



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Establishment:** Cookstown Community Services  
**Establishment ID No:** 11010  
**Date of Inspection:** 3 February 2015  
**Inspector's Name:** Caroline Rix  
**Inspection No:** IN020282

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

<b>Name of agency:</b>	Cookstown Community Services
<b>Address:</b>	Orritor Road Cookstown BT80 8BN
<b>Telephone Number:</b>	02886723800
<b>E mail Address:</b>	claire.ohare@northerntrust.hscni.net
<b>Registered Organisation / Registered Provider:</b>	Northern Health and Social Care Trust/Dr Anthony Stevens
<b>Registered Manager:</b>	Claire Appolonia O'Hare
<b>Person in Charge of the agency at the time of inspection:</b>	Elaine Calvert (acting manager)
<b>Number of service users:</b>	293
<b>Date and type of previous inspection:</b>	26 February 2014 / Primary Announced
<b>Date and time of inspection:</b>	3 February 2015 from 10.30am to 3.30pm Primary unannounced inspection
<b>Name of inspector:</b>	Caroline Rix

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods/Process

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

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

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

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

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

### Consultation Process

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

Service users	1
Staff	6
Relatives	9
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	40	5 plus 2 after closure date

### Inspection Focus

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

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

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

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

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

## Profile of Service

Cookstown Community Services is located on the Orritor Road, Cookstown. This domiciliary care agency is part of the Northern Health and Social Care Trust, and provides services in the Mid Ulster area and in the area of Cookstown District Council. The staff team of 124 provides a range of personal care and support services to 293 people living in their own homes. These service users are mostly older people but services are also provided to those with physical disabilities, learning disabilities, mental health care needs and children with disabilities. The Northern HSC Trust commissions their services. The registered manager is currently off on long term absence, and acting manager, Elaine Calvert is currently in charge of this service.

## Summary of Inspection

### Detail of inspection process

The primary unannounced inspection for Cookstown Community Services was carried out on 3 February 2015 between the hours of 10.30 and 15.30. The registered manager is currently off on long term absence, and acting manager, Elaine Calvert, provided the inspector with assistance throughout this inspection. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Phone calls to service users and representatives were carried out by the UCO prior to the inspection and a summary of feedback is contained within this report. Findings following these interviews were discussed with the acting manager.

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

Cookstown Community Services had one requirement and four recommendations made during the agency's previous inspection on 26 February 2014. The requirement was found to be 'compliant'. Three out of the four recommendations were found to be 'compliant' with one 'moving towards compliance', this outstanding recommendation has been carried forward onto the quality improvement plan (QIP) attached to this report.

Two requirements and four recommendations (one restated from 26 February 2014) have been made in respect of the outcomes of this inspection.

## Staff survey comments

Forty staff surveys were issued and five received (plus two after the closure date) which is a disappointing response. The records evidenced that staff surveys were distributed to staff in November 2014.

One staff comment was included on the returned surveys as follows;

'In my opinion housework and cleaning should not be included in the caring service. Only selected clients receive this service. If they receive benefits why not use some of it to pay for cleaning.'

## Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with one service user and nine relatives on 26 and 27 January 2015 to obtain their views of the service being provided by the Northern Health and Social Care Trust's homecare service in the Cookstown locality. The service users interviewed have been using the agency for a period of time ranging from approximately two months to eighteen years, have at least two calls per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals
- Housework
- Shopping

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer.

All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be advised by the agency if their carer had been significantly delayed, this is good practice. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from the Northern Trust and are aware of whom they should contact if any issues arise. One relative advised that a complaint had been made and that they were satisfied with the outcome. Examples of some of the comments made by service users or their relatives are listed below:

- "Very happy with the girls."
- "No complaints whatsoever."
- "Couldn't cope without them."
- "The girls are fantastic."

- “It’s great to have the same carers. They have become like part of the family.”

There were mixed results regarding management from the agency visiting to ensure their satisfaction with the service or that observation of staff practice had taken place in their home. 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.

## Summary

### Theme one - Management and control of operations

#### **Management systems and arrangements are in place that support and promote the delivery of quality care services.**

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

The agency’s ‘Statement of Purpose’ dated January 2015 and the ‘Homecare Quality Monitoring and Assessment’ procedure dated March 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the acting 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. However update training in a number of areas were found to be overdue for the registered manager and management staff and these are to be addressed.

