



The **Regulation** and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Strabane & District Caring Services
Establishment ID No: 11026
Date of Inspection: 6 February 2015
Inspector's Name: Amanda Jackson
Inspection No: IN016598

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of agency:	Strabane & District Caring Services
Address:	32 - 36 Bridge Street Strabane BT82 9AE
Telephone Number:	02871884986
E mail Address:	gerardsdcs@btconnect.com
Registered Organisation / Registered Provider:	Strabane and District Caring Services
Registered Manager:	Jacqueline Timoney
Person in Charge of the agency at the time of inspection:	Jacqueline Timoney
Number of service users:	50
Date and type of previous inspection:	Primary Announced Inspection 15 May 2014
Date and time of inspection:	Primary Unannounced Inspection 6 February 2015 10.00 to 15.00 hours
Name of inspector:	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 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	0
Staff	2
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	25	0

Inspection Focus

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

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

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

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

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

Profile of Service

Strabane and District Caring is situated in the town of Strabane, Co Tyrone. The agency provides care and support to 50 service users by a team of 22 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.

Strabane and District Caring had two requirements and three recommendations made during the agency's previous inspection on 15 May 2014. One recommendation was reviewed during this inspection and has been referenced in the follow up section and body of the report. The remaining requirements and recommendations were not reviewed.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Strabane and District Caring was carried out on 6 February 2015 between the hours of 10.00 hours and 15.00 hours. The agency continues to make steady progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection on 26 January 2014, and a summary report is contained within this report. Findings following these home visits were discussed with the registered manager.

The inspector had the opportunity to meet with two 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.

Seven requirements and four recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

25 staff surveys were issued and 0 received which is a disappointing response.

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with five relatives on 26 January 2015 to obtain their views of the service being provided by Strabane and District Caring. The service users interviewed have been using the agency for a period of time ranging from approximately four months to sixteen years, receive at least one call per day and are receiving assistance with personal care and 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.

All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff. There were mixed results regarding the agency contacting the service user or their next of kin if their carer had been significantly delayed; this would be good practice to do so when possible. No concerns were raised regarding the length of calls; one relative felt that care was on occasion being rushed by some of their carers however the matter had been addressed. Examples of some of the comments made by service users or their relatives are listed below:

- "It's great to have the same carers as we have got to know them well."
- "Can't fault them at all."
- "Peace of mind for the family that someone calls every day and will contact us if needed."
- "No complaints at all."

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 Strabane and District Caring. None of the people interviewed had made a complaint about the agency, however all were aware of whom they should contact if any issues arise.

The majority of the people interviewed were unable to confirm that management from the agency visits to ensure their satisfaction with the service or that observation of staff practice had taken place in their home. The registered manager confirmed that visits are being carried out on a regular basis and records of such are available for review at the office. Review of service user and staff quality monitoring was found to be compliant during the inspection and can be referenced within theme two of this report. 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 **compliant** in relation to this theme.

The agency's 'Statement of Purpose' dated March 2014 and the policy on Management, control and monitoring of the agency policy dated March 2014 reviewed contain details of the organisational structure, the qualifications, experience, roles and responsibilities of senior staff.

Discussions with the registered manager during inspection and review of records for the manager supported a process in place for the majority of mandatory training consistent with the RQIA mandatory training guidelines 2012. The one additional area of training and associated competency assessment has been requested for review.

Review of appropriate supervision and appraisal processes for the manager were confirmed during inspection.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update during inspection to include an area for staff competence matters as appropriate and to be signed in hard copy by the registered person completing the report.

Records regarding one medication incident was reviewed and found to have been appropriately recorded and reported within RQIA timeframes. The incident did not however evidence all associated records in respect of follow up to the matter and this has been recommended for all future matters.

One requirement and two recommendations have been made in relation to this theme and relate to registered manager training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3) and 13(b), review of incidents records in accordance with standard 10.2 and revision of the training and development policy in accordance with standard 12.8.

Theme 2 - Records management

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

The agency has a policy and procedure in place on 'Record Keeping' which was found to be satisfactory and in line with standard 5 and contain 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 home files was minimal during inspection and therefore could not supported general compliance in these areas.

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

The agency currently provides care to a number of service users that require some form of restraint however the care plans and risk assessments in relation to this area were not all fully detailed. This area was discussed with the registered manager and is to be addressed.

The agency has a policy and procedure on 'Handling Service Users Monies'. This was reviewed as compliant.

Service user financial management was not available for review during inspection and has been recommended for further consideration.

Four requirements and one recommendation have been made in relation to this theme and relates to revision of the staff handbook in compliance with regulation 17, review of staff supervision processes (regulation 16). Regulation 15 requires review of service user plans in respect of restraint and service user records management requires further review to ensure compliance with regulation 21. Revision of the service user agreement is further recommended in accordance with standard 4.2.

