



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: North West Care
Establishment ID No: 11027
Date of Inspection: 4 August 2014
Inspector's Name: Caroline Rix
Inspection No: 16554

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:	North West Care
Address:	67 / 69 Main Street Ballykelly BT49 9HS
Telephone Number:	028 7772 3514
E mail Address:	shaunairwin@northwestcareandsupport.com
Registered Organisation / Registered Provider:	Trust Caring & Nursing Agency NI Ltd / Mr Philip Stewart
Registered Manager:	Miss Shauna Teresa Irwin
Person in Charge of the agency at the time of inspection:	Miss Shauna Teresa Irwin
Number of service users:	756
Date and type of previous inspection:	12 August 2013, Primary Announced
Date and time of inspection:	4 August 2014 from 9.30am to 4.30pm Primary unannounced inspection
Name of inspector:	Caroline Rix

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	5
Staff	0
Relatives	6
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	20	8 plus 9 after closure date

Inspection Focus

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

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

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

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

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

North West Care is a domiciliary care agency operating in the city and outskirts of Londonderry, Dungiven and Limavady. The agency office is based at 67-69 Main Street, Ballykelly and under the direction of the manager Shauna Irwin a staff of 293 provides domiciliary care to 756 service users in their own homes. The services provided include personal care and social support along with some domestic support. The people in receipt of services are mostly older people, those with mental health care needs, physical disabilities, learning disabilities and young physically disabled. The Western HSC Trust commission their services.

North West Care had no requirements or recommendations made during the agency's previous inspection on 12 August 2013.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for North West Care was carried out on 4 August 2014 between the hours of 09.30 and 16.30. 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 by the UCO following the inspection on 19 and 20 August 2014 and a summary of feedback is contained within this report. Findings following these home visits were discussed with the manager.

One recommendation has been made in respect of the outcomes of this inspection.

Staff survey comments

Twenty staff surveys were issued and eight, plus nine after the closure date, received which is a fair response.

Some staff comments were included on the returned surveys as follows;

'Great care agency'.

'I am loving my role so far but will be better equipped in a few weeks to answer all questions fully.'

'The care provided is very good, so is the service. There are not enough good comments made, only mistakes pointed out, this brings staff morale down.'

This feedback was discussed with the registered manager.

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with five service users and six relatives on 19 and 20 August 2014 to obtain their views of the service being provided by North West Care in the Ballykelly area. The service users interviewed have been using the agency for a period of time ranging from approximately three months to three years, receive at least two calls per week 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. The majority of the service users or their representatives interviewed were unable to confirm that new members of staff are introduced by a regular carer. The registered manager advised that it is not always possible to do so due to the high number of new referrals however all new clients are visited by the team leader who inform the service user of their carers' names.

The majority of the people interviewed informed the UCO that there were no concerns regarding the timekeeping of the agency's staff, however there were mixed results regarding service users being contacted if the carer has been significantly delayed. The registered manager informed the UCO that the agency is currently introducing a new system to improve communication between the carers and office staff so that the agency can contact service users when necessary.

It was good to note that the majority of the people interviewed had no concerns regarding the quality of care being provided by the carers from North West Care. The majority of the people interviewed had not made a complaint about the agency, however all were aware of whom they should contact if any issues arise. One service user advised of a complaint being made regarding the attitude of one carer and was satisfied of the outcome.

It was good to note that a number of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service; however no one was able to confirm that observation of staff practice had taken place in their home. The matter was discussed with the registered manager who confirmed that supervision takes place for all carers annually as well as during their probationary period and records are kept in the office.

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

- "The carers are very good and kind."
- "They're all very good."
- "It is peace of mind for the family to know that someone will call regularly with my XXX and notify if there are concerns."
- "More than happy with the carers."
- "Couldn't fault them 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 home of five service users. During the home visits, the UCO did not note that any service users were experiencing restraint in the form of bed rails, lap bands or locked doors. 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.

During the home visits, the UCO was advised that three service users are receiving assistance with medication by the carers from North West Care; however the medication logs were not being completed consistently. The registered manager advised that the issue had been identified by the agency and are working on an action plan to address the problem.

It was noted that there was one care plan that requires to be updated. All visits by carers are to be recorded on log sheets which are held in the service user's home. It was noted that in one file no records were available for review as the book had been completed and returned to the office. The above matters were discussed with the registered manager and are to be addressed accordingly.

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 and the policy on Management and Control of the Agency viewed contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager and monitoring officer during inspection and review of records for the manager and management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments had been provided relevant to their role.