Review of appropriate appraisal processes for management staff were confirmed during inspection along with staff supervision processes in line with their procedure timescales. However one home care officer’s appraisal was not found to have been completed annually and is to be addressed.

Monthly monitoring processes are currently in place and operational. The monthly monitoring reports reviewed during inspection were found to be detailed, concise and compliant.

Records regarding two medication issues were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

Two recommendations have been made in relation to this theme.

The registered manager and management staffs are recommended to complete all outstanding update training on mandatory subject areas.

The acting manager is recommended to ensure all management staff receives an annual appraisal in line with their procedure.

## Theme 2 - Records management

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

The agency has a policy and procedure in place on “Recording and reporting” which was found to be satisfactory and in line with standard 5 and contains guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user files during inspection supported the agreed level of assistance service users received in relation to medication and confirmed the recording by staff as compliant.

The agency currently provides care to a number of service users that require some form of restraint. The care plans and risk assessments in relation to this area were found to be appropriately detailed within two service user files sampled.

Their procedure on ‘Handling service user’s monies’ was reviewed, however is required for expansion as detailed within theme 2 of this report. The acting manager confirmed that at present two service users are receiving financial assistance in the form of shopping, by the agency staff. Review of the care plan relating to a service user in receipt of regular shopping was confirmed as agreed, however records were not found to confirm an appropriate audit or monitoring process was in place in relation to this practice and is to be addressed.

One requirement and one recommendation have been made in relation to this theme.

The acting manager is required to expand their ‘Handling service user’s monies’ procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.

The acting manager is recommended to ensure monitoring and audits of agency staff working practise in relation to financial assistance are carried out on a regular basis.

## Theme 3 – Recruitment

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

The inspector was provided with written confirmation from the Northern HSC Trust’s Human Resources manager that their department had carried out the required pre-employment checks and retained information for domiciliary care workers in compliance with Regulation 13 and Schedule 3. The inspector was provided with confirmation that the organisation holds all staff recruitment records centrally for the required retention period.

Review of four staff personnel files held within the agency office found that relevant information had been provided to the registered manager for each domiciliary care worker to enable the day to day management of the agency, with the exception of proof of identity, including a recent photograph.

One requirement has been made in respect of this theme.

The acting manager is required to obtain full information relating to each home care worker in line with regulation 13.

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

### Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 15 (6)(a)	The registered manager is required to expand the 'Safeguarding Vulnerable Adults' procedure to include the process for notifications to RQIA and the referral procedure if an allegation of abuse against a staff member is upheld.	The 'Safeguarding Vulnerable Adults' procedure was viewed dated March 2014 now includes reference to 'Safeguarding Vulnerable Adults a Shared Responsibility Standards and Guidance (2010)' along with the process for notifications to RQIA and the referral procedure if an allegation of abuse against a staff member is upheld.	One	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Minimum Standard 1.9	<p>The registered manager is recommended to share the annual quality summary report with current and prospective service users, their carers / representatives and other interested parties.</p> <p><b>(Restated from 23 January 2013)</b></p>	<p>Records evidenced that service users had been provided with updated 'Blue files' which contained the agency's annual quality summary report. Records verified that these had been hand delivered by Home Care Officers and the contents explained to service users/representatives.</p>	Two	Compliant
2	Minimum Standard 12.1	<p>The registered manager is recommended to expand their 'Homecare Development Programme' in line with the 'NISCC Induction Standards' to specify their supervision procedure / frequency within the first 6 months of employment.</p>	<p>The 'Homecare Development Programme' had been expanded August 2014 in line with the 'NISCC Induction Standards'. No new staffs have been appointed in the last year therefore records were not available to confirm implemented.</p>	One	Compliant
3	Minimum Standard 8.10	<p>The registered manager is recommended to expand their 'Homecare Quality Monitoring and Assessment' procedure to include details of the Homecare Officers roles and responsibilities for quality monitoring and assessments.</p>	<p>The 'Homecare Quality Monitoring' procedure viewed dated March 2014 had been expanded to describe the roles and responsibilities of various staff grades, within the agency's structure, for quality monitoring and assessments.</p>	One	Complaint

