



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: The Firs Homecare Services
Establishment ID No: 11009
Date of Inspection: 23 January 2015
Inspector's Name: Maire Marley
Inspection No: IN020799

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

Name of agency:	The Firs Homecare Services
Address:	16 Fairgreen Church Street Ballygawley BT70 2LJ
Telephone Number:	02885567048
E mail Address:	thefirsservices@live.co.uk
Registered Organisation / Registered Provider:	The Firs Services (Ireland) Ltd
Registered Manager:	Pauline Gormley
Person in Charge of the agency at the time of inspection:	Pauline Gormley
Number of service users:	14
Date and type of previous inspection:	Primary Announced, 18 September 2013
Date and time of inspection:	23 January 2015 2.00pm- 5.00pm
Name of inspector:	Maire Marley

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	3
Staff	1
Relatives	5
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	11	3

Inspection Focus

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

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

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

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

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

Profile of Service

The Firs Homecare service offers domiciliary care to fourteen service users with learning disability and employs thirteen care staff, two management staff most of whom are part-time. Services provided include help with personal care, practical help and a sitting service day and night to afford carer's respite, and to involve service users in community activities. The service is tailored to individual need with the overall goal of promoting independence and improving quality of life. The local trust referred all current service users, several of whom are organising their care packages via direct payments.

Summary of Inspection

The annual unannounced inspection for The Firs Homecare was carried out on 23 January 2015 between the hours of 2.00pm and 5.00pm. The agency has made good progress in respect of the identified areas discussed in the body of this report.

There were no requirements or recommendations made during the agency's previous inspection on 18 September 2013. This is commended.

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with five relatives on 19 January 2015 to obtain their views of the service being provided by The Firs Homecare Service. The service users have been using the agency for a period of time ranging from one to ten years and receive at least one call per week. Services being provided to the service users include a sitting service and allowing service users to participate in community activities.

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 and their representatives are introduced to new members of staff by a regular carer or the registered manager. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff or the length of calls.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from The Firs Homecare Service. None of the people interviewed had made a complaint about the agency, however all were aware of whom they should contact if any issues arise. It was good to note that all of the people interviewed were able to confirm that management from the agency visits to ensure satisfaction. There were mixed results regarding whether observation of staff practice had taken place in their home, however the assistant manager confirmed that these are taking place on a regular basis and records of such are kept in the agency's office.

A number of people interviewed also confirmed that they received a book from the agency when the service commenced and that it is completed by the carers at all calls. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't do any better."
- "The carers get on so well with my XXX."

- “The consistency of carers is so good as my XXX has dementia.”
- “Everybody is so brilliant with her.”
- “The manager is approachable if I need to contact her about anything”

Staff survey comments

11 staff surveys were issued and 3 returned in time for inclusion in this report which is a disappointing response.

A comment in one staff survey was recorded as “The Firs provide a home from home care and environment for all residents”.

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 inspector agrees with the provider’s self- assessment and has assessed the agency as compliant in relation to this theme.

The agency’s ‘Management and Control of the Operations dated September 2014 and the Statement of Purpose dated 2013 were viewed and contained details of the organisational structure, the qualifications and experience of senior staff and included the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager and the assistant manager during inspection and review of records for the registered manager and management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012.

The competency process developed and implemented by the agency during 2013/14 was viewed and contained the associated competency assessments for care staff. There was evidence that additional training was provided.

Records reviewed confirmed appropriate appraisal processes were in place for the management team and care staff and there was evidence of supervision processes in place.

This is a small agency and the registered person/manager monitors the quality of services on a monthly basis. The report included information obtained from service users or their representatives.

There have been no reported incidents from this agency and this was confirmed during inspection. The registered manager demonstrated knowledge of the management of incidents and the need for such incidents to be reported to RQIA within the agreed timeframes.

Theme 2 - Records management

The inspector agrees with the provider’s self- assessment and has assessed the agency as compliant in relation to this theme.

The Firs Homecare agency has a policy and procedure in place on 'Record Keeping' which were found to be satisfactory and in line with Standard 5 of the Domiciliary Care Minimum Standards. The policy contained guidance for staff on this subject.

A range of templates reviewed during inspection supported that appropriate processes are in place for service user recording in the areas of general care and medication.

The agency has a policy and procedure in place on use of restraint dated September 2014 which was reviewed as satisfactory.

The area of service user restraint was not reviewed during inspection but was discussed with the management team and a member of the staff team. The registered manager reported that the agency do not provide care to service users that require any form of restraint.

