**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**
**Tel: 028 9051 7500 Fax: 028 9051 7501**

# SECONDARY ANNOUNCED FOLLOW UP INSPECTION

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| **Inspection No:** | **17738** |
| **Establishment ID No:** | **11026** |
| **Name of Establishment:** | **Strabane & District Caring Services** |
| **Date of Inspection:** | **15 May 2014** |
| **Inspector's Name:** | **Amanda Jackson** |

**GENERAL INFORMATION**

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| **Name of agency:** | Strabane & District Caring Services |
| **Address:** | 32-36 Bridge Street<br>Strabane<br>BT82 9AE |
| **Telephone Number:** | (028) 7188 4986 |
| **E mail Address:** | gerardsdcs@btconnect.com<br>timoneysdcs@btconnect.com |
| **Registered Organisation / Registered Provider:** | Strabane and District Caring Services<br>Mr Gerard Harkin |
| **Registered Manager:** | Miss Jacqueline Timoney |
| **Person in charge of the agency at the time of inspection:** | Miss Jacqueline Timoney |
| **Number of service users:** | 50 |
| **Date and type of previous inspection:** | Primary Announced<br>3 March 2014 |
| **Date and time of inspection:** | Secondary Announced Follow Up Inspection<br>15 May 2014<br>09.30 to 13.30 hours |
| **Name of inspector:** | Amanda Jackson |

## 1.0 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 secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 1.1 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.

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.

## 1.2 METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- File audit
- Evaluation and feedback

## 1.3 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Domiciliary Care Agencies Regulations and Minimum Standards:

- Regulation 15(6)(a)
- Regulation 16(5)
- Regulation 16(2)(a)
- Regulation 16(2)(a)
- Regulation 16(2)(a)

- Regulation 23(1) and Regulation 23(5)

- Standard 9.4
- Standard 3.2 and Standard 3.6
- Standard 3.6, Standard 4.1 and Standard 4.4
- Standard 1.7
- Standard 5.2 and Standard 5.6
- Standard 5.5
- Standard 9 and Appendix 1

The inspector has rated the service's Compliance Level against each criterion and also against each standard.

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

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

## PROFILE OF SERVICE

Strabane and District Caring is situated in the town of Strabane, Co Tyrone. The agency provides care and support to 50 service users (increase of 10 service users since the last inspection on 7 January 2013) by a team of 20 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.

## SUMMARY

## SUMMARY OF INSPECTION

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

Strabane and District Caring had six requirements and seven recommendations made during the agency's previous annual announced inspection on 3 March 2014. Four of the six requirements were found to be 'compliant' with the remaining two requirements 'substantially compliant' and 'not compliant' due to the timeframes set at the previous inspection. Four of the seven recommendations were found to be 'compliant' with the remaining recommendations assessed as 'substantially compliant', 'not compliant' and 'not applicable'. The remaining outstanding areas have been carried forward within this Quality Improvement Plan.

### Detail of inspection process

The follow up announced inspection for Strabane and District Caring was carried out on 15 May 2014 between the hours of 09.30 hours and 13.30 hours. The agency has made steady progress in respect of the identified areas discussed in the body of this report.

Two requirements and three recommendations have been carried forward in respect of the outcomes of this inspection.

**FOLLOW-UP ON PREVIOUS ISSUES**

| NO. | REGULATION REF. | REQUIREMENTS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|---|---|---|---|---|
| 1 | Regulation 15(6)(a) | The registered manager is required to review and revise the vulnerable adult's policy and procedure. | The Vulnerable Adults policy and procedure dated March 2014 has been updated following the previous inspection to include a definition of a vulnerable adult and revision of the processes. The policy was found to be compliant with legislation, DHSSPS guidance, regional protocols and local processes issued by the HSC Board and HSC Trusts. | Compliant |
| 2 | Regulation 16(5) | The registered manager is required to review and revise the induction policy, procedure and template and implement the revised process. | The induction policy, procedure and templates dated March 2014 reviewed during inspection have been updated appropriately following the previous inspection to include office based induction and the area of shadowing as part of the induction process. This policy was reviewed as compliant.<br><br>The agency has not inducted any new staff members since the previous inspection hence implementation of this process was not reviewed during this inspection but will be reviewed during future inspections. | Compliant |