4	Minimum Standard 12.3 and 12.8	The registered manager is recommended to revise their staff training procedure to specify that manual handling update training will be provided 18 monthly. The manager is recommended to ensure all staff is provided with manual handling update training in line with best practice guidance.	The staff training programme had been revised April 2014 to specify that manual handling update training will be provided 18 monthly. However, the training records indicated that only 21% of staff have received this update training in the past 18 months. Records evidenced that since their previous inspection, the registered manager and domiciliary care area managers have liaised with the organisations training team to arrange update training for all staff but to date has not been successful, as the majority of staff has not been provided with manual handling update training 18 monthly.	One	Moving towards compliance
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<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The Registered Manager undertakes such training as is appropriate to ensure that she has the necessary skills to manage the Agency. The Registered Manager has commenced QCF 5 in February 2014 as directed by RQIA and all training as deemed mandatory by DHSSPS and NHSCT.</b></p> <p><b>The Registered Manager has the competence skill and knowledge to manage the agency with sufficient care.</b></p> <p><b>The Registered Manager maintains a record of all training undertaken relevant to the management of services.</b></p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The 'Statement of Purpose' dated January 2015 and the 'Homecare Quality Monitoring and Assessment' procedure dated March 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered provider, registered manager together with the six home care officers, one assistant home care officer and home care workers.</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). One of the mandatory training areas was reviewed as out of date (i.e. food hygiene) and has been recommended for renewal. The registered manager has also completed training in the areas of supervision and appraisal and this is to be commended.</p> <p>Most areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor.</p> <p>The registered manager file contained confirmation that she is currently undertaking the course, QCF Level 5 in Leadership in Health and Social Care Services (Adult management Wales and Northern Ireland) started in February 2014, which is to be commended.</p> <p>It was reviewed during inspection that the registered manager is currently registered with NISCC from November 2014 to November 2017.</p>	<p>Substantially compliant</p>

<p><b>Criteria Assessed 2: Registered Manager's competence</b></p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The agency carries out on-site supervisions, monitoring visits, joint and service reviews which form part of the audit process to ensure working practices are consistent with NHSCT policy and procedure. The Area Manager completes monthly monitoring and compiles an Annual Quality Report which includes Service user feedback and is shared with Service Users and other stakeholders. Medication errors are recorded in Incident and Near Miss Reporting Form in accordance with NHSCT procedures and also reported to RQIA under Notifiable Incident Report. The effect of training on practice is monitored through on-site supervision, formal supervision and appraisal. Personal development plans are drawn up as per procedure.</b></p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The agency's 'Supervision for Social Care Staff Employed in Adult Services' policy and procedure dated September 2012 clearly reflected the processes for management staff supervision and appraisal.</p> <p>Appraisal records for the registered manager were found to have taken place annually, and were reviewed during inspection for March 2013 and March 2014.</p> <p>Supervision records were also viewed that had been completed in line with their procedure timescales until the registered manager was absent from October 2014; these records were found to be appropriately detailed.</p> <p>The inspector reviewed the agency log of two medication incidents reported through to RQIA over the past year. Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the medication matters within appropriate timeframes.</p> <p>Monthly monitoring reports completed by the domiciliary care area manager were reviewed during inspection for October to December 2014 and found to be detailed, concise and compliant.</p> <p>The agency had completed their annual quality review for the year 2013 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements.</p> <p>Records show that their annual quality questionnaires were posted out to thirty service users in November 2014 as part of their review of services; these envelopes also contained a copy of the latest annual report for 2013/14.</p>	<p>Compliant</p>

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The NHSCT ensures through Recruitment and Selection procedures that Home Care Workers are not supplied by the agency unless he/she has the necessary skills and experience for the work they are to perform.</b></p> <p><b>Training in specific techniques - as per individual service user requirements e.g stoma care/eye drops is provided by suitable qualified Healthcare Professionals.</b></p> <p><b>Home Care Workers are inducted into the agency and their training needs are met through initial Home Care Worker development training, on-going mandatory training and personal development plans.</b></p> <p><b>Domiciliary Care Locality Managers and Home Care Officers are trained in Supervision and Performance Appraisal.</b></p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The agency has a 'Staff Training and Development' procedure in place which was reviewed and details the training needs for staff and timescale for refresher training.</p> <p>Training records for two home care officers were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). However both files indicated that a number of the mandatory training areas were out of date (i.e. manual handling for both staff and protection of vulnerable adults for one staff member) and have been recommended for renewal.</p> <p>Both of the home care officers files sampled confirmed that they had also completed training in the areas of staff supervision and appraisal and this is to be commended. Most areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor.</p>	<p>Substantially compliant</p>