Theme 3 – Recruitment

The agency has achieved a level of **substantially 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. with exception to NOK details, Immunisation status, statement by registered person/manager regarding staff fitness, car insurance, driving licence and job description sign off.

One requirement has been made in respect of this theme.

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 16(2)(a)	The registered manager is required to implement staff competency assessments in the areas of manual handling and infection control.	This requirement was not reviewed during inspection.	Two	Not applicable
2	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.	This requirement was not reviewed during inspection.	Two	Not applicable

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
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.	This recommendation was not reviewed during inspection.	One	Not applicable
2	Standard 1.7	The registered manager is recommended to consider means of actively involving service users in policy, procedure and practice reviews.	This recommendation was not reviewed during inspection.	Three	Not applicable

3	Standard 5.2 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.	Review of this recommendation is detailed within theme two of this report.	Three	Moving towards compliance
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THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>Strabane & District Caring Services registered manager has recently acquired a level 5 diploma in Leadership for health and social care services. The registered manager has also completed mandatory and specialised training.</p> <p>The registered provider and registered manager manage the agency with the required care, competence and skill which has been achieved through relevant training and experience.</p> <p>The registered manager has recieved relevant training in the management and and provision of services as per the RQIA Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The statement of purpose dated March 2014 and the policy on Management, control and monitoring of the agency policy dated March 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered persons Gerard Harkin and registered manager Jacqueline Timoney, together with the office and care staff.</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) with exception to food hygiene which was significantly out of date since 2006 and has been recommended for renewal. The manager has also completed training in the areas of supervision as part of the QCF level 5 in Health and Social care leadership and this is to be commended. The manager has not attended formal appraisal training and this has been recommended.</p> <p>All areas of training reviewed included a competency assessment but these have been recommended for sign off in hard copy by the registered person who completes the competency assessment.</p> <p>The registered manager previously undertook QCF level 5 training in September 2013 and this is to be commended. It was also discussed during inspection that the manager is currently enrolled in a Dementia course (City and guilds and RCN accredited course by Sterling University, Scotland) which is due to commence in February 2015, this is again commended in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from 2014 to 2017.</p>	Compliant

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Working practice are systematically audited by the registered manager to ensure consistency with SDCS policies and procedures and actions and amendments are taken where necessary and recorded. Policies and procedures are in place to ensure medication errors and accidents are reported in accordance with procedures to the appropriate authorities. To date there are no such incidents to evidence.</p> <p>The effect of training on practice and procedure is evaluated through quality monitoring i.e. observed practice, spot checks, service user monitoring etc.</p> <p>Staff receive an annual appraisal which is recorded in a formal manner. The appraisal includes a review of performance and an agreed personal development plan.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency Supervision and appraisal policy and procedure dated March 2014 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure took place during the inspection and was reviewed as compliant. The manager confirmed supervision timeframes of twice annually for manager and once annual appraisal.</p>	<p>Compliant</p>

Supervision for the registered manager was discussed as taking place twice annually and was reviewed for April and October 2014. Appraisal was reviewed once annually in September 2014 as discussed during inspection in compliance with the agency timeframes.

The inspector reviewed the agency log of one medication incident reported through to RQIA over the past year (November 2014). Review of this incident confirmed appropriate recording and reporting to RQIA regarding the medication matter within appropriate timeframes. The inspector recommended evidence of staff spot monitoring and training certificates post incident should be retained for future inspection review as these had been recommended as part of this incident follow up but were not available for review at inspection. The information reviewed did however evidence staff medication competency assessment and supervision post incident.

Monthly monitoring reports completed by the registered person were reviewed during inspection for November and December 2014 and January 2015 and found to be detailed, concise and compliant. Revision of the report template was recommended during inspection to include a staff competency area for use as appropriate.

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 including mandatory and additional training in the areas of dementia care, first aid/defibrillator training, Nasogastric feeding and NVQ level 2.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>All SDCS domiciliary care workers are employees of SDCS and are recruited and inducted within the policies and procedures of the agency.</p> <p>All domiciliary care staff receive a structured induction which includes all mandatory training and where specialised training is required is provided i.e. naso gastric tube care.</p> <p>The training needs of individual staff is identified through appraisal and supervision and arrangements are made to meet these.</p> <p>The registered manager and responsible person are trained in supervision and appraisal.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency holds a training and development policy and procedure dated October 2014 which sits alongside the annual mandatory and additional non mandatory training programme. Review of this policy was found not to be in line with RQIA mandatory training guidelines 2012 as the policy currently references staff appraisal and staff meetings informing review of training needs and therefore requires further development regarding the mandatory and non-mandatory training programme operating within the agency. Induction training is also recommended for inclusion in this policy and procedure.</p>	<p>Substantially compliant</p>

Training records were not reviewed under this criteria as the agency do not have any management staff under the registered manager position.

