

## **PRIMARY INSPECTION**

**Name of Establishment:** Shankill (Lurgan) Community Projects Ltd

**Establishment ID No:** 11073

**Inspector's Name:** Maire Marley

**Inspection No:** IN020797

**Date of Inspection:** 13 February 2015

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

<b>Name of agency:</b>	Shankill (Lurgan) Community Projects Ltd
<b>Address:</b>	Mount Zion House Edward Street Lurgan BT66 6DB
<b>Telephone Number:</b>	02838324680
<b>E mail Address:</b>	janice.bunting@mzhouse.org
<b>Registered Organisation / Registered Provider:</b>	Mrs Janice Bunting
<b>Registered Manager:</b>	Mrs Kathy Chambers
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Kathy Chambers
<b>Number of service users:</b>	64 (59 trust referrals and 5 privately funded)
<b>Date and type of previous inspection:</b>	09 September 2013 11:15am – 5:00pm
<b>Date and time of inspection:</b>	13 February 2015
<b>Name of inspector:</b>	Maire Marley

## 2.0 Introduction

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

This is a report of a 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	1
Staff	9
Relatives	4
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	22	6

### 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:

The definitions for compliance levels are listed below to assist the registered provider or manager in completing the document:

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

### 3.0 Profile of Service

Mount Zion Community Care (MZCC), an agency within Shankill Community Projects Ltd., is a domiciliary care provider in the Lurgan / Craigavon area. The community care section of the organisation was established in 2005 and provides care and support for people in their homes, both on a practical and personal care level. The agency has the stated aim of "enabling older and vulnerable people to enjoy life". The rights of service users are emphasised in the written Statement of Purpose and include, amongst others, the rights to choice, fulfilment, privacy, confidentiality and safety.

There are twenty three staff employed currently and this number changes as service user numbers and the service requirements change. All staff undertake regular mandatory training relating to the key aspects of their work and responsibilities.

### 4.0 Summary of Inspection

This unannounced primary care inspection of Mount Zion Community Care Agency was undertaken by Maire Marley an inspector from the RQIA on 13 February 2015 between the hours of 11.15am and 5.00pm.

Inspection activity on the day included discussions with the responsible person, registered manager and nine staff members. Verbal feedback was provided to the responsible person and the registered manager at the end of the inspection.

There were no requirements or recommendations arising from the previous inspection.

#### Home Visits

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with one service user and four relatives on 10 and 11 February 2015 to obtain their views of the service being provided by Shankill (Lurgan) Community Projects. The service users interviewed have been using the agency for a period of time ranging from approximately three months to two years and receive assistance with the following at least once per week:

- Management of medication
- Personal care
- Meals
- Sitting service
- Shopping
- Housework

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 or manager. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be contacted if their carer had been significantly delayed, this is good practice. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

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 Shankill (Lurgan) Community Projects, however they were aware of whom they should contact if any issues arise. Examples of some of the comments made by service users or their relatives are listed below:

- “The girls are very helpful. I have no complaints.”
- “Never had reason to complain.”
- “Very happy with them.”
- “It’s great to have the same carers call as my XXX can be very confused.”
- “Great group of girls.”
- 

There were mixed results regarding management from the agency visits to ensure their satisfaction with the service or that observation of staff practice had taken place in the home. The registered manager confirmed that the visits are carried out on a regular basis and records of such are kept in the office. 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.

### **Theme 1: Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The agency’s ‘Quality Assurance’ policy and ‘Statement of Purpose’ dated March 2013 was viewed and contained details of the organisational structure and the qualifications and experience of senior staff and included the roles and responsibilities of each grade of senior staff.

Discussions with the responsible person, registered manager, and a senior care assistant during inspection and review of records for the registered manager and staff supported that mandatory training had been provided. Evidence of additional areas of training and associated competency assessments requested were in place.