Review of appropriate appraisal processes for all management staff were confirmed during inspection along with staff supervision processes in line with their procedure timescales.

Monthly monitoring processes are currently in place and operational. The reports reviewed during inspection included an area for staff competence matters, as appropriate.

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

No requirements or recommendations have been made in relation to this theme.

Theme 2 - Records management

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

The agency has a policy and procedure in place on 'Record and Reporting care practices' which was found to be satisfactory and in line with standard 5 and contains guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported general compliance in these areas with the exception to medication recording. This area was discussed with the registered manager and is being addressed.

The agency has a policy and procedure in place on 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. The care plans and risk assessments in relation to this area were viewed and found to be fully detailed.

The agency has a policy and procedure on 'Safeguarding and Protecting Service Users Monies and Valuables'. This was reviewed and in found to be appropriately detailed. The agency does not currently provide financial assistance to any of their service users.

One recommendation has been made in relation to this theme.

The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users log records.

Theme 3 – Recruitment

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

Review of the agency policy and procedure on 'Recruitment and Staff Selection' confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2. Records reviewed of four staff recruited during 2014 confirmed all information had been obtained as required.

No requirements or recommendations have 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

There are no previous requirements or recommendations.

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 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>Regulation 11 (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>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>The current registered manager is a Registered Mental Health and General Nurse she is currently registered with the NMC. She qualified as a Mental Health Nurse in 1993 and completed a postgraduate 1997 in General Nursing. The registered manager has a broad spectrum of experience in both acute and community care services. The Ballykelly branch management and administration team includes 4 area coordinators, 3 team leaders, central referral support desk assistant , data input/planner, trainer officer who is a registered General Nurse & Mental Health Nurse and a quality monitoring officer and clinical nurse advisor who is a district Nurse and registered midwife. North West Care has a personnel department including personnel officer and administration support this personnel department operates centrally in Ballykelly for both branches. In addition we also have additional administration support including receptionist. At present North West Care is currently recruiting for additional coordinator for the Western Trust Area. It is envisaged that this post will be filled by 30th July 2014.</p> <p>The registered manager has a current professional portfolio that will be made available on inspection the portfolio is current and up to date. Training includes the mandatory training for providers in the regulated services. Additional training has been attended from external sources where required. External training includes Volunteer Now, labour relations and employment law training. Refer to Policy 31 -Management and Control of the Agency.</p>	<p>compliant</p>

Inspection Findings:	
<p>The 'Statement of Purpose' dated February 2014 and the policy on 'Management and Control of the Agency' dated September 2011 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person, registered manager together with the quality monitoring officer, clinical nurse advisor, four coordinators, three team leaders, a training officer and the human resources manager along with 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). Each training subject is updated annually with records viewed of same. The manager has also completed training in the areas of supervision and appraisal, and training in labour relations relating to employment issues and this is to be commended.</p> <p>Each area of training reviewed included a competency assessment element which had not been signed off by the assessor.</p> <p>The registered manager is currently enrolled for additional management course training with Institute of Managers Project 2 from October 2014 and this was discussed during inspection 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 NMC due for renewal May 2015, with a system in place to check registration status of relevant staff monthly.</p>	<p>Compliant</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</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 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>7.13 Medication errors are reported in accordance with the Reporting adverse incident policy 41 and North West Care Management of medicines policy 28.</p> <p>8.10 Medication errors are reported to RQIA a follow up investigation is completed. A quality report is completed by the quality monitoring officer and made available to the registered manager whereby medication errors are actioned accordingly.</p> <p>12.9 North West Care training is evaluated monthly and is summarized quarterly as part of the quality monitoring arrangements. Summary evaluation of this report is available on the monthly providers report and is part of the training and development evaluations. Training is incorporated into quality improvement plan where necessary.</p> <p>13.5 Staff has recorded appraisals with their line manager annually evidence of this is held within personnel files with the professional development plans.</p>	<p>compliant</p>
<p>Inspection Findings:</p>	
<p>The agency's 'Supervision' and 'Appraisal' policies and procedures dated October 2011 were clearly referenced regarding practices for all care staff along with the processes for management staff supervision and appraisal.</p> <p>Appraisal for the registered manager currently takes place on an annual basis and was reviewed for August 2013 which included a detailed process and a training and development plan. Supervision takes place 3 monthly and records were reviewed as satisfactory.</p>	<p>Compliant</p>

The inspector reviewed the agency log of seven incidents reported through to RQIA over the past year, two medication issues and five vulnerable adult incidents. Review of each incident confirmed appropriate recording and reporting to RQIA regarding the medication and vulnerable adult matters within appropriate timeframes.