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
Provider's Self-Assessment:	
<p>Working practice are systematically audited by the registered manager to ensure consistency with SDCS policies and procedures and actions and amendments are taken where necessary and recorded. Policies and procedures are in place to ensure medication errors and accidents are reported in accordance with procedures to the appropriate authorities. To date there are no such incidents to evidence.</p> <p>The effect of training on practice and procedure is evaluated through quality monitoring i.e. observed practice, spot checks, service user monitoring etc.</p> <p>Staff receive an annual appraisal which is recorded in a formal manner. The appraisal includes a review of performance and an agreed personal development plan.</p>	Substantially compliant
Inspection Findings:	
As per criteria 3 above.	Not applicable

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
	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

Provider's Self-Assessment:	
<p>All records relating to domiciliary care workers and service users are maintained and kept up to date, in good order and a secure manner within the registered managers office. These records are available at all times for inspection at the agency by an authorized person.</p> <p>All service users have a service user pack within their home which contains a service user care plan and a detailed record of the services provided and is kept up to date, in good order and in a secure manner. The service user pack details the date and arrival and departure times of each visit; actions or practice as specified in the care plan; any changes in service user needs or behaviour or routine and actions taken; unusual or changed circumstances that affect the service user; any contact with primary health and social care services regarding the service user; any contact with the service user representative regarding concerns about the service user, requests made for assistance not detailed in the care plan and incidents, accidents or near misses and actions taken.</p> <p>All records are accurate and up to date and signed and dated and kept in a safe place within the service users home.</p>	Substantially compliant
Inspection Findings:	
<p>The agency policies on Recording and reporting care practices dated October 2014, Handling service user's monies dated January 2015 and the Restraint policy dated November 2014 were all reviewed during inspection as compliant. The staff handbook dated 2008 does not currently detail these areas and has been recommended for review and update.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording. • Medication administration is detailed on the daily evaluation recording, alongside a separate medication record. The inspector did recommend recording the number of tablets and inclusion of the full staff signature as good practice despite the current template provided by the trust for medication recording being small in format to allow for such practice. Two staff members spoken to during inspection confirmed a full list of medication is retained in the service users home. • The agency do not hold a money agreement within the service user agreement and this has been recommended as good practice. 	Substantially compliant

- A shopping record is retained in a hard book in the service users home but could not be made available for review during inspection.
- Staff spot checking template which includes a section on adherence to the agency recording policy

All templates were reviewed as appropriate for their purpose with exception to the recommendation on the service user agreement.

Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff spot checks and supervision records for 2014 were reviewed as moving towards compliant as all records and processes were not fully compliant in all files reviewed. The registered manager confirmed no staff competence issues have arisen recently.

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as substantially compliance in these areas. The area of recording and reporting was the only area found not to be up to date (as this is not stated on the RQIA mandatory training guidelines) and has been requested for review.

The registered manager discussed records management as a topic for discussion during staff meetings/group supervision approximately once annually, review of one 2014 staff meeting minute records dated April 2014 evidenced this topic.

Review of three service user files during the inspection confirmed appropriate recording in the general notes for one service user file reviewed. The inspector was unable to review other records as records were not chronologically filed and available for inspection review.

Medication records were also unavailable for review during inspection for the same reason as general records referenced above.

Review of service user records during the inspector visit and discussion with the registered manager during inspection confirmed that restraint is in place for a number of service users in respect of bedrails. Review of one service user file during inspection did not evidence such documentation (were appropriate) and again this was discussed during inspection.

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>Policies and procedures are specified and in place where a domiciliary care worker handles service user monies. A record book and log is kept in the service users home of all transaction.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Discussion during the inspection advised that one service user is in receipt of financial assistance (shopping) from the agency. Records are retained within the service users home and could not be reviewed during the inspection day to confirm appropriate practices. The inspector discussed the required standards in this area.</p>	<p>Moving towards compliance</p>