The agency has a policy on 'Handling Service Users Monies'. There was evidence that the policy had been discussed at staff meetings. Management reported they are not handling any service user's monies at present and this was confirmed in discussion with a staff member and three service users. Staff accompanies one service user for shopping trips and this service user reported that they retain responsibility for their own monies.

Requested records were readily available, well organised and easy to reference and the registered manager was available for discussion and clarification throughout the inspection.

The inspector agrees with the provider's self- assessment and has assessed the agency as compliant in relation to this theme.

The agency has a policy and procedure in place on 'Record Keeping' which was found to be

Theme 3 – Recruitment

Review of the Fir's Homecare policy, procedure and recruitment records confirmed compliance The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 Regulation 13 and Schedule 3 and The Domiciliary Care Agencies Minimum Standards (2008) Standards 8.21 and 11.2.

The inspector agrees with the provider's self- assessment and has assessed the agency as compliant in relation to this theme.

Service Users Views

On the day of inspection the inspector had the opportunity to speak with three service users, who all spoke very highly of the service provided and their relationship with the domiciliary care workers. It was evident from their discussions that each service user had developed a good relationship with their worker and were keen to report on the support assistance and friendships they provided. Service users knew the times staff called, the assistance they provided and were fully aware of how to report any concerns.

As a result of this inspection one recommendation is made. Overall the inspector found sound processes in place to indicate this is a well organised service delivered in a person centred manner.

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

There were no previous requirements or recommendations.

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>I am a registered General Nurse and have an NVQ Level 4 qualification in Management of Care Services. I have been providing domiciliary care in the local community for the last 20 years and I have the knowledge and expertise to provide a quality service that meets the needs of all our clients. I am a trainer in medication, moving and handling and Health and Safety and have attended the volunteer Now course in PVA for care providers. I check out available training and its relevance to our service provision and select appropriate courses to increase my knowledge and keep me up to date. I do a lot of my staff training in-house therefore I am constantly reading and updating my knowledge in order that I can pass it on to my staff. I am clear on the regulations and standards and the expectations on me as a provider and am always striving to improve the services we provide.</p>	<p>Not applicable</p>

Inspection Findings:	
<p>The Statement of Purpose dated 23 May 2013 and the policy on Management and Control of the Operations dated 4 September 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person Mrs Pauline Gormley who is also the registered manager together with the assistant manager and care staff.</p> <p>Training records for the registered manager Pauline Gormley were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>There was evidence of a yearly competency assessment that were signed and dated by the registered manager. In addition the registered manager reported that she would revisit the competency assessments if she had any concerns about a staff member's practice. To date this has not been necessary.</p> <p>The registered manager has a training and development plan in place that detailed proposed training. In addition the registered manager spoke of reading completed to keep up to date with new areas of development.</p> <p>It was discussed and confirmed during inspection that the registered manager is on the current register with NMC.</p>	<p>Compliant</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.-</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Our management team are in very regular contact with our care workers, clients and their families to ensure care plans are relevant and are being followed, needs are being met efficiently and clients are satisfied with the service they receive. We carry out regular staff supervision and annual appraisal and competency assessments where we discuss care plans, test our staff on the different training courses and update training that they have received and look at any other training needs they might require. We do regular spot checks where we check records and carry out direct observations to ensure care plans, policies, procedures and standards are being followed and we address any areas of concern that are high-lighted and plan further training accordingly. We complete a monthly monitoring report with an action plan for the following month. We also ask staff, clients and relatives to complete a questionnaire annually on the services we provide. We then collate the results of these and produce a quality report with an action plan to address any areas where we can make improvements. We currently have very few staff in our homecare service who administer medication but any that do have underwent full training and had their competence tested. They then complete update training annually and complete a competency and capability medication assessment annually. Any errors would be reported promptly in accordance with Trust and RQIA procedures and lessons learnt documented.</p>	<p>Provider to complete</p>

Inspection Findings:	
<p>The agency supervision and appraisal policy and procedure dated June 2014 was clearly referenced regarding practices for care staff and reflected the processes for management staff supervision and appraisal. The assistant manager is registered with NISCC.</p> <p>There have been no reported incidents from this agency since the last inspection.</p> <p>Monthly management summary reports are completed by the registered person/manager. Those reports reviewed during inspection were found to be detailed, concise and compliant..</p> <p>The agency had completed their annual quality review for the year 2014. The report dated November 2014 was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements. The registered manager reported that a summary letter is forwarded to service users and had identified the need to document that this was completed.</p>	<p>Compliant</p>

