and incidents in accordance with procedures and regulations using Form 1a. It is the responsibility of the Registered Manager or Registered Provider to report incidents to RQIA.</b></p> <p><b>During staff supervision and monitoring practice is observed and guidance given for any areas of improvement needed. During monitoring visits and supervision staff members are questioned in areas covered during training to monitor the retention of information and their understanding of same.</b></p> <p><b>All staff have a recorded annual appraisal with their line manager which reviews their performance against their job description. Development plans are also drawn up and reviewed during supervision.</b></p>	<p>Moving towards compliance</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency Supervision and appraisal policy and procedure dated 09/12/13 and updated during inspection (to reflect a few minor changes regarding spot checks only applicable to care staff and the role of probationary review taking place by the manager or assistant manager) was clearly referenced regarding practices for all staff.</p> <p>Appraisal for the manager currently takes place on an annual basis. The manager has not been in post a year hence a full probationary review has not taken place. Review of the managers three monthly probationary assessment dated 30/12/13 in line with the agency supervision and appraisal policy was reviewed during inspection. Supervision had not taken place in June 2014 as per the agency policy timeframes and was requested</p>	<p>Compliant</p> <p>Substantially compliant</p> <p>To be commenced with immediate effect</p>

<p>for immediate attention. Supervision minutes were emailed to the inspector on Friday 25 July and reviewed as relatively brief in their content. The inspector recommended further detail on all future supervision minutes regarding day to day management matters.</p> <p>The inspector reviewed the agency log of one incident reported through to RQIA over the past six months since the previous inspection (one staff disciplinary incident in January 2014). Review of this incident confirmed appropriate recording and reporting to RQIA, ISA, NISCC and the trust within appropriate timeframes.</p> <p>Monthly monitoring reports completed by the registered person Jonathan Cook were reviewed during inspection for January, February and March 2014 and found to be detailed, concise and compliant. Revision of the report template was recommended during inspection to include a staff competency area for use as appropriate.</p>	<p>Compliant</p> <p>Compliant</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>The Registered Person is also trainer for Care Staff in the area of Medication Administration. This training includes the administration of eye/ear drops and the application of prescribed creams.</b></p> <p><b>The Registered Person signs off on each candidates recruitment file after reviewing all elements of recruitment &amp; selection as well as the completion of all areas of mandatory training.</b></p> <p><b>Training needs are identified during monitoring visits when their practice is observed. We also have a PRTL folder for each member of the team to store training records as well as a database so mandatory training needs can be seen at a glance.</b></p> <p><b>The Registered Manager and Assistant Manager have completed training in the area of Supervision and Appraisal.</b></p>	<p><b>Substantially Compliant</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The agency holds a training and development policy and procedure updated during inspection to include challenging behaviour and service user's monies, the timeframes for all training and the staff categories each area of training is applicable to. Review of this policy was found to be in line with RQIA mandatory training guidelines</p>	<p>Compliant</p>





<p><b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</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>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The Agency reports medication errors and incidents in accordance with procedures and regulations using Form 1a. It is the responsibility of the Registered Manager or Registered Provider to report incidents to RQIA.</b></p> <p><b>During Registered Person monthly inspections practice is observed and guidance given for any areas of improvement needed.</b></p> <p><b>All staff have a recorded annual appraisal with their line manager which reviews their performance against their job description. Development plans are also drawn up and reviewed during supervision. Management staff have their annual appraisal conducted by the Registered Person.</b></p>	<p>Moving towards compliance</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency Supervision and appraisal policy and procedure dated 09/12/13 and updated during inspection (to reflect a few minor changes regarding spot checks only applicable to care staff and the role of probationary review taking place by the manager or assistant manager) was clearly referenced regarding practices for all staff.</p> <p>Appraisal for the assistant manager Pauline Lowes currently takes place annually and was reviewed during inspection for 2013. Supervision has not taken place six monthly in line with the agency policy and procedure and</p>	<p>Compliant</p> <p>Compliant</p>

this was requested for review. Completion of supervision immediately post inspection and submission to the inspector on Friday 25 July confirmed compliance.

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 Jonathan Cook for future consideration (as required).

Not applicable

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

**COMPLIANCE LEVEL**  
Substantially Compliant

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

**COMPLIANCE LEVEL**  
Compliant

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

**Criteria Assessed 1: General records**

**COMPLIANCE LEVEL**

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

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

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

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

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

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

<b>Provider's Self-Assessment:</b>	
<p>All records are kept up to date, in alphabetical order, and stored securely in a locked filing cabinet within the agency premises to which management staff hold the keys. These records are available for inspection at all times to any person authorised by RQIA.</p> <p>At the commencement of service provision, the service-user is issued copies of the Service-User Guide and Agreement, timetable of services, risk assessments pertaining to their care, and care plans, all of which are stored in a folder. A note is kept of the location of this folder within the client’s home.</p> <p>The folder also contains daily records specifying dates and times of arrival and departure of carers, actions as per care plan, any changes in needs or circumstances, and any contact with the doctor or other primary health care services.</p> <p>Any changes and contact with other professionals is also reported to the office, and documented within the client folder kept in agency premises.</p> <p>A folder is kept in the office detailing incidents, accidents and near misses, along with any accompanying documentation or investigations as a result of the above.</p> <p>Spot checks of all records kept within the service-users home are carried out on a regular basis, as part of the ongoing process of both staff and client monitoring</p> <p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p>	Substantially Compliant
<b>Inspection Findings:</b>	
<p>The agency policies on Recording and reporting care practices dated 13/11/12 and the Restraint policy dated 01/03/12 were reviewed during inspection as compliant. The recording and reporting policy is detailed within the staff handbook. A policy on Handling service user’s monies was developed during inspection stating clearly this is not an area undertaken by the agency.</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</li></ul>	Compliant  Compliant

