



The Regulation and
Quality Improvement
Authority

Todd's Close
RQIA ID: 11075
29f Randalstown Road
Antrim
BT41 4LH

Inspector: Joanne Faulkner
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**Unannounced Care Inspection
of
Todd's Close**

8 May 2015

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

1. Summary of Inspection

An unannounced care inspection took place on 14 May 2015 from 09.30 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

In light of concerns raised in inspections on 25 June and 2 July 2014 RQIA informed the responsible person of their intention to issue four Failure to Comply notices in respect of:

The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Regulation 13

13. The registered manager shall ensure that no domiciliary care worker is supplied by the agency unless -

(c) he is physically and mentally fit for the purposes of the work which he is to perform; and

This related to staff working shifts in excess of 14 hours without an appropriate break.

Regulation 14

14. Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-

(b) so as to safeguard service users against abuse or neglect;

This related to the agency's current arrangements for charging for personal care.

Regulation 16

16. - (1) Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—

(a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;

This related to staffing levels within the agency.

Regulation 21

21. – (1) The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-

(a) kept up to date, in good order and in a secure manner,

This related to the accuracy of the agency's staff rota information.

Subsequent to the inspections, RQIA met with representatives of the registered person on 16 July 2014 and four notices of Failure to Comply with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 were issued on 18 July 2014.

An inspection of the agency on 28 August 2014 was undertaken; during this inspection it was identified that the agency had taken the actions and improvements necessary to achieve full compliance with the required regulations.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Peter Arthur James McBride	Registered Manager: John Fisher
Person in charge of the agency at the time of Inspection: John Fisher	Date Manager Registered: 1 May 2015
Number of service users in receipt of a service on the day of Inspection: 32	

3. Inspection Focus

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

Theme 1- Staffing arrangements:

Suitable staff are supplied to meet the assessed needs of service users

Theme 2 – Service User Involvement:

Service users are involved in the care they receive

4. Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders/staff/relatives
- File audit
- Evaluation and feedback

During the inspection the inspector met with six service users and four staff; the inspector spoke to the relatives of two service users and one HSC trust professional.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection

The following records were viewed during the inspection:

- Three care and support plans
- HSC trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records

- Records relating to staff supervision and appraisal
- Staff register
- Complaints register
- Recruitment policy (September 2014)
- Probationary policy
- Pre- employment checklist
- Induction policy/ Checklist
- Induction awareness handbook (version 2)
- Supervision/ appraisal policy (September 2014)
- Agency's rota information
- Disciplinary procedure

Staff questionnaires were completed by three staff; they indicated the following:

- Service users' views are taken into account in the way the service is delivered
- Staff are satisfied that the care is delivered in a person centred manner
- Concerns raised are taken seriously
- Staff are satisfied that they are familiar with service users' care needs
- Staff are satisfied that service users views are listened to

Service users' questionnaires were completed by four service users during the inspection; they indicated that:

- Service users are satisfied that they are consulted in relation to the quality of the service
- Service users are satisfied that staff help them to feel safe and respond to their needs
- Service users are staff have the knowledge to care for them
- Service users are satisfied with current staffing levels
- Service users are very satisfied with the care and support they receive

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Todd's close was an announced care inspection dated 28 August 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: 21(1)(a)	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner,</p> <p>This requirement relates to the registered person ensuring that a separate signature line is inserted in the staff allocation record for each staff member required to sign and also space to record their full name and position within the organisation.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the staff allocation records and noted that they included a separate signature line for each person required to sign.</p>	
Requirement 2 Ref: 14(b)(e)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided –</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;</p> <p>This relates to a protection plan in place which prevents two service users occupying areas of their home at the same time.</p> <p>Action taken as confirmed during the inspection:</p> <p>Risk assessments where completed and care and support plans reflect the arrangements in place. The manager stated that this is reviewed regularly</p>	Met
Requirement 3 Ref: 14(e)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided –</p>	Met