Discussion with staff and a review of records found there was a three day induction programme that included relevant training and detailed the role and responsibilities of domiciliary care workers. Records reviewed confirmed appropriate appraisal processes were in place for the management team and care staff and there was evidence of supervision processes in place.

Monthly monitoring processes are currently in place and operational.

Records regarding incidents were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

### **Theme 2: Records Management**

The agency has policies and procedures in place on ‘Record Keeping’ which were found to be satisfactory and in line with Standard 5 of the Domiciliary Care Minimum Standards. The policy contained guidance for staff on this subject. A copy of the document is contained in the Domiciliary Care Workers handbook.

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

The agency has a policy and procedure in place on use of restraint dated January 2014 which was reviewed as satisfactory. The area of service user restraint was not reviewed during inspection but was discussed with the registered manager and staff team. It was reported that the agency currently provides care to a number of service users that require some form of restrictive practice. Staff consulted were unsure if these practices were detailed in the care plans. Staff reported that they had not received any training in this area therefore recommendations are made in this regard.

The agency has a policy on 'Handling Service Users Monies'. Management reported they are not handling any service user's monies at present and this was confirmed in discussion with the staff team.

Requested records were readily available and easy to reference and the registered manager was available for discussion and clarification throughout the inspection.

The inspector concurs with the provider's self- assessment and has assessed the agency as compliant in this theme.

### **Theme 3: Recruitment**

The inspector agrees with the provider's self- assessment and has assessed the agency as compliant in relation to this theme.

Review of the agency policies and procedure found them to be compliant with Regulation 13 and Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standards 8.21 and 11.2 of The Domiciliary Care Agencies Minimum Standards (2008). Five staff records examined confirmed adherence to the recruitment policies.

### **Staff Views**

The inspector had the opportunity to meet with nine care staff members on the day of inspection to discuss their views regarding the service. Staff consulted confirmed there was appropriate line management support and positive comments about the management team were recorded as;

"You can go to the registered manager with anything that is bothering you"

"The manager has got to know my strengths and weaknesses and I find this very helpful"

"If the registered manager was not available I would go to the senior care assistant or the chief executive"

Great place to work we have a really good team"

Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording.

A staff member recruited within the past year described recruitment processes in line with the agency policy and procedure and spoke how her induction and training assisted her in her post.



A senior care assistant with supervisory responsibilities demonstrated a good knowledge of the issues and challenges facing the team and was fully familiar with her role and responsibility. This senior care assistant competently answered queries about supervision and the training and development needs of the team. It was confirmed this staff member had received training relating to supervision and recruitment and was aware of her role in regard to the monitoring and auditing of records. No issues were identified on this occasion.

The registered manager was well organised and it was evident that suitable arrangements were in place to manage this agency.

In conclusion four recommendations are made as a result of this inspection and these were discussed with the responsible person, registered manager and senior care assistant. Details of the requested improvements along with timescales can be viewed in the QIP attached to this report.

The Inspector and UCO would like to express their appreciation to service users, relatives the responsible person, registered manager, and staff for the help and co-operation afforded during the course of the inspection.

## 5.0 Inspection Findings

<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<b>Criteria Assessed 1: Registered Manager training and skills</b>  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.  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.  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). <b>Ref: RQIA's Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b>	
<b>Provider's Self-Assessment:</b>	
<b>A training log is maintained of the registered manager's training and this evidences that all mandatory training has been completed. In addition to mandatory training, the manager also holds accredited Trainer the trainer qualifications in two key disciplines. Training and Development needs are regularly reviewed through supervision.</b>	Compliant
<b>Inspection Findings:</b>	
Training records for the registered manager Mrs Cathy Chambers were in place. There was evidence that the registered manager is in receipt of mandatory training and has completed a range of training to ensure she remains up to date with developments and maintains skills and competency in regard to the management of the agency. The registered manager is a registered nurse and records confirmed that she is currently registered with the NMC.	<b>Compliant</b>