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

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving towards compliance</p>

THEME 3
Regulation 13 - Recruitment

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

<p>Provider's Self-Assessment:</p> <p>SDCS will only employ those suitable for their role and will ensure that they are of integrity and good character; they have the experience and skills necessary for the role and they are physically and mentally fit for the role. SDCS will require and hold details and documents for each employee which include, name, address, date of birth, phone number, next of kin name and contact details, proof of identity and recent photo, two written references, details and evidence of relevant qualification, employment history including details of any gaps in employment, registration status with relevant regulatory bodies is confirmed, a valid driving licence and insurance cover for business use and medical statement.</p> <p>SDCS carries out a fully enhanced disclosure through Access NI in respect of all domiciliary care workers prior to employment as well as two written references from previous employers.</p> <p>Where necessary SDCS will make appropriate referrals in order to safeguard children and vulnerable adults. To date SDCS have not had to make any referrals.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Review of the staff recruitment policy dated October 2014 confirmed general compliance with regulation 13 and schedule 3. The process of recruitment was confirmed by one staff member during staff discussions at inspection.</p> <p>Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 with exception to:</p> <ul style="list-style-type: none"> • NOK details for all three staff files reviewed • Immunisation status not confirmed for all three staff files reviewed • Statement by registered person/manager regarding staff fitness not confirmed for all three staff files reviewed • Car insurance not confirmed for all three staff files reviewed • Driving licence not confirmed for one staff file reviewed • Job description sign off not confirmed for all three staff files reviewed. <p>The full driving licence was not compliant for one staff member while car insurance was not evident for all three staff members reviewed during inspection. The staff driving licence was requested for submission to RQIA for review post inspection and was confirmed. Staff contracts signed at employment commencement were also confirmed during inspection.</p>	<p>Substantially compliant</p>

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

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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 2014 complaints during the agency's inspection given the date of inspection (2015) and confirmed all records not to be fully compliant. Staff follow up training and spot monitoring was not available for review during inspection and has been requested for review.

Moving towards compliance

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 **Jacqueline Timoney (registered manager) and Gerard Harkin (registered person)**, 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



Quality Improvement Plan

Secondary Unannounced Inspection

Strabane & District Caring Services

6 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 **Jacqueline Timoney (registered manager) and Gerard Harkin (registered person)** 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)	<p>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.</p> <p>(Minimum standard 12)</p> <p>As discussed within theme one, criteria one and theme two criteria one of the report.</p>	Once	<p>The registered manager is in the process of sourcing appraisal training with the view to complete by 06/06/15.</p> <p>Competency assessments have been implemented for all mandatory areas.</p>	To be completed by 06/06/15
2	Regulation 17	<p>The registered manager is required to update the staff handbook.</p> <p>As discussed within theme two, criteria one of the report.</p>	Once	The registered manager is currently updating the staff handbook.	To be completed by 06/06/15
3	Regulation 16(4)	<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>As discussed within theme two, criteria one of the report.</p>	Once	All staff groups are now receiving supervision as per SDCS policy timeframes.	To be commenced with immediate effect and ongoing

4	Regulation 21	<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>As discussed within theme two, criteria one of the report.</p>	Once	A system has now been implemented for the collection and retention of service user records and is available to view at all times.	To be commenced with immediate effect and ongoing
5	Regulation 15(10)	<p>The registered manager is required to ensure service user care plans and/or risk assessments clearly detail service user restraint.</p> <p>As discussed within theme two, criteria one of the report.</p>	Once	The registered manager will ensure care plans and/or risk assessments include detail of service user restraint.	To be completed by 06/06/15
6	Regulation 13 and Schedule 3	<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>As discussed within theme three of the report.</p>	Once	The registered manager has ensured staff recruitment processes are fully compliant with Regulation 13 and Schedule 3 as per discussion at inspection.	To be commenced with immediate effect and ongoing

7	Regulation 22	<p>The registered manager is required to ensure all complaints procedures are adhered to in compliance with regulation 22.</p> <p>As discussed within the additional areas examined section of the report.</p>	Once	The registered manager will ensure that all complaint procedures are adhered to and follow up action taken.	To be commenced with immediate effect and ongoing
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Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 10.2	<p>The registered manager is recommended to retain all incident records centrally for future inspections.</p> <p>As discussed within theme one, criteria two of the report.</p>	Once	A system has been implemented to ensure all incident records are retained centrally and available for inspection at all times.	To be commenced with immediate effect and ongoing
2	Standard 12.8	<p>The registered manager is recommended to further develop the training and development policy and procedure.</p> <p>As discussed within theme one, criteria three of the report.</p>	Once	The registered manager is currently developing the training and development policy and procedure.	To be completed by 06/06/15
3	Standard 4.2	<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>As discussed within theme two, criteria one of the report.</p>	Once	The service user agreement is currently being updated to include the service user financial management. Service user financial records will be appropriately maintained and available for inspection.	To be completed by 06/06/15

4	Standard 12.4	<p>The registered manager is recommended to provide staff training in the area of recording and reporting as good practice.</p> <p>As discussed within theme two, criteria one of the report.</p>	Once	Staff will receive training in the area of recording and reporting by 06/06/15	To be completed by 06/06/15
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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	13/03/15
Further information requested from provider			