Monthly monitoring reports completed by the registered person for March to July 2014 were reviewed during inspection and found to be detailed, concise and compliant. Records noted progress month to month regarding the vulnerable adult reports and an evaluation of staff training provided.

The agency had completed their annual quality review for the year to October 2013 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements. Records evidenced that a summary of their annual report had been provided to all service users and staff during December 2013.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</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>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 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>7.9 North West Care training officer is a Registered General & Mental Health Nurse therefore training in specific techniques is completed by an authorised health care professional.</p> <p>13 (b) Newly appointed domiciliary care staff undertake and provide evidence off a 3 day induction training and shadowing therefore they have the skills & experience necessary for the work they have to perform. Prior to undertaking employment with North West Care.</p> <p>12.4 The registered manager ensures newly appointed staff provides evidence of training or professional development and that they undertake the training needs identified. Staff is trained for their roles by completing a competency assessment within the probationary period this is then actioned accordingly.</p> <p>Training needs and action plan is completed at the appraisal and probationary review and systems put in place to meet them.</p> <p>The registered manager ensures that the training need is identified in conjunction with their job descriptions; mandatory training is available to all staff. North West Care has arrangements in place for staff to attend a number external training institutions for training including train the trainer and to obtain the QCF training in health and Social care and or a management qualification.</p> <p>13.1 All North West Care managers & coordinators have had training in appraisal and supervision.</p> <p>All North West Care managers and supervisory staff have a professional development plan completed and is update when required and at least annually.</p>	<p>compliant</p>

Inspection Findings:	
<p>The agency holds a 'Staff Training and Development' policy and procedure dated July 2013 which sits alongside the staff training and development programme for mandatory training. The training officer coordinates their annual training plan which was viewed for 2014. Review of this policy and training programme was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p> <p>Training records for the quality monitoring officer and one of the coordinators were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>The quality monitoring officer and the coordinator had also completed training in the areas of 'understanding staff quality monitoring' in June 2014 and 'risk management' in May 2014 and this is to be commended.</p> <p>All areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor</p> <p>Review of the staff training plan included any additional training deemed appropriate for managers and senior staff.</p>	<p>Compliant</p>

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</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>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>8.10 All supervisory staff working practices are reviewed via supervision, incidents, accidents; untoward events staff meeting, quality reports, stake holders meetings, satisfaction surveys including the people planner system whereby work practices are reviewed as part of the quality monitoring.</p> <p>7.13 Medication errors and audits are part of the monthly quality report from the quality monitoring officer. These are reported to the registered manager and are reported as per operational policy 41.</p> <p>12.9 Training evaluations are completed and summarised monthly as part of the monthly report.</p> <p>13.5 North West Care staff have an annual appraisal after completion of the probationary period .As part of the appraisal process an action plan is completed and arrangements are in place for staff to be booked into annual training or whereby they have express an interest in external professional development this would be reviewed by the registered manager in accordance with the Training and development plan policy 62.</p>	<p>compliant</p>
<p>Inspection Findings:</p>	
<p>The agency’s ‘Supervision’ and ‘Appraisal’ policies and procedures dated October 2011 were clearly referenced regarding practices for all care staff along with the processes for management staff supervision and appraisal.</p> <p>Appraisals for all staff currently takes place annually and was reviewed during inspection for 2013-14. Appraisal for the quality monitoring officer most recently took place September 2013 with records viewed of a comprehensive process that included a training and development plan. The appraisal of one of the coordinators viewed for May</p>	<p>Compliant</p>

2014 was found to be appropriately detailed. Supervision records for both staff members had been completed quarterly in line with their procedure timescales and were in line with best practise.

The monthly monitoring reports viewed provided comment on management staff matters and competence should they arise.

Records viewed confirmed that senior staffs were registered with NMC or NISCC and a system is in place to verify continued registration of each senior staff member with their registering body.

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
	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.

