



The Regulation and
Quality Improvement
Authority

Strabane & District Caring Services
RQIA ID: 11026
32 - 36 Bridge Street
Strabane
BT82 9AE

Inspector: Amanda Jackson
Inspection ID: IN23261

Tel: 02871884986
Email: gerardsdcs@btconnect.com

**Unannounced Care Inspection
of
Strabane & District Caring Services**

04 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 04 August 2015 from 09.15 to 13.30 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP's there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

The details of the QIP within this report were discussed with the registered manager Jacqueline Timoney and responsible person Gerard Harkin as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Gerard Mario Harkin/Strabane and District Caring Services	Registered Manager: Ms Jacqueline Timoney
Person in charge of the agency at the time of Inspection: Ms Jacqueline Timoney	Date Manager Registered: 10 September 2009
Number of service users in receipt of a service on the day of Inspection: 50	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following regulation and standards have been met:

- Regulation 16(2)(a)
- Regulation 23(1) and Regulation 23(5)
- Standard 12.9
- Standard 1.7
- Standard 5.6
- Regulation 16(2)(a)
- Regulation 17
- Regulation 16(4)
- Regulation 21
- Regulation 15(10)
- Regulation 13 and Schedule 3
- Regulation 22
- Standard 10.2
- Standard 12.8
- Standard 4.2
- Standard 12.4.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection reports
- Previous returned quality improvement plans.

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

- Discussion with the registered person and manager
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Three staff competency assessments – Infection control
- Three staff competency assessments – Manual handling
- Four service user quality monitoring contacts
- Three service user home records
- One service user medication home records
- Staff training matrix
- Four staff supervision records
- Policy on recording and reporting

- Policy on Management of records
- One service user risk assessment
- Three staff recruitment records
- Training and development policy and procedure
- Service user agreement template regarding financial matters
- Staff training in the area of recording and reporting.

5. The Inspection

Strabane and District Caring Services is situated in the town of Strabane, County Tyrone. The agency provides care and support to 50 service users by a team of 24 staff. The agency provides domiciliary care and support to older people, adults with dementia, adults with a physical and or learning disability and support to adults with mental health needs. All service users are referred by the Western health and social care trust. Support is given to service users in the surrounding local areas of Strabane town, Sion Mills, Donemana, Waterside of Londonderry and Clady.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 6 February 2015. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the previous inspection on 15 May 2014 Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16(2)(a)	The registered manager is required to implement staff competency assessments in the areas of manual handling and infection control.	Met
	Action taken as confirmed during the inspection: Implementation of competency assessments in the areas of manual handling and infection control following the previous inspection were reviewed and found to be appropriately detailed. The inspector reviewed competency assessments for three staff members during inspection for both areas which were signed off by the manager/trainer.	

Requirement 2 Ref: Regulation 23(1) Regulation 23(5)	The registered manager is required to ensure service user quality monitoring is compliant with the specified policy timeframes and records maintained in support of the process.	Met
	Action taken as confirmed during the inspection: Quality monitoring takes place twice annually in accordance with the agency policy timeframes. Review of four service user files confirmed twice annual quality monitoring (one quality monitoring visit and one quality monitoring telephone call).	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 12.9	The registered manager is recommended to include a sign of section on the competency assessment to be completed by the manager/trainer or alternatively a statement on the training certificates to confirm staff competence.	Met
	Action taken as confirmed during the inspection: Review of six staff members competency assessments as detailed under requirement one evidenced trainer/manager sign off to confirm staff knowledge and competence.	
Recommendation 2 Ref: Standard 1.7	The registered manager is recommended to consider means of actively involving service users in policy, procedure and practice reviews.	Met
	Action taken as confirmed during the inspection: Review of four service user's quality monitoring as detailed under requirement two evidences service user feedback in respect of staff practice and any matters service users would wish to have reviewed.	

Recommendation 3 Ref: Standard 5.6	The registered manager is recommended to ensure service user recording books are maintained in service user's homes at all times and completed in accordance with Standard 5.2 and Standard 5.6.	Met
	Action taken as confirmed during the inspection: Review of three service user home records were found to be compliant with Standard 5.6 and recommendation three.	

Review of Requirements and Recommendations from the previous inspection on 6 February 2015 Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16(2)(a)	The registered person and registered manager is required to ensure implementation of mandatory training across all staff groups to include appraisal training for the registered manager as appropriate. Competency assessments are also required for all mandatory areas. (Minimum standard 12)	Met
	Action taken as confirmed during the inspection: Review of staff training for all staff on the agency training matrix which included the manager and responsible persons training were found to be compliant with Regulation 16(2)(a) and requirement one. Manager training in the area of appraisal was also confirmed during inspection.	
Requirement 2 Ref: Regulation 17	The registered manager is required to update the staff handbook.	Not Met
	Action taken as confirmed during the inspection: The manager confirmed that the staff handbook has not been updated following the last inspection and will be attended over the coming months.	