<b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b>	<b>COMPLIANCE LEVEL</b>
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<b>Provider's Self-Assessment:</b>	
<p><b>The agency carries out monitoring visits, joint and service reviews which form part of the audit process to ensure working practices are consistent with NHSCT policy and procedure.</b></p> <p><b>The Area Manager completes monthly monitoring and compiles an Annual Quality Report which includes Service user feedback and is shared with Service Users and other stakeholders.</b></p> <p><b>Medication errors are recorded in Incident and Near Miss Reporting Form in accordance with NHSCT procedures and also reported to RQIA under notifiable Incidents.</b></p> <p><b>The effect of training on practice is monitored through on-site supervision, formal supervision and appraisal.</b></p> <p><b>Personal development plans are drawn up as per procedure.</b></p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The agency 'Supervision for Social Care Staff Employed in Adult Services' policy and procedure dated September 2012 clearly reflected the processes for management staff supervision and appraisal.</p> <p>Appraisal records for one of the two home care officers were found to have taken place annually, and were reviewed during inspection for 2013 and 2014. One home care officers file indicated that the most recent appraisal had been in March 2013. Discussion with the acting manager confirmed that the 2014 annual appraisal had been arranged but had not taken place due to the home care officer being off on sick leave and not rescheduled. An appraisal has been planned for this home care officer. Supervision records for both staff members were viewed to be appropriately detailed, and confirmed as having taken place in line with their procedure timescale.</p> <p>It was discussed and reviewed during inspection that the home care officers are currently registered with NISCC.</p>	<p>Substantially compliant</p>

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
	Substantially compliant

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

**Criteria Assessed 1: General records**

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

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

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

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

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

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

**COMPLIANCE LEVEL**

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The Registered Manager ensures that records specified in Schedule 4 (11) service user plan where possible are kept up to date, in good order and in a secure manner.</b></p> <p><b>All records are held for inspection and stored in line with Records Management Procedures</b></p> <p><b>A recent audit of practice was carried out within Domiciliary Care by Information Commissioners Office and any action recommended will be implemented.</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency policies and procedures on 'Recording and reporting' and 'Handling service user's monies' dated May 2014 were reviewed during inspection. The recording and reporting procedure was also viewed within the Home Care Workers Handbook and found to be 'compliant'. Their procedure on 'Handling service user's monies' was found to be 'substantially compliant', however is required for expansion to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>• Daily evaluation recording</li> <li>• Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications. This was confirmed as compliant during staff and management discussions.</li> <li>• The agency hold a money agreement within the service user agreement</li> <li>• Staff spot checking template which includes a section on adherence to the agency recording policy</li> <li>• Staff group supervision template includes records management (recording and reporting)</li> </ul> <p>All templates were reviewed as appropriate for their purpose.</p>	<p>Substantially compliant</p>

Review of four staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising. Staff members confirmed during discussions that direct observation of their practise takes place which included the supervisor reviewing their recording on daily logs within service user home files.

The registered manager and home care officers discussed records management as a regular topic during staff meetings/group supervision, review of recent staff meeting minute records and the staff Newsletter evidenced this topic.

Review of four service user files by the inspector confirmed appropriate recording in the general notes and medication records. Review of medication agreements within the each of the four service user files confirmed the process of medication assistance/administration had been discussed, agreed and confirmed/signed with each service user's or representative before medication assistance commenced with agency staff.

Review of service user records during the inspection and discussion with the acting manager confirmed that restraint is in place for a number of service users in respect of bedrails and/or lap belts. Review of two service user files evidenced that the use of bedrails and lap belts were clearly documented within their care plans and risk assessments (where appropriate) and had each been subject to review.

Staff members confirmed during discussions that information regarding the use of bedrails and lap belts were contained within the service user's home files.

