



The Regulation and  
Quality Improvement  
Authority

## PRIMARY INSPECTION

<b>Name of Establishment:</b>	<b>M Care</b>
<b>Establishment ID No:</b>	<b>11023</b>
<b>Date of Inspection:</b>	<b>28 April 2014</b>
<b>Inspector's Name:</b>	<b>Amanda Jackson</b>
<b>Inspection No:</b>	<b>16586</b>

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

<b>Name of agency:</b>	M Care Ltd
<b>Address:</b>	Slemish Complex Knockbracken Healthcare Park, Saintfield Road Belfast BT8 8BH
<b>Telephone Number:</b>	(028) 9070 3703
<b>E mail Address:</b>	<a href="mailto:smythcaroline@hotmail.co.uk">smythcaroline@hotmail.co.uk</a>
<b>Registered Organisation / Registered Provider:</b>	M Care Ltd / Mr Patrick John Miskelly
<b>Registered acting manager:</b>	Ms Caroline Smyth (Acting)
<b>Person in Charge of the agency at the time of inspection:</b>	Ms Caroline Smyth (Acting) Debbie Walton (Operational Manager)
<b>Number of service users:</b>	600
<b>Date and type of previous inspection:</b>	4 November 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	28 April 2014 Primary Unannounced Inspection 09.15 to 16.45 hours
<b>Name of inspector:</b>	Amanda Jackson

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussion with the registered acting 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	7
Staff	4
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	40	12

### 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**

M Care is a domiciliary care agency based in the Knockbracken Healthcare Park, Saintfield Road, Belfast. The agency provides domiciliary care provision to approximately 600 frail elderly service users, offering services which incorporate both personal care and domestic support.

M Care has a current staff compliment of 240 domiciliary care workers (an increase of 10 staff since the previous inspection) who provide service provision in the South Eastern Trust and Belfast Trust areas. The service is managed by a registered acting manager Caroline Smyth (who is currently working towards QCF level 5), operational manager Debbie Walton (who is also currently working towards QCF level 5), and four assistant operations managers, Wendy Weatherup, Debra Lynn, Emma Ayre and Candice McBlain. The agency also employs two quality team members who complete service user monitoring visits, Ella Price and Laura Bickerstaff.

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

M Care had one requirement and one recommendation made during the agency's previous inspection on 4 November 2013. Both the requirement and recommendation were found to be 'compliant' during inspection and this is to be commended.

## **Summary of Inspection**

### **Detail of inspection process**

The annual announced inspection for M Care was carried out on 28 April 2014 between the hours of 09.15 hours and 16.45 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out prior to the inspection by the UCO, and a summary report is contained within this report. Findings following these home visits were discussed with the registered acting manager Caroline Smyth and operations manager Debbie Walton by the UCO and during the inspection day.

Two matters were raised during these visits:

- Update of service user information identified as out of date during UCO visits.
- Appropriate medication lists in service user home files.

The inspector had the opportunity to meet with four 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 supported 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 and of their recruitment process in line with the agency policy and procedure.

**Three requirements and two recommendations have been made in respect of the outcomes of this inspection.**

### **Staff survey comments**

40 staff surveys were issued and 12 received which is a reassuring response.

Staff comments included on returned surveys:

“Very happy”

“I feel M Care provide high standard of care to all clients”

### **Home Visits summary**

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with seven service users and five relatives between 7 and 10 April 2014 to obtain their views of the service being provided by M Care. The service users interviewed have been using the agency for a period of time ranging from approximately one month to seven years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals

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. The majority of the people interviewed stated 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.

It was good to note that the majority of the people interviewed had no concerns regarding the services being provided by M Care’s staff. Only one service user had made a complaint to the agency, this was regarding the quality of work of two carers and the UCO was advised that the complainant was satisfied of the outcome. All of the people interviewed were aware of who they should contact if any issues arise. It was noted that some of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service and that observation of staff practice had taken place.

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

- “Couldn’t do without them.”
- “All the carers are very good.”
- “They’ve become like part of the family.”
- “No complaints at all.”
- “I’m well looked after. No concerns at all.”