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>All staff complete an induction programme which lasts no less than three days covering a wide range of areas including health and safety, risk assessment, infection control, moving and handling, PVA and child protection, COSHH, communication, recording and reporting, lone working, fire safety, accidents, incidents and complaints handling, behaviour management etc. and they also receive training in specific procedures such as administration of buccal midazolam or vagal nerve stimulation as required for them to be able to complete their specific duties with individual clients safely and competently. Training is always carried out by a suitably trained competent person e.g. the epilepsy nurse. Training needs are looked at and identified at time of appointment and on a continuing basis regularly during supervisions and competence assessments and a plan drawn up to meet these needs. Both members of management have completed training in supervision and performance appraisal.</p>	<p>Provider to complete</p>
<p>Inspection Findings:</p>	
<p>Records reviewed confirmed that staff are appropriately inducted as detailed in the provider's self -assessment.</p> <p>The agency supervision and appraisal policy and procedure was examined and found to have been reviewed in September 2014. The document detailed the supervision process and covered all social care staff. There was evidence that systems are in place for the appraisal and supervision of staff. Competency assessments had been completed for staff and those viewed were appropriately signed off by the registered manager.</p>	<p>Compliant</p>

The agency has sound processes in place to identify staff training and development in accordance with their policy and procedures. Training records for the registered manager, assistant manager and four care staff were found to be in place regarding all areas of mandatory training areas as detailed in RQIA mandatory training guidelines (September 2012). There was also evidence that the management team had availed of additional training in regard to management of the agency.

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
Provider's Self-Assessment:	
<p>We are a very small agency and there is only myself and my assistant manager involved in the actual running off and management of our services. My assistant manager has a BA Hons degree in Disability and Community studies and her NVQ level 4 in Leadership and Management of Care Services. She is a moving and handling trainer and has also completed a lot of short courses that are relevant to her post including training in supervision and appraisal. We plan our staff training together, devise questions to test staff on their knowledge from training. We also check knowledge during supervisions and competency assessments and if areas are highlighted where knowledge is lacking then extra training is provided. We look at the work activities each member of staff undertake and plan training for them accordingly. We have a clear medication policy and procedure and should an error occur we would alert the relevant authorities and follow the relevant procedure. I monitor her performance and we plan our personal development together.</p>	<p>Provider to complete</p>

Inspection Findings:	
<p>The information detailed in the provider's self -assessment was evidenced in the records viewed during inspection. The Firs Homecare supervision and appraisal policy and procedure referenced the practices for the supervision and appraisal of both management and staff.</p> <p>The records for the assistant manager were examined and found to contain evidence that annual appraisal had been undertaken in 2014. There was evidence to confirm that staff are in receipt of supervision at least quarterly. The registered manager reported that staff are not directly observed in the client homes however reported on the audits completed on care records, information obtained from service users and their representatives. Management had identified that this was an area for further development. The improvements made in regard to the direct observations of staff practice should be detailed in the returned QIP. A record of the observations must also be maintained. Records for four care staff were examined and revealed that each staff member's annual appraisal was up to date and included training and development needs.</p> <p>The member of care staff consulted during inspection expressed that the management team were very supportive and approachable and felt that they were always there to support and encourage them. No issues were identified.</p> <p>The agency has a policy on 'Handling Service Users Monies' and there was evidence that the policy had been discussed at staff meetings. Management reported they do not handle service user's monies at present and this was confirmed in discussion with a member of the staff team and in discussions with service users on the day of this inspection. The area of service user restraint was not reviewed during inspection but was discussed with the registered manager, three service users and a member of the staff team.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Provider to complete</p>