<p><b>Criteria Assessed 3: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—          (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Staff of the agency only receive money from service users where this is part of the agreed care plan and protocols/procedures have been agreed.          No user of the service contributes financially to Domiciliary Care Provision within NHSCT.</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspector viewed the staff guidance for ‘Routine shopping arrangement’ dated January 2015 along with the template and duplicate recording books as compliant. However as detailed within the criteria above, staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping is required to be developed.</p> <p>The acting manager confirmed that at present two service users are receiving financial assistance from the agency in the form of occasional shopping for one and regular shopping for the second, this was supported by those people interviewed by the UCO and discussions with the staff members.</p> <p>Records relating to the service user in receipt of regular shopping confirmed the agreed task of agency staff purchasing a meal daily. However no records were in place to confirm an appropriate audit or monitoring process was in place in relation to this practice. The acting manager is recommended to ensure monitoring and audits of agency staff working practise in relation to financial assistance are carried out on a regular basis.</p>	<p>Substantially compliant</p>

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

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

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

<b>Provider's Self-Assessment:</b>	
The agency complies with the NHSCT Recruitment and Selection Policy. The NHSCT Human Resources Department has responsibility to ensure that all pre employment checks are carried out inc references, medicals, access ni checks etc.	Compliant
<b>Inspection Findings:</b>	
<p>The acting registered manager had provided the inspector with a list of twelve domiciliary care workers identified as having commenced employment most recently(between September 2008 and January 2013). The inspector was provided with written confirmation from the Northern HSC Trust's Human Resources manager that their department had carried out the required pre-employment checks and retained information for each of these domiciliary care workers in compliance with Regulation 13 and Schedule 3. The inspector was provided with confirmation that the organisation holds all staff recruitment records centrally for the required retention period.</p> <p>Review of four staff personnel files (sampled from the list of most recently recruited staff) held within the agency office confirmed that relevant information had been provided to the registered manager for each domiciliary care worker, (e.g. next of kin details, driving licence and car insurance information), with the exception of one out of four files where photographic identity was not held, this area was discussed with the acting manager and is required to be addressed.</p> <p>Care workers interviewed described their recruitment processes in line with the organisations procedure. However these staff had been employed by the organisation between seven and fifteen years ago therefore could not confirm their exact recruitment processes.</p>	Substantially compliant

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

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

## **Additional Areas Examined**

### **Complaints**

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed two of the seven complaints received during 2014, records confirmed they had been appropriately managed and that each of these complaints had been resolved to the complainant's satisfaction.

### **Additional matters examined**

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

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Elaine Calvert acting manager, and Fiona Gilmore area manager domiciliary care, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



**Quality Improvement Plan**

**Primary Announced Inspection**

**Cookstown Community Services**

**3 February 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 Elaine Calvert acting manager, and Fiona Gilmore area manager domiciliary care 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 15 (6)	The acting manager is required to expand their 'Handling service user's monies' procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.	Once	The Registered manager will develop an SOP (Standing Operational Procedure) for staff to follow when assisting those service users who require financial support to include guidance on emergency shopping, i.e occasional shopping to be carried out, which is not included in the care plan.	Within one month of inspection date.
2	Regulation 13 Schedule 3(3)	The acting manager is required to obtain full information relating to each home care worker i.e. proof of identity, including a recent photograph.	Once	The Registered Manager has drawn up an Action Plan within each team to ensure this task is completed within the timescale	Within one month of inspection date.

### **Recommendations**

**These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Minimum Standard 12.3	The acting manager is recommended to ensure all staff is provided with manual handling update training in line with best practice guidance.  <b>(Restated from 26 February 2014)</b>	Twice	The Registered manager will ensure that staff are provided with Manual handling training via DVD, workbook and Face to Face training.	Within six months of inspection date.
2	Minimum Standard 8.17	The acting manager is recommended to ensure all management staff completes outstanding update training on mandatory subject areas.	Once	The Registered Manager has drawn up an action plan for individual members of staff to access outstanding Mandatory training asap to ensure compliance with this standard.	Within six months of inspection date.
3	Minimum Standard 13.5	The acting manager is recommended to ensure all management staff receives an annual appraisal in line with their procedure.	Once	The Registered Manager has commenced updating of this task with relevant staff.	Within three months of inspection date.
4	Minimum Standard 8.10	The acting manager is recommended to ensure monitoring and audits of agency staff working practise in relation to financial assistance are carried out on a regular basis.	Once	Registered Manager in process of drawing up a monitoring tool and protocol to ensure audits in relation to financial assistance are carried out on a regular basis	Within one month of inspection date.

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Claire O'Hare
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Dr Tony Stevens Una Cuning

<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	Caroline Rix	18/03/ 2015
Further information requested from provider			