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the homes of eight service

users. During the home visits, the UCO noted that four service users were experiencing restraint in the form of bed rails; the use of such were not documented in their care plans or risk assessments. The matter was discussed with the registered acting manager who has been requested that any use of restraint is documented accordingly for all service users. Discussion with the manager during inspection (by the inspector) confirmed a new revised review form which the area managers are currently completing during the 2014 quality monitoring visits. This form reviewed during inspection details a section for restraint to address this matter.

Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. This was also confirmed during the inspection day by the inspector, during discussions with the registered acting manager.

During the home visits, the UCO was advised that two service users are receiving assistance with medication by the carers from M Care; however the assistance was being recorded on the daily log sheets rather than on individual medication logs. This was reviewed by the inspector during inspection and confirmed as appropriate however the inspector did discuss with the registered acting manager that a full list of medication is required to also be detailed within service users home files which appeared to be amiss in the files reviewed by the UCO. Assurance was provided that this matter would be addressed by the agency area managers during quality monitoring visits.

It was also noted that one care plan and two risk assessments contained out of date information. The above matters were discussed with the registered acting manager who has been requested to ensure that the matters are addressed accordingly. The registered acting manager confirmed to the inspector (during the inspection day) that these matters had already been addressed following feedback last week from the UCO.

All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets, the entries were noted to be very detailed, carers were recording times appropriately and signing the forms as required; this is good practice.



## 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.

Discussions with the registered acting manager Caroline Smyth and operations manager Debbie Walton during inspection and review of records for the managers and management staff supported a process in place for the majority of areas of mandatory training but this was not found to be fully consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

A staff competency process has been developed by the agency and operational during 2013/14 for the manager and management staff and this was reviewed during inspection as compliant with exception to those areas referenced in the previous paragraph.

Review of appropriate supervision and appraisal processes were also confirmed during inspection.

Monthly monitoring processes are currently in place and operational but have been recommended for inclusion of any staff competence matters as appropriate.

Two requirements and two recommendations have been made in relation to this theme and relate to managers and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1) and 11(3), Management staff registration with NISCC (Regulation 10(1)(c) and Schedule 2), reporting of medication incidents within the specified timeframes (Standard 7.13) and review of the manager appraisal documentation (Standard 13.5).

### Theme 2 - Records management

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

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

The area of service user restraint was reviewed during inspection as compliant also given the fact that the agency has introduced a new review form for updating of this current information.

One requirement has been made in relation to this theme and relates staff training in the area of restraint in accordance with Regulation 13(b).

### **Theme 3 – Recruitment**

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

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

No requirements or recommendations have been made in respect of this theme.

**The Inspector and User Consultation Officer (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**

<b>No.</b>	<b>Regulation Ref.</b>	<b>Requirements</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Number of Times Stated</b>	<b>Inspector's Validation of Compliance</b>
1	Regulation 15(12)(b)	The registered acting manager is required to notify RQIA of all future vulnerable adult cases in accordance with regulation 15(12)(b) and the agency's own policy and procedure.	The agency has received one new vulnerable adult case since the previous inspection in November 2013. Review of this case during inspection confirmed compliance with requirement one. The agency policy was reviewed as compliant at the previous inspection in November 2013 regarding timeframes for reporting to RQIA.	Once	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 1.9 Standard 8.12	The registered acting manager is recommended to review the agency process for annual quality monitoring, implement the revised process and provide a summary report of the key findings to all stakeholders.	The 2013 annual quality report completed in December 2013 and issued February 2014 to all stakeholders groups was comprehensive and detailed upon review.	Twice	Compliant