<p><b>Criteria Assessed 2: Registered Manager's competence</b></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><b>Provider's Self-Assessment:</b></p>	
<p><b>(8.10) Working practices are audited by the DCM and CEO to ensure they are consistent with regulatory processes and procedures. This is an ongoing process. This process includes spot checks, supervision, review of service user's files, review of complaints, home visits and telephone monitoring. The annual service users' questionnaire also forms and audit tool, as do regular contract review meetings with the local health trust.</b></p> <p><b>(7.13) A written record of all medication errors is maintained. Medication errors are recorded in the Responsible person's monthly report. Medication errors/incidents are recorded and reported to all appropriate authorities within the stated timeframes.</b></p> <p><b>(12.9) MZCC use a variety of training methods including in-house training, external training and e-learning. External training is evaluated as part of the external trainer's process and e learning is evaluated through a competency based assessment of the DCW's understanding of the course they have just undertaken. A certificate is produced which confirms this. The DCM evaluates the effects of training on practice through spots checks (announced and unannounced) on DCW's. Records of this are retained in staff files. Staff training is updated regularly in line with standards and communicated to staff through staff meetings or in memo format. Where a training need is identified, staff are retained and if necessary policies and procedures updated.</b></p> <p><b>(13.5) - Staff receive a recorded annual appraisal which evaluates performance against objectives and responsibilities and which contains a developmental plan for future needs.</b></p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency supervision and appraisal policy and procedure was examined and found to have been reviewed in January 2013. The document detailed the supervision process and covered social care staff and senior management.</p> <p>Appraisal for the registered manager currently takes place on an annual basis and records examined confirmed an appraisal was completed on 24/12/14. Records examined also confirmed arrangements are in place for regular supervision.</p> <p>The inspector reviewed the log of incidents reported by the agency to RQIA over the past year. Review of these incidents confirmed appropriate recording and reporting to RQIA within appropriate timeframes.</p> <p>Monthly monitoring reports completed by the registered person were reviewed during inspection for the months of September 2014 until December 2014 and found to be detailed, concise and compliant.</p> <p>The agency had completed their annual quality review for the year April 2013 until March 2014 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements. It is recommended that arrangements are in place to inform service users of the outcome of the quality survey.</p>	Compliant

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></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><b>Provider's Self-Assessment:</b></p>	
<p><b>All staff receive accredited mandatory training to undertake the roles and responsibilities of their role.</b></p> <p><b>(7.9) The DCM is an accredited Train the Trainer in Medication and a First Level Registered Nurse and has the required competencies to train staff in house in specific medication techniques. As part of the training process, the DCW's competence is assessed. Accredited and evaluated e-learning in medication training complements the practical hands on training.</b></p> <p><b>(12.4) All staff receive induction training which includes accredited mandatory training to undertake their roles and responsibilities. Staff training needs are identified through spot checks, supervision and appraisal processes. Where training needs are identified, training is put in place. A supervision policy outlines the supervision process and copies of supervisions and appraisals are maintained on staff files.</b></p> <p><b>(13.1) - DCM and Senior Carer have undertaken accredited and evaluated e-training in supervision/appraisal techniques and records of this are maintained in their files and retained on training logs.</b></p>	<p>Compliant</p>

Inspection Findings:	
<p>Recruitment files for five staff were examined and confirmed that the agency adheres to best practice and the guidance outlined in Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Records and discussions with nine staff confirmed that all staff undertake induction prior to the commencement of duties.</p> <p>Records examined provided evidence that the registered manager and a supervisor were in receipt of training in regard to appraisals and supervision.</p> <p>The agency holds a training and development policy and procedure which sits alongside the training and development programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p> <p>Training records for a supervisor and care staff were found to be in place regarding all areas of mandatory training areas.</p> <p>There was evidence that staff had availed of specific training in regard to the administration of eye drops and the application of prescribed creams.</p> <p>The agency has a policy on 'Handling Service Users Monies' and management reported they are not handling any service user's monies at present and this was confirmed in discussion with the staff team.</p> <p>The area of service user restraint was not reviewed during inspection but was discussed with the registered manager and staff team. Staff in discussion were unclear in regard to restraint or restrictive practice or the human rights approach and a recommendation is made for further training that should also include information on human rights.</p>	Compliant