	<p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them</p> <p>This relates to the registered person ensuring that privacy in service users own homes is maintained by appropriate use of internal window covering of a window in an entrance hall that overlooks a service users private living area.</p> <p>Action taken as confirmed during the inspection: The inspector noted that appropriate window coverings were now in place; they can be adjusted by the service user</p>	
<p>Requirement 4 Ref: 15(2)(a)</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall</p> <p>(a) be consistent with any plan for the care of the service user prepared by the Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users</p> <p>Action taken as confirmed during the inspection: The manager discussed a number of meetings held in conjunction with the HSC trust representatives in relation to care and support provided. The agency has in place care and support plans developed in conjunction with the agency.</p>	<p>Met</p>
<p>Requirement 5 Ref: 14(c)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided –</p> <p>(c) so as to promote the independence of service users.</p> <p>This requirement relates to the need to support individual service users in personalising their own homes.</p> <p>Action taken as confirmed during the</p>	<p>Met</p>

	<p>inspection: The inspector visited a number of service users in their own homes and noted that they had been supported to personalise their individual rooms and shared areas. The manager described the process of consulting with service users and their representatives.</p>	
<p>Requirement 6 Ref: 15 5(c)</p>	<p>The registered person shall, for the purpose of providing prescribed services to service users, as far as is practicable</p> <p>(c) encourage and enable the service user, and where appropriate their carer, to make informed decisions with respect to such prescribed services.</p> <p>This requirement relates to ensuring the ability of services users to make decisions impacting on their personal finances is kept under review and documented accordingly.</p> <p>Action taken as confirmed during the inspection: It was identified from records viewed and discussion with the manager that this process is ongoing. A number of service users have had capacity assessments completed.</p>	Met
<p>Requirement 7 Ref: 14(c)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and prescribed services arranged by the agency, are provided –</p> <p>(c) so as to promote the independence of service users.</p> <p>This relates to arrangements being implemented to enable service users to contribute to the utility costs associated with their tenancy and the cost of transport.</p> <p>Action taken as confirmed during the inspection: The manager stated that service users pay an equal share of utility costs related to their home. It was noted that the agency has individual transport agreements in place for service users.</p>	Met
<p>Requirement 8 Ref: 15(6)(d)</p>	<p>The registered person shall ensure that where appropriate where the agency arranges the provision of prescribed services to a service user, the arrangements shall-</p>	Met

	<p>(d) specify the procedure to be followed where a domiciliary care worker acts as an agent for, or receives money from, a service user</p> <p>The registered person must obtain written evidence to confirm that a representative of the agency has been authorised by a service user or their representative or care management to approach the Social Security Agency to act as 'nominated appointee' for the individual service user. This evidence must be available in the service user's records.</p> <p>The registered person must have documentary evidence in place from the Social Security Agency to confirm those persons working in the agency acting as appointee for a service user.</p> <p>The registered person must ensure that the individual service user's agreement with the agency accurately reflects these arrangements and the records to be retained.</p> <p>Action taken as confirmed during the inspection: The agency maintains a record of each service users' appointee; it is retained within their individual care records.</p>	
<p>Requirement 9</p> <p>Ref: 6 (1)(b)</p>	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b)the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that a clear agreement is in place between each service user, or if necessary their representative, and the agency specifying the nature and amount of any service for which the service user is charged.</p> <p>Action taken as confirmed during the inspection: The service user guide/agreement details charges made to service users; the manager stated that service users are provided with a copy of the documentation.</p>	<p>Met</p>