<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<p><b>Criteria Assessed 1: Registered acting manager training and skills</b></p> <p>Regulation 10 (3) The registered acting 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 acting 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 acting 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>The Registered acting manager and Operational Manager both have a training framework annually to ensure that the required knowledge levels are maintained. They are both undertaking Level 5 in Leadership for Health and Social Care Services (Adult Management). Each manager has a personal training file which is available for inspection.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The statement of purpose dated 11 November 2013 and the policy on Management, control and monitoring of the agency dated November 2013 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person (John Miskelly), registered acting manager (Caroline Smyth), operations manager (Debbie Walton) and all other staff including management and care staff.</p>	<p>Compliant</p>
<p>Training records for the registered acting manager Caroline Smyth were found to be in place regarding a number of mandatory training areas in compliance with RQIA mandatory training guidelines (September 2012) however all areas of mandatory training were not evidenced for inspection. Records maintained detail the staff training log together with the staff competency assessments. A separate training content file is maintained by the agency for all training areas which had been reviewed during previous inspections. All competency assessments are individually titled and consistently signed and dated by those marking the assessment.</p> <p>Review of all training records and competency assessments is required for review in compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers i.e. supervision training.</p>	<p>Moving towards compliance</p> <p>To be completed three months from date of inspection</p>
<p>Training records for the Operations manager Debbie Walton were likewise as detailed above under the registered acting manager Caroline Smyth.</p>	
<p>Caroline Smyth (acting manager) and Debbie Walton (operations manager) are currently enrolled on the level 5 QCF course and due to complete same in July 2014 and this is to be commended in keeping them abreast of new areas of development.</p>	<p>Substantially compliant</p>
<p>It was discussed during inspection that the acting manager, operations manager and area managers are not currently registered with NISCC following lapse of their registrations. This is required for immediate attention and to be completed three months from the date of inspection.</p>	<p>Not compliant</p> <p>To be completed three months from date of inspection</p>

**Criteria Assessed 2: Registered acting manager’s competence**

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.

Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.

Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.

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.

**Provider's Self-Assessment:**

The Registered acting manager receives regular feedback from the operation team in respect of the quality of care provided and the Agency's policy, procedures and training are shaped to reflect this. Also regular inspections by both RQIA and respective trusts are important tools in both assessing the level of service provided and in outlining steps to improve the overall service. The Registered acting manager & Operational Manager have staff appraisals annually by the registered provider where performance is reviewed against their job description any further training and development needs are identified. Medication errors are reported to the relative authorities in line with M Care's policy for Medication Administration.

Compliant

Inspection Findings:	
<p>The agency Staff supervision and appraisal policy and procedure dated February 2014 was clearly referenced regarding practices for care staff but does not clearly reflect the processes for management staff supervision and appraisal which currently occurs at different timeframes during the year. Revision of the policy and procedure during inspection confirmed compliance in this area.</p>	<p>Compliant</p>
<p>Supervision for both the registered acting manager and operations manager currently takes place once annually mid-way in the year between the annual appraisal process and records were reviewed during inspection to confirm compliance in both areas.</p>	<p>Substantially compliant</p>
<p>The agency has in place an annual performance review process which is completed by John Miskelly (registered person) for Caroline Smyth (registered acting manager) and Debbie Walton (operations manager). Review of December 2013 records for both managers during inspection confirmed a good process operating to ensure exploration of areas for development and improvement over the coming year for the agency managers. The appraisal process would however benefit from an overall validating statement from the registered person regarding the manager’s ability, strengths, weaknesses and competence during the previous year and this was recommended during inspection.</p>	<p>To be completed nine months from the date of inspection (longer timeframe set given that the appraisal is an annual process not due for completion until December 2014)</p>
<p>The inspector reviewed the agency log of three incidents reported through to RQIA over the past year (two medication and one vulnerable adult incident). Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the vulnerable adult matter (as previously referenced under requirement one within the follow up section of this report) but did not confirm appropriate timeframes regarding the two medication incidents.</p>	<p>Substantially compliant To be commenced with immediate effect</p>
<p>Monthly monitoring reports completed by the registered person (John Miskelly) were reviewed during inspection for January, February and March 2014 and found to be detailed, concise and compliant.</p>	<p>Compliant</p>



**Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)**

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.

Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.

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.

Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.