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><b>(8.10) Working practices are audited by the DCM and CEO to ensure they are consistent with regulatory processes and procedures. This is an ongoing process. This process includes spot checks, supervision, review of service user's files, review of complaints, home visits and telephone monitoring. The annual service users' questionnaire also forms and audit tool, as do regular contract review meetings with the local health trust. Working practices within MZCC are routinely audited to ensure that they are consistent with documented policies. This is an ongoing process. The process also ensures that staff are aware of such policies and procedures. Audit formatting comprises training matrix, risk assessment, quality checks.</b></p> <p><b>(7.13) A written record of all medication errors is maintained. Medication errors are recorded in the Responsible person's monthly report. Medication errors/incidents are recorded and reported to all appropriate authorities within the stated timeframes.</b></p> <p><b>(12.9) MZCC use a variety of training methods including in-house training, external training and e-learning. External training is evaluated as part of the external trainer's process and e learning is evaluated through a competency based assessment of the DCW's understanding of the course they have just undertaken. A certificate is produced which confirms this. The DCM evaluates the effects of training on practice through spots checks (announced and unannounced) on DCW's. Records of this are retained in staff files. Staff training is updated regularly in line with standards and communicated to staff through staff meetings or in memo format. Where a training need is identified, staff are retained and if necessary policies and procedures updated.</b></p>	Compliant

<b>(13.5) - Staff receive a recorded annual appraisal which evaluates performance against objectives and responsibilities and which contains a developmental plan for future needs.</b>	
<b>Inspection Findings:</b>	
<p>The information detailed in the provider's self -assessment was evidenced in the records viewed during inspection and in discussion with domiciliary care workers.</p> <p>The agency's supervision and appraisal policy and procedure dated January 2013 was clearly referenced regarding the practice for the supervision and appraisals of management and care staff.</p> <p>The records for a domiciliary supervisor was examined and found to contain evidence that annual appraisal had been undertaken in 2014. There was evidence to confirm that staff are in receipt of supervision every twelve weeks. Domiciliary care staff are directly observed by their supervisor in the client homes and there is an opportunity for staff to discuss their development in the office following the observation. Records for three care staff were examined and the direct observations were found to be up to date and relevant. Each staff member's annual appraisal was up to date and included training and development needs.</p> <p>The care staff consulted expressed that the management team were very supportive and approachable and felt that the supervisor was always there to support and encourage them. No issues were identified by the staff team.</p>	Compliant

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**

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>(5.2) A care plan is retained in each service user's home in line with the above. DCW's sign the daily record sheets during each visit to the service user noting the care which has been delivered. Where there are changes in the service user's needs, usual behaviour, unusual circumstances DCWs report this to the DCM or On Call who will pass this information on to keyworkers/service user's representatives or other appropriate health care professionals. Electronic diary notes are maintained for each service user and the information is printed off and retained in each service user's file. Where MZCC identify concerns outside normal working hours and which do not require immediate emergency actions, these are referred to relevant health professionals including Duty Social Worker, Twilight and District Nursing teams. Records of this are maintained on the On Call file and on the diary notes of service users. During record keeping induction training, DCW's are trained in recording and reporting information. Record keeping is monitored by the DCM and Senior Carer via spot checks and is reviewed at supervision. Responsible person also monitors record keeping through the complaints process and audit review of care records. Where learning is identified, it is communicated to staff through supervision and training.</p> <p>(5.6) MZCC staff are provided with an induction pack and staff handbook which details the protocol for record keeping in line with standard 5.6. Accredited e-training complements the induction process. The DCM and Senior Carer undertake announced and unannounced spot checks to evaluate record keeping by care staff. This is also evaluated by the responsible person auditing care records.</p> <p>Care plans are clearly identified and maintained in a recognised place in the service user's home.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The agency policies on recording and reporting care practices dated January 2013, handling service user's monies dated January 2013 and the restraint policy dated were all reviewed during inspection as compliant. The staff handbook detailed the policies</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>• Daily evaluation recording</li> <li>• Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications.</li> <li>• The handling service user's monies includes reference to emergency shopping outside of a care plan</li> <li>• Staff spot checking template which includes a section on adherence to the agency recording policy</li> <li>• Staff supervision template includes records management (recording and reporting)</li> </ul>	Compliant