<p>Provider's Self-Assessment:</p>	
<p>Regulation 21 (1) North West Care ensures that records relating to domiciliary care workers and service users are maintained in accordance with the Access to records policy 2 ,Data protection and management of records policy 29, Recruitment and selection policy 60 ,Staff records policy 59, Recording and reporting care practices policy 38.</p> <p>5.2 North West Care operates a alphabetically index service user filing system. In the service user home there is a homecare information booklet pack and care record recording books. These books have an issue number and are tracked on issue. The date and arrival /departure of staff is recorded, care service delivered is recorded. The staff are trained to adhere to the recording and reporting of care practices. Policy 38 this is part of the training and induction programme.</p> <p>The records are reviewed on collection by the care coordinator all records should be legible, accurate, up to date and signed and dated. This is part of the quality monitoring process.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policies on ‘Record and Reporting care practices’ dated September 2011, ‘Safeguarding and Protecting Service Users Monies and Valuables’ dated May 2013 and the ‘Restraint’ policy dated March 2014 were all reviewed during inspection as compliant. Records evidenced that all staff had been provided with this information as part of their staff handbook.</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 record for PRN (as and when required) medications. The staffs record the number of tablets and include a full list of medication as good practice. This was confirmed as compliant during staff and management discussions. • The agency hold a money agreement within the service user agreement • Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping • Staff spot checking template which includes a section on adherence to the agency recording policy • Staff group supervision template includes records management (recording and reporting) <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. Staff supervision records for 2013-14 were reviewed as compliant with no staff</p>	<p>Substantially compliant</p>

competence issues arising.

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 compliant in these areas.

The registered manager, team leaders and coordinators discussed records management and data protection as a regular topic during staff meetings/group supervision, review of two recent staff meeting minute records dated, May and June 2014 evidenced this topic. Records also viewed of a memo provided to all staff in June 2014 to remind staff of the procedure regarding acceptance of gifts and their need for adherence to care plans regarding shopping and handling service user's monies.

Review of five service user files during home visits confirmed appropriate recording in the general notes however the medication logs were not being completed consistently, this was discussed with the registered manager who has an action plan in place to address this issue. The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users log records.

Review of service user records during the inspection and discussion with the registered manager confirmed that restraint is in place for a number of service users in respect of bedrails and a lap belt. Review of two service user files during inspection evidenced that their care plans and risk assessments were in place and appropriately detailed.

<p>Criteria Assessed 2: 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>North West Care implements a Safeguarding and protecting service user’s money and valuables policy 46. A financial transaction book is in place for records to be kept of the amounts paid or in respect of each service user for all agreed services as per care plan. At present North West Care Ballykelly has currently 2 service user whereby a financial management may be required.</p>	<p>Compliant</p>

<p>Inspection Findings:</p>	
<p>Review of the care plans during the UCO home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed.</p> <p>The registered manager confirmed that, at present, no service users are receiving financial assistance with shopping, therefore no records were reviewed in this area.</p>	<p>Not applicable</p>

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

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

Provider's Self-Assessment:	
North West Care personnel department and registered manager ensure that the staff recruitment and selection policy 60 adheres to criteria1. All staff personnel files are available for review at Ballykelly offices. All Staff personnel files including those transferred via TUPE have been subject to internal audit within the last 6 months and a personnel risk assessment completed. Details within the personnel files have now been uploaded onto people planner.	Compliant
Inspection Findings:	
Review of the agency's 'Recruitment and Selection of Staff' policy and procedure dated October 2013 confirmed full compliance with regulation 13 and schedule 3. The agency's policy and procedure on 'Rehabilitation of Offenders' dated October 2013 was viewed as appropriate.	Compliant
Review of four files for staff recruited during 2014 confirmed compliance with Regulation 13, Schedule one and standard 11. Staff contracts signed and job descriptions issued during the recruitment process were also confirmed during inspection. The agency also request an annual declaration from each staff member, as part of their appraisal process, that they remain in good health, and have no convictions pending.	

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
	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 records relating to each of the three complaints received during 2013 and found all had been appropriately managed and resolved. The inspector reviewed records for the two complaints received during 2014 to date, and found each had been resolved to the complainants' satisfaction.

Additional matters examined

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

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Shauna Irwin, registered 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:

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



Quality Improvement Plan

Unannounced Primary Inspection

North West Care (Ballykelly)

4 August 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 Shauna Irwin, the registered manager 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.

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	Minimum Standard 5.6	The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users log records.	Once	North West Care will ensure that when care plans are changed a copy is received from the key referral agent and placed in a service users home care information booklet (HIB). Secondly staff will follow North West Care record keeping policy when administering and recording medication in a service users home.	Within two months of inspection date and on-going.

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	Shauna Irwin
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Philip Stewart

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Caroline Rix	23/09/14
Further information requested from provider			