**Provider's Self-Assessment:**

All staff must complete a 3 day induction programme before the commencement of employment. And all senior staff (Quality Team) complete ongoing annual training and any further training needs are identified. The Quality Team also are provided with additional training to meet the needs of their role which includes staff supervision. Assistant managers are trained to carry out twice yearly staff supervisions and appraisals.

Compliant

**Inspection Findings:**

The agency holds a training and development policy and procedure dated February 2014. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.

Training records for the four area managers were found to be in place regarding a number of mandatory training areas in compliance with RQIA mandatory training guidelines (September 2012) however all areas of mandatory training were not evidenced for inspection. Records maintained detail the staff training log together with the staff competency assessments. A separate training content file is maintained by the agency for all training areas which had been reviewed during previous inspections. All competency assessments are individually titled and consistently signed and dated by those marking the assessment.

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

Compliant

Moving towards compliance

To be completed three months from date of inspection

<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>The quality team feedback all issues to the operational team who record on daily communication records and report to the relevant parties in line with policies and procedures. This includes the reporting of medication errors or incidents. The Daily communication sheets are reviewed monthly by management and any additional needs such as further training is identified.</p> <p>All staff are receive twice yearly supervisions and appraisals and agree a personal development plan.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The agency Staff supervision and appraisal policy and procedure dated February 2014 was clearly referenced regarding practices for care staff but does not clearly reflect the processes for management staff supervision and appraisal which currently occurs at different timeframes during the year. Revision of the policy and procedure during inspection confirmed compliance in this area.</p> <p>Supervision for the four area managers currently takes place three times annually together with an annual spot check and annual appraisal process and records were reviewed during inspection to confirm compliance in both areas.</p> <p>The current monthly monitoring reports do not provide comment on management staff matters and competence should they arise and this was discussed during inspection with Caroline Smyth (acting manager) and Debbie Walton (operations manager) for consideration (as required).</p>	<p>Compliant</p> <p>Compliant</p>

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

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

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

**Criteria Assessed 1: General records**

**COMPLIANCE LEVEL**

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

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

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

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

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

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

**Provider's Self-Assessment:**

Service users records are kept in line with policy on Record Management and Home Recording in line with policy on recording and reporting care practices.

Compliant

<p>Recording in Service users home is part of Staff Induction and annually training.</p>	
<p><b>Inspection Findings:</b></p>	
<p>The agency policies on Recording and reporting care practices dated February 2014, Safeguarding and protecting service users money and valuables dated February 2014, Responding to service users behaviours (restraint) dated February 2014 and the Medication policy dated February 2014 were all reviewed during inspection as compliant.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>• Daily evaluation recording</li> <li>• Medication administration detailed on the daily evaluation recording</li> <li>• Medication permission record detailed within the service user agreement</li> <li>• The agency do not hold a money agreement or recording template as this is not a task undertaken by the agency</li> <li>• Staff spot checking template which includes a section on adherence to the agency recording policy</li> <li>• Staff supervision template which includes records management (recording and reporting)</li> </ul> <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014 and staff supervision records for 2013.</p> <p>Staff training records for medication and recording and reporting were reviewed for three staff member during inspection and confirmed compliance in these areas. Restraint had not been covered 2013 but has been scheduled on the agency training and development plan for 2014 and will be reviewed during the next inspection. Staff do not currently cover the area of managing service users monies and hence training is not provided in this area.</p> <p>Caroline Smyth (registered acting manager) and Debbie Walton (operations manager) discussed records management as a regular topic for discussion during staff meetings, review of one recent staff meeting minute record dated 23 April 2014 evidenced this topic.</p>	<p>Compliant</p> <p>Compliant</p> <p>Compliant</p> <p>Substantially compliant</p> <p>To be completed three months from the date of inspection.</p> <p>Compliant</p>