<p>medication reminding or medication administration.</p> <ul style="list-style-type: none"><li>• Staff spot checking template which includes a section on adherence to the agency recording policy</li><li>• Staff supervision template which was updated during inspection to include 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 their staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising. No competency matters arising at present were confirmed during discussion with Jonathan Cook (registered person) and Gillian Mulholland (registered manager).</p> <p>Staff training records for medication and restraint were reviewed for three staff members during inspection with one staff members training on challenging behaviour/restraint not available for review. The staff members training competence was away for marking during inspection. Managing service user's monies and recording and reporting are covered during induction and were reviewed during inspection within the induction process and competency workbook completed at the close of induction.</p> <p>Jonathan Cook (registered person) and Gillian Mulholland (registered manager) discussed records management as a topic for discussion during staff meetings or detailed within staff payslip information, review of two recent staff communications dated February and June 2014 evidenced this topic.</p> <p>Review of four service user files during the post inspection visits by the inspector confirmed appropriate recording in the general notes and medication records with exception to one medication record which was not being completed consistently. This was discussed during feedback for attention.</p> <p>Review of service user records during the inspector visits and discussion with Jonathan Cook (registered person) and Gillian Mulholland (registered manager) during inspection confirmed that restraint is in place for a couple of service users in respect of bedrails but not documented within the care plan or risk assessment. A requirement has been made in respect of this area.</p>	<p>Compliant</p> <p>Compliant</p> <p>Compliant</p> <p>Compliant</p> <p>Not compliant</p>
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<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>Care staff are not permitted as per induction training allowed to handle or manage a service users money. The Agency has an accounts administrator whom will invoice for any service by private arrangement if necessary. Payments are accepted in cheque form or via bank transfer. Cheques are received by post or delivery to the office.</b></p>	<p>Substantially Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Review of the care plans during the inspector home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; however one service user did highlight that staff very occasionally would collect bread for him. This was discussed with Jonathan Cook (registered person) and Pauline Lowes (assistant manager) during feedback for attention and appropriate recording as required.</p>	<p>Not applicable</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>
	Compliant

<b>THEME 3 Regulation 13 - Recruitment</b>	
<p><b>Criteria Assessed 1:</b></p> <p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"><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>	<p><b>COMPLIANCE LEVEL</b></p>



<b>Provider's Self-Assessment:</b>	
<p>Our last inspection showed that many improvements were required in relation to Staff Recruitment and Recruitment Documentation. We have worked closely with our RQIA inspector to ensure compliance with this standard and relevant regulations.</p> <p>The registered person now ensures 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, this is recorded by the Registered Person signing off on each candidates recruitment and induction folder.</li></ul> <p>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>This is recorded on the organisations Recruitment Proforma, Interview Notes and on the registered persons sign off record.</p> <p>As part of the Recruitment Process and 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></ul>	<p>Substantially Compliant</p>

<ul style="list-style-type: none"> <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> <p>This is detailed in the organisations Recruitment Policy and Recruitment Proforma.</p>	
<b>Inspection Findings:</b>	
<p>Review of the staff recruitment policy dated 16/01/14 confirmed compliance with regulation 13 and schedule 3.</p> <p>Review of two 2014 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection with two longer standing staff members. It was however noted that the staff contracts do not include a date of completion to allow the inspector to confirm compliance with standard 11.4. This has been recommended for all future records.</p>	<p style="text-align: center;">Compliant</p> <p style="text-align: center;">Substantially compliant</p> <p style="text-align: center;">To be completed one month from the date of inspection.</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>Compliant</p>

## **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 did not review the 2013 complaints during this inspection as a number of these complaints were reviewed during the December 2013 annual inspection and a requirement made for improvement. The agency has not had any further complaints since December 2013 to allow for the inspector to review compliance with the required improvements. This will be reviewed during future inspections.

### **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 **Jonathan Cook (registered person) and Gillian Mulholland (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:

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



**Quality Improvement Plan**

**Unannounced Primary Inspection**

**Peninsula Care Services**

**21 July 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 **the registered person and manager Linda Beckett and Maureen Christodoulou (operations manager)** 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 21(2)	<p>The registered person and manager are required to ensure appropriate risk assessment and care plan information is provided by the HSC Trust.</p> <p>(Minimum standard 3.2)</p> <p>As discussed under theme two, criteria one of the report.</p>	Once	We have requested that key workers of those service users with bed rails in situ review and update risk assessments and care plan. We at present have a minimal amount of service users this is relevant to and all will be in place with timescales specified.	To be completed six months from the date of inspection

**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 11.4	<p>The registered person and manager are recommended to ensure staff recruitment records are compliant with Minimum standard 11.4.</p> <p>As discussed under theme three, criteria one of the report.</p>	Once	ELAS (Employment Law Advisory Service) have issued new contracts which include for agency workers the date of commencement and also the date the contract was signed to ensure compliance with standard 11.4.	To be completed one month from the date of inspection
2	Standard 13.3	<p>The registered person is recommended to review details contained within manager supervision minutes as discussed under theme one, criteria two of the report.</p>	Once	During August supervisions with registered manager and assistant manager I will ensure minutes are more detailed as per this recommendation.	To be commenced with immediate effect

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>	Jonathan Cook
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Jonathan Cook

<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	02/09/14
Further information requested from provider			