All templates were reviewed as appropriate for their purpose.

A discussion was held with the registered manager and responsible person in regard to restrictive practice and it was recommended that any restrictive practice is recorded in the service user's service agreement and their care plan, all risks must be clearly identified and strategies agreed with the commissioning service and service users and/or their representatives.

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 the period January 2014 –October 2014 were reviewed as compliant with no staff 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. Managing service users' monies is not an area of specific training but is included in the induction training. The registered manager and staff reported that the agency operate a no restraint policy. Staff in discussions were unclear in regard to restraint or restrictive practices and is an area identified for further development.

The registered manager and supervisor confirmed that records management is a regular topic for discussion during staff meetings/ supervision; this was evidenced in the review of staff meeting minute records.

<p><b>Criteria Assessed 3: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user's agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>(8.14) MZCC provide services to the Health Trust and to service user's privately. In the case of the local health trust, invoices are forwarded to the Care Bureau on a monthly basis and supported by relevant documentation re individual service users. Once verified, invoices are forwarded to Business Services Organisation (BSO) for payment. In the case of private service users, invoices are generated on a monthly basis detailing the care provided. All payments received are detailed within the appropriate systems in the finance department and audited as part of our annual accounting practice.</b></p> <p><b>Within the home setting, DCW's do not handle service user's money as per our policy.</b></p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Review of the care plans during the inspector 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 by the inspector.</p>	Compliant

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

<b>THEME 3</b> <b>Regulation 13 - Recruitment</b>	
<b>Criteria Assessed 1:</b>	<b>COMPLIANCE LEVEL</b>
<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"> <li>(a) he is of integrity and good character;</li> <li>(b) he has the experience and skills necessary for the work that he is to perform;</li> <li>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</li> <li>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</li> </ul> <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> <li>• all necessary pre-employment checks are carried out;</li> <li>• criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and</li> <li>• all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .</li> </ul> <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> <li>• the applicant's identity is confirmed;</li> <li>• 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;</li> <li>• any gaps in an employment record are explored and explanations recorded;</li> <li>• 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);</li> <li>• professional and vocational qualifications are confirmed;</li> <li>• registration status with relevant regulatory bodies is confirmed;</li> <li>• a pre-employment health assessment is obtained</li> <li>• where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and</li> <li>• current status of work permit/employment visa is confirmed.</li> </ul>	