<p>Requirement 3</p> <p>Ref: Regulation 16(4)</p>	<p>The registered manager is required to review the staff supervision process to ensure appropriate application across all staff groups in compliance with the agency policy timeframes.</p> <p>(Minimum standard 13)</p> <p>Action taken as confirmed during the inspection: Staff supervision processes (spot check, supervision and appraisal which take place once per year for each process and staff member) were reviewed for four staff members and found to be compliant with Regulation 16(4) and requirement three.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 21</p>	<p>The registered manager is required to ensure appropriate policies, procedures and systems are in place regarding completion, collection and retention of service user records including financial records and ensure records are appropriately retained at all times for inspection purposes.</p> <p>Action taken as confirmed during the inspection: The agency policy on recording and reporting dated October 2014 and the policy on Management of records dated March 2014 were found to be appropriately detailed.</p> <p>Review of three service user home records as detailed above under recommendation three above where found to be compliant. The agency has introduced a new chronological filing system for all service user records returned by staff. This was reviewed during inspection, maintained in a locked filing cabinet and accessible through the registered manager or responsible person for inspection purposes.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 15(10)</p>	<p>The registered manager is required to ensure service user care plans and/or risk assessments clearly detail service user restraint.</p> <p>Action taken as confirmed during the inspection: The agency currently have only one service user with restraint in place in respect of a lap band on a shower chair. Information relating to this risk area was detailed on the service user risk assessment and appropriate practice for staff when attending the service user. The risk assessment was signed by the agency manager.</p>	<p>Met</p>

<p>Requirement 6</p> <p>Ref: Regulation 13 and Schedule 3</p>	<p>The registered manager is required to ensure staff recruitment processes are fully compliant with Regulation 13 and Schedule 3.</p> <p>(Minimum standard 11)</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection: Review of three recently recruited staff records did not confirm compliance with Regulation 13 and Schedule 3 in respect of the areas specified at the last inspection. The only matter which had been addressed was NOK details. The manager confirmed that the required matters had not been addressed.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 22</p>	<p>The registered manager is required to ensure all complaints procedures are adhered to in compliance with regulation 22.</p>	<p>Not applicable</p>
<p>Action taken as confirmed during the inspection: The agency has not received any new complaints since the previous inspection. The last complaint was reviewed by the inspector in February 2015. The inspector discussed regulation 22 and requested the agency manager to ensure all future complaints records to be compliant with the regulations.</p>		

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 10.2</p>	<p>The registered manager is recommended to retain all incident records centrally for future inspections.</p> <p>Action taken as confirmed during the inspection: The agency have not had any incidents since the previous inspection hence this recommendation was not reviewed.</p> <p>The inspector discussed standard 10.2 and requested the agency manager to ensure all future incident records to be compliant with the standards.</p>	<p>Not applicable</p>

<p>Recommendation 2</p> <p>Ref: Standard 12.8</p>	<p>The registered manager is recommended to further develop the training and development policy and procedure.</p> <p>Action taken as confirmed during the inspection: Review of the training and development policy and procedure dated June 2015 following the previous inspection was not found to detail the recommended areas. The policy has been recommended for review in light of the previous report recommendation.</p>	<p>Not Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 4.2</p>	<p>The registered manager is recommended to further develop the service user agreement to include service user financial management and ensure all service user financial records are appropriately maintained for inspection review.</p> <p>Action taken as confirmed during the inspection: The service user agreement has been updated by the agency since the previous inspection to include financial management. The agency has only one service user with financial management (shopping) in place. Records for this service user are held under review by the service user's daughter and discussed with the agency manager at annual review visits. A new service user agreement is due to be signed at the next annual review with service user's daughter and agency manager.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.4</p>	<p>The registered manager is recommended to provide staff training in the area of recording and reporting as good practice.</p> <p>Action taken as confirmed during the inspection: Staff training in the area of recording and reporting is currently being rolled out for all staff during staff meetings and during induction programmes for new staff. Evidence of a staff induction programme for five new staff was reviewed during inspection in July 2015. This was confirmed by the manager to cover the agency policy and procedure and templates used in service user's home files.</p>	<p>Met</p>

Number of Requirements:	2	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.3 Additional Areas Examined

No additional areas were reviewed during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Jacqueline Timoney and responsible person Gerard Harkin as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 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 (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk (paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 17</p> <p>Stated: Second time</p> <p>To be Completed by: 04 October 2015</p>	<p>The registered manager is required to update the staff handbook. As discussed within requirement two above.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The staff handbook is in the process of being updated as per requirement and will be completed by 4th October 2015.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 and Schedule 3</p> <p>Stated: Second time</p> <p>To be Completed by: With immediate effect</p>	<p>The registered manager is required to ensure staff recruitment processes are fully compliant with Regulation 13 and Schedule 3. As discussed within requirement six above.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Staff recruitment processes are now fully compliant for all new staff and for those recently recruited prior to inspection.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 12.8</p> <p>Stated: Second time</p> <p>To be Completed by: 04 September 2015</p>	<p>The registered manager is recommended to further develop the training and development policy and procedure.</p> <p>As discussed within recommendation two above.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The Training and Development policy has been developed to include the items discussed at inspection.</p>

Registered Manager Completing QIP	Jacqui Timoney	Date Completed	02/09/2015
Registered Person Approving QIP	Gerard Harkin	Date Approved	02/09/2015
RQIA Inspector Assessing Response	A.Jackson	Date Approved	02.09.15

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address