<p>Review of eight service user files prior to the inspection by the UCO confirmed appropriate recording in the general notes and medication records with exception to three records which were noted as out of date and two medication matters. Review of a medication agreement within two service user office files confirmed this process before medication administration can commence with agency staff. The agreement is discussed and confirmed/signed with service user and family member(s) as part of the overall service user agreement.</p>	<p>Substantially compliant</p> <p>To be commenced with immediate effect and kept under review during on-going monitoring staff checks</p>
<p>Review of service user records during UCO visits and discussion with Caroline Smyth (registered acting manager) and Debbie Walton (operations manager) during inspection confirmed that restraint is in place for a number of service users in respect of cotsides. Review of three service user files during inspection evidenced new documentation now being completed by the agency area managers (during quality visits) regarding restraint. This is being rolled out for all service users on the agency's revised review form.</p>	<p>Compliant</p>

<p><b>Criteria Assessed 2: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—                  (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p>All M Care current financial agreements are between the Agency and respective Health Trusts. All payment records from HSC Trust are retained at M Care's head office premises and are available for RQIA inspection if required.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency do not currently undertake this task and therefore this area was not reviewed during inspection.</p>	<p>Not applicable</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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**THEME 3  
Regulation 13 - Recruitment**

**Criteria Assessed 1:**

**COMPLIANCE LEVEL**

Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—

- (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.

Standard 8.21 The registered person has arrangements in place to ensure that:

- 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 .

Standard 11.2 Before making an offer of employment:

- 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.



<b>Provider's Self-Assessment:</b>	
M Care's Recruitment Policy states that in the recruitment of staff, candidates must have a formal interview by the management team, and if successful at this stage they must undertake an enhanced disclosure from Access NI and have all pre-employment checks before a letter of offer of employment is made.	Compliant
<b>Inspection Findings:</b>	
Review of the staff recruitment policy dated February 2014 confirmed compliance with regulation 13 and schedule 3.	Compliant
Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11.	

<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>
	Compliant

## **Additional Areas Examined**

### **Complaints**

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed three of the 2013 complaints during the agency's inspection and confirmed all records to be compliant.

### **Additional matters examined (delete as appropriate)**

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 **Caroline Smyth (Registered acting manager) and Debbie Walton (operations manager)**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Unannounced Primary Inspection

M Care Ltd

28 April 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Caroline Smyth (Registered acting manager)** and **Debbie Walton (Operational manager)** receiving feedback during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 11(1) Regulation 11(3)	<p>The registered acting manager, operations manager and area managers are required to attend training compliant with the RQIA mandatory training guidelines 2012 and any additional training required in the safe and effective running of the agency and maintain associated competency assessments.</p> <p>(Minimum standard 8.17)</p> <p>As discussed within theme one, criteria one and three of this report.</p>	Once	<p>All managers have completed both restraint &amp; supervision training and will continue with all mandatory training guidelines</p>	To be completed three months from the date of inspection
2	Regulation 10(1)(c) Schedule 2	<p>The registered acting manager, operations manager and area managers are required to renew their registration with NISCC.</p> <p>As discussed within theme one, criteria one of this report.</p>	Once	<p>All managers including registered &amp; operations manager have submitted applications with NISCC. Please see attached email confirmation.</p>	To be completed three months from the date of inspection
3	Regulation 13(b)	<p>The registered acting manager and operations manager are required to ensure all care staff receive training in the area of restraint.</p> <p>As discussed within theme two, criteria one of this report.</p>	Once	<p>Restraint training was carried out in May 14 by both staff &amp; managers.</p>	To be completed three months from the date of inspection

**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 13.5	<p>The registered person is recommended to complete a validating statement on manager staff appraisal documentation.</p> <p>As discussed within theme one, criteria two of this report.</p>	Once	A Validation Statement has been added to staff appraisal documents & will be completed at next appraisal	To be completed nine months from the date of inspection
2	Standard 7.13	<p>The registered acting manager is required to notify RQIA of all medication incidents in accordance with standard 7.13 and the agency's own policy and procedure.</p> <p>As discussed within theme one, criteria two of this report.</p>	Once	All medication issues will be notified to RQIA within 24 hrs in accordance with Standard 7.13.	To be commenced with immediate effect

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Caroline Smyth
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A Jackson	5/6/14
Further information requested from provider			