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| 3 | Regulation 16(2)(a) | The registered manager is required to ensure all staff has received training in the area of vulnerable adults. | The agency have a training matrix in place which details all staff working within the agency and all areas of mandatory training in compliance with RQIA 2012 Mandatory training guidelines with exception to Managing service users monies, restraint/challenging behaviour and fire safety which are currently discussed during staff meetings but not detailed within a structured training process.<br>Staff training in the area of Vulnerable adults was reviewed during inspection for three randomly selected staff members and detailed attendance sheets, group assessments completed during the training, individual competency assessments completed at the end of the training and staff certificates to confirm completion of the training.<br>The inspector did recommend inclusion of 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.<br>The inspector also advised the manager Jacqueline Timoney to add a key to the training matrix which identifies if individuals are on long term sick leave (LTSL), maternity leave (ML) etc. | Compliant<br><br>Substantially compliant<br><br>To be commenced with immediate effect |

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| 4 | Regulation 16(2)(a) | The registered manager is required to review and revise the staff supervision policy, procedure and spot monitoring template (to include appropriate clinical waste disposal) and implement the revised process. | The Supervision and appraisal policy and procedure dated March 2014 has been updated following the previous inspection and reflects the process of staff spot checks/quality monitoring and includes the area of appropriate clinical waste disposal.<br><br>The agency now have in place a scheduling tool for all staff spot checks (twice annually), one to one supervision sessions (twice annually) and one appraisal within each tewlve month timeframe (April to March).<br><br>Review of two staff files during inspection evidence commencement of the spot checking process which includes appropriate clinical waste disposal. On-going review of this process will occur at future inspections.<br>The inspector also advised the manager Jacqueline Timoney to add a key to the supervision matrix which identifies if individuals are on long term sick leave (LTSL), maternity leave (ML) etc. | Compliant |

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| 5 | Regulation 16(2)(a) | The registered manager is required to develop and implement staff competency assessments in the areas of vulnerable adults, manual handling and infection control. | The agency has developed competency assessments in all three areas required and implemented the vulnerable adults competency assessment following recent staff training in the area (see requirement three above).<br>Competency assessment in the areas of manual handling and infection control are due to take place between June 2014 (Infection control) and September 2014 (Manual Handling) for all staff in accordance with the agency training matrix and this will be reviewed at subsequent inspections.<br>Staff spot checking processes (twice annually) also review staff competence in the areas of infection control and manual handling on an on-going basis between mandatory training. | Substantially compliant<br><br>To be commenced with immediate effect |
| 6 | Regulation 23(1)<br>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. | The agency has updated their service user quality monitoring scheduling tool following the previous inspection to reflect twice annual quality visits. Future visits have been scheduled for 2014-15 in the months of June/July 2014 and December/January 2104/15. As this process has not commenced since the previous inspection the inspector could not verify this process during inspection and hence has carried this requirement forward for the next inspection review. | Not compliant<br><br>To be commenced with immediate effect. |

**FOLLOW-UP ON PREVIOUS ISSUES**

| NO. | MINIMUM STANDARD REF. | RECOMMENDATIONS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|---|---|---|---|---|
| 1 | Standard 9.4 | The registered manager is required to ensure all policies and procedures are detailed at the point of development and on-going review. | Review of a range of policies and procedures during inspection confirmed compliance with recommendation one. Jacqueline Timoney (manager) confirmed this process of policy review as on-going. | Compliant |
| 2 | Standard 3.2<br>Standard 3.6 | The registered manager is recommended to ensure all new service referrals include an environmental risk assessment completed within the specified timeframes of two days. | Review of two service user files (commenced since the previous inspection) during inspection evidenced compliance with recommendation two. | Compliant |
| 3 | Standard 3.6<br>Standard 4.1<br>Standard 4.4 | The registered manager is recommended to ensure all new service referrals include a service user agreement signed within the specified timeframes of two days. | Review of two service user files (commenced since the previous inspection) during inspection evidenced compliance with this recommendation three. | Compliant |
| 4 | Standard 1.7 | The registered manager is recommended to consider means of actively involving service users in policy, procedure and practice reviews. | The agency have not commenced this process to date and have been recommended to include this process within the next service user monitoring visits in June/July 2014. | Not compliant<br><br>To be commenced with immediate effect. |