<b>Provider's Self-Assessment:</b>	
<p>(8.21) MZCC updated its application form in 2013 and the revised form requests 3 references, two of which are used for employment purposes and includes a reference from current/previous employers. Where the applicant has no previous or current employer, additional character references are sought. Written references are sought from all noted referees and retained on file. An enhanced disclosure with barred list check is sought for all prospective employees prior to them commencing employment with MZCC and pertinent information retained on staff files. Copies of all relevant professional and vocational qualifications are maintained on staff files.</p> <p>(11.2) Offers of employment are in line with the above standards. All necessary checks are undertaken. All applications are assessed by the DCM and if there are identifiable gaps e.g. gaps in employment history these are explored and further information requested where necessary. An enhanced disclosure with barred list check is sought for all successful applicants and pertinent information retained on staff files. Where appropriate professional and vocational qualifications are confirmed and retained on file as is registration with relevant regulatory bodies. Staff are required to self certify a detailed health assessment and this is retained on staff file. Copies of staff driving licences and business insurance are maintained on staff files. Application forms contain a self certified statement re the provision of work in the EU and if applicable staff are requested to produce further information. An audit checklist of the above is maintained in staff files.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The findings of the inspector confirmed the information detailed in the provider's self- assessment. Five recruitment files were examined and related to staff that had been recruited within the past six months. Documentation as specified in Regulation 13, Schedule One and Standard 11 was maintained. There was evidence that driving licences and car insurances were requested and received for staff when applicable. Staff contracts are signed at the commencement of employment and staff consulted confirmed that job descriptions were issued during the recruitment process.</p>	Compliant

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



## **6.0 Additional Information**

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 registered manager confirmed that all complaints received for the past year had been resolved. A review of the complaints procedures was undertaken. It is recommended that the role of the commissioning trust in regard to complaints should be detailed in the complaints information along with contact details for the RQIA.

### **6.1 Additional Matters Examined**

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

## **7.0 Quality Improvement Plan**

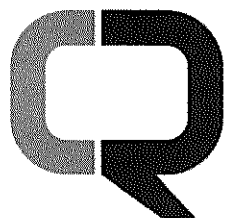
The timescales for completion commence from the date of inspection.

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:

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



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Unannounced Primary Inspection

#### Shankill (Lurgan) Community Projects Ltd

13 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 Mrs Janice Bunting registered person and Mrs Kathy Chambers 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 (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	15.1	The registered person must ensure the complaint procedure includes information in regard to the role of the commissioning trust.	One	<p>The Complaints Procedure was revised and amended on 26.03.2015 to include the role of the Commissioning Trust.</p> <p>A revised complaints leaflet was hand delivered to service users w/c 30.03.2015 and 6.04.2015.</p> <p>A copy of this information has been provided to the RQIA.</p>	No later than 31 March 2014
2	12.4	The registered person must ensure staff are in receipt of training in regard to restraint and human rights training.	One	An accredited training programme has been identified and all staff will be trained by 29.05.2015. A copy of the training programme has been provided to the RQIA.	No later than 31 March 2014
3	5.2	<p>The registered person must ensure that;</p> <ul style="list-style-type: none"> <li>• service agreement and care plans detail information in regard to any restrictive practices</li> <li>• risks must be clearly identified.</li> <li>• strategies to manage identified risks must be agreed with the</li> </ul>	One	<p>Following the inspection a review of all service user files was completed on 16.02.2015 by the DCM and Senior Carer and potential restrictive practices identified.</p> <p>The information from this review was discussed with the Commissioning Trust on</p>	No later than 31 March 2014

		commissioning service and service users and/or their representatives		<p>24.02.2015 and further clarity sought in respect of this. Information is still awaited.</p> <p>SLCP wrote to the Commissioning Trust on 24.03.2015 and had further verbal discussions with them w/c 30<sup>th</sup> March 2015. Information is awaited back from the Commissioning Trust to agree strategies to manage identified risk and how restrictive practice application is to be communicated to the Care Providers. The action taken in respect of the Health Trust was verbally discussed with the RQIA inspector during w/c 30.03.2015.</p> <p>It is anticipated that on receipt of the information provided by the Commissioning Trust, SLCP's risk assessment documentation will be reassessed, revised and updated if necessary.</p>	
4	8.10	The registered person must ensure arrangements are in place to inform service users of the outcome of the annual quality survey.	One	Information about the annual quality survey was disseminated through the Spring Newsletter and hand delivered to service users by staff w/c 30.03.2015 and 6/04/2015.	No later than 31 March 2014

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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Kathy Chambers
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Janice Bunting

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	H. Marley	7/7/15
Further information requested from provider			