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

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

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

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

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

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

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

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

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>When we take on a new package of care we receive information from the Trust professional re the care required and we then arrange to meet with the family and gather more information from them in order that we can complete an assessment, risk assessment and plan of care to meet their needs and when this is completed we agree it with them, one copy is held in a suitably secure place in the service user's home and one copy is held in the office. Records are completed in accordance with schedule 4(11) and regulation 15. These records are working documents which are always under review with changing need and are kept up to date. Staff have record keeping training annually and make a record on each visit of date, time from and time to, details of care provided , any contact with family or care professionals, any concerns or changes in need and reporting these to the office, anything unusual, any accidents, incidents, complaints and action taken and sign their initial and surname. Staff know that records must be written in black pen, clearly legible and factually accurate. Management monitor staff records at home visits and reviews and give feedback to staff.</p>	<p>Provider to complete</p>
<p>Inspection Findings:</p>	
<p>The agency policies on Recording and Reporting Care Practices, Handling Service User's Monies and the Restraint Policy were all reviewed during inspection as compliant.</p> <p>Review of five staff files during inspection confirmed staff adherence to records management as detailed within the provider's self- assessment. Staff supervision records for the period June – December 2014 were reviewed as compliant with no staff competence issues arising. This was confirmed during discussion with the registered manager.</p> <p>Staff training records for medication, recording and reporting, restraint and managing service users monies were found to be in place and satisfactory.</p> <p>The registered manager and assistant manager reported that the agency operates a no restraint policy and in the event of challenging behaviour a referral to the appropriate professional would be completed.</p> <p>The management team confirmed that records management is a regular topic for discussion during staff meetings/group supervision; this was evidenced in the review of the minute of staff meetings.</p>	<p>Compliant</p>

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>We have a clear policy on safeguarding service user’s money and valuables and all staff receives training during induction and at annual update training on these matters. As per policy no member of staff can act as a agent or be a beneficiary in a will. Where a member of staff receives money to purchase something for a service user they clarify with them the amount, record it in their notes and sign this record with the service user/representative, get a receipt for their purchase, return the change, receipt and the items purchased to the service user, record in notes and sign with service user/representatives (this is all agreed in their care plan).</p> <p>We hold copies of all invoices/amounts paid by or in respect of each service user for all agreed services as specified in the service users agreement and in accordance with standard 4.</p>	<p>Provider to complete</p>
<p>Inspection Findings:</p>	
<p>Review of the care plans during the inspection 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. The registered manager and a service user reported that staff accompany one service user on shopping trips however this service user retains responsibility for their own monies. The management team were fully familiar with the procedures and records to be maintained in the event these arrangements should change.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

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

<p>Provider's Self-Assessment:</p> <p>We have rigorous recruitment procedures in place that have been developed in line with the standards and regulations to ensure that each member of staff that we employ is suitable to take up post as a care worker with our agency. We advertise, application forms are completed which include declaration of criminal history disclosure and equal opportunities monitoring, these are checked for completeness and those eligible are then called for interview and are asked to take proof of qualifications and proof of identity with them on the day and registration with any relevant bodies will be confirmed. Two references are sought , one being from most recent employer and those who are successful in interview have an enhanced ACCESS NI criminal history check completed and confirmation from a medical practitioner that the person is fit for work. Only when we have all paperwork back and all is satisfactory is a position offered. Successful applicants are asked to sign up to the NISCC code of conduct and complete our induction training programme which lasts a minimum of three days and will also have to do any extra specialist training that they may need in order to carry out their duties e.g. buccal midazolam training. Should a member of staff need to transport a client within their duties, driving licence, MOT cert and insurance for business use will all be checked and copies obtained. We currently have no overseas workers employed but in the event of doing so we would ensure that all checks were carried out to the agreed standard and work permit/employment visa confirmed. We take recruitment very seriously as it is only by employing the right people that we provide a high standard of service, uphold our reputation and improve our service provision.</p>	<p>Provider to complete</p>
<p>Inspection Findings:</p> <p>Review of the staff recruitment policy dated September 2014 confirmed compliance with Regulation 13 and Schedule 3 of The Domiciliary Care Agency Regulations (Northern Ireland) 2007 and Standards 8.21 and 11.2 of the Domiciliary Care Agency Minimum Standards.</p> <p>Examination of four staff files during inspection confirmed compliance with the regulations and standards. There was evidence that staff contracts are signed at the commencement of employment and job descriptions issued during the recruitment process. A staff member consulted confirmed they had received a job description on commencement of employment.</p>	<p>Compliant</p>

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

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

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form indicated there were no complaints received during this period. This was confirmed during inspection and in the review of records.

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 Gormley, 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:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Unannounced Primary Inspection
The Firs Homecare Services

23 January 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Pauline Gormley responsible person/registered 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.

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	13.3	<p>The registered manager should report on the improvements made in regard to the direct observations/supervision of staff practice.</p> <p>A record of direct observations must be maintained in each staff member's file.</p>	One	We have now added in a session in our monthly management plan re what direct observations we are completing that month and record them in staff files when completed	No later than 31 March 2015

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Pauline Gormley
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Pauline Gormley

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	M. Masley	7/4/15
Further information requested from provider			