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| 5 | Standard 5.2<br>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. | The agency has commenced this process of review following the previous inspection but did not have any service user home records (collated since the previous inspection) within the agency office for review during this inspection. The inspector discussed this matter given that the agency policy on 'Management of records' stated records are returned to the office on a monthly basis.<br>The inspector requested the manager to obtain three service user records for inspector review by Tuesday of next week and submit password protected to RQIA.<br>Receipt of three records supported general compliance with standards 5.2 and 5.6 but required attention in the following areas:<br>• All recording should be made in black or blue ink<br>• Full staff signatures should be recorded as opposed to initials<br>• Staff are recommended to record the number of tablets administered as good practice. | Substantially compliant<br><br>To be commenced with immediate effect. |

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| 6 | Standard 5.5 | The registered manager is recommended to obtain a copy of the trust protocol for information exchange. | The agency has made attempts to obtain this information from the Western trust with no success. These attempts were reviewed within a response email from the trust dated 03 April 2013.<br>Further review of this matter by RQIA inspectors confirmed that the trust has completed a draft version of this document but this has yet to be finalised with no specified timeframe for completion. Due to this fact the inspector has recommended that the agency keep this matter under review periodically and should obtain a copy of the protocol from the trust following the trust confirmation of same. | Not applicable |
| 7 | Standard 9.1<br>Appendix 1 | The registered manager is recommended to review the Management of records policy to ensure compliance with standard 9.1 and appendix one. | The Management of records policy dated March 2014 and reviewed during inspection was found to be compliant with recommendation seven. | Compliant |

## ADDITIONAL AREAS EXAMINED

No additional areas were reviewed during this inspection.

## QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with **Jacqueline Timoney (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.

Where the inspection resulted in no recommendations or requirements being made the provider / manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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

Enquiries relating to this report should be addressed to:

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

# Quality Improvement Plan

## Unannounced Secondary Inspection

### Strabane & District Caring Services

### 15 May 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 **Jacqueline Timoney (registered 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 16(2)(a) | The registered manager is required to implement staff competency assessments in the areas of manual handling and infection control.<br><br>As discussed within requirement five of this report. | Twice | Staff competency assessments in manual handling and infection control have been implemented. | To be commenced with immediate effect |
| 2 | Regulation 23(1)<br>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.<br><br>As discussed within requirement six of this report. | Twice | Service user quality monitoring is now compliant with policy timeframes and records are updated and maintained to evidence this. | To be commenced with immediate effect. |

**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 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.<br><br>As discussed within requirement three of this report. | Once | A sign of section for the manager/trainer has been included on the competency assessments. | To be commenced with immediate effect |
| 2 | Standard 1.7 | The registered manager is recommended to consider means of actively involving service users in policy, procedure and practice reviews.<br><br>As discussed at recommendation four within the follow up section of this report. | Third | As discussed at inspection service users will be consulted and encouraged to become involved in policies and procedures reviews during quality monitoring visits in June/July 2014. | To be commenced with immediate effect |
| 3 | Standard 5.2<br>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.<br><br>As discussed at recommendation five within the follow up section of this report. | Third | Staff have been updated on the record requirements within the service users homes. The registered manager will monitor closely and where necessary provide further guidance and/or training. | 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** | Jacqui Timoney |
| **NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP** | Gerard Harkin |

| **QIP Position Based on Comments from Registered Persons** | **Yes** | **Inspector** | **Date** |
|---|---|---|---|
| Response assessed by inspector as acceptable | Yes | A.Jackson | 19/06/14 |
| Further information requested from provider | | | |