<p>Requirement 10</p> <p>Ref: 15 (6)(d)</p>	<p>The registered person shall ensure that where appropriate where the agency arranges the provision of prescribed services to a service user, the arrangements shall-</p> <p>(d)specify the procedure to be followed where a domiciliary care worker acts as an agent for, or receives money from, a service user</p> <p>The requirement relates to financial ledgers maintained within the agency.</p> <p>The registered person is required to ensure that a standard financial ledger format is used to clearly and accurately detail transaction for patients. This format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or a withdrawal, the amount; the running balance of the patient's cash total held and the signatures of two persons to verify the entry in the ledger. The record should reflect the amount of a withdrawal and the return of change (if any), not the amount of money spent, as receipts should be available to verify this. If a receipt is not available for expenditure, the record should be annotated to reflect this.</p> <p>Records made on behalf of service users must be legible and any mistakes appropriately dealt with on the face of the ledger i.e.: a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry. Correction fluid must not be used.</p> <p>Action taken as confirmed during the inspection: The agency's financial policy outlines the procedures for staff handling service users' money.</p> <p>The agency maintains a record for each individual service user it details transactions, the date of the transaction, a description of the transaction, amount credited or debited and what the remaining balance is. Where appropriate receipts are retained.</p> <p>From records viewed it was identified that correction fluid had not been used.</p>	<p>Met</p>
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<p>Requirement 11</p> <p>Ref: 14(c)(d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided –</p> <p>(c) so as to promote the independence of service users.</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to ensuring that individual arrangements for service users to access their money and valuables are implemented.</p> <p>The registered person must engage with HSCTrust representatives for guidance in this regard where appropriate.</p> <p>The details of individual arrangements for service users should be documented in the service users' records. A review of the appropriateness of individual arrangements for service users should be carried out on a regular basis.</p> <p>Action taken as confirmed during the inspection:</p> <p>The agency has in place individual support plans which detail the support required to manage their finances.</p> <p>Capacity assessments have been completed for a number of service users in conjunction with the HSC trust.</p>	<p>Met</p>
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5.3 Theme 1 - Staffing Arrangements

Suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism to ensure that appropriate pre-employment checks are completed; the manager stated that the record is retained by the agency's human resources department and a profile which includes a photograph is forwarded to the agency. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency; it includes their role and signature. Prior to employment staff are required to complete a medical; the manager could describe the process for managing absence from work and return to work.

The agency's induction policy outlines the induction programme lasting at least two weeks which also includes shadowing staff members in the service users' homes; staff could confirm

that they had received induction prior to delivering care and support. A record of the induction provided to all staff is maintained; it details information/ training provided during the induction and probation period. Staff are provided with a handbook and induction booklet and have access to the agency's policies and procedures. Staff are required to complete the Induction Foundation Framework (IFF) in the initial nine months of employment; they receive regular supervision during their induction period and a record is maintained. The inspector viewed the agency's probationary policy.

The agency has a procedure for the induction of short notice/emergency staff; they have a procedure for verifying the identity of all supply prior to their supply; the documentation was viewed by the inspector.

The agency has policies and procedures in place for staff supervision and appraisal they outline the frequency and process to be followed; staff are provided with a supervision contract. Records are maintained of supervision and appraisal and indicated that they are completed in accordance with the agency's policies and procedures. A matrix is maintained which details dates of staff supervisions. Staff undertaking supervision stated that they have received appropriate training.

Is Care Effective?

Discussions with the manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rotas viewed reflected staffing levels as described by the manager. The agency has a process in place to ensure that staff provided from another agency have the knowledge, skills and training to carry out the requirement of the job role. The agency's staff allocation record details where staff are required to work during their shift; it was noted that records are audited weekly by the manager.

The inspector viewed the agency's staff rota for the forthcoming days and staff were allocated shifts as required.

Agency staff are provided with a job description during their induction which outlines the roles and responsibilities of their job role; staff could describe their roles and responsibilities.

Staff could describe the detail of their induction program and stated that they felt equipped to complete the requirements of their job role. The induction record maintained details records the detail of any supervision/ competency assessments completed with staff during the induction period and identifies areas for improvement.

The agency's policy details the frequency of supervision and appraisal; staff stated that they receive four to six weekly supervision and annual appraisal with a six monthly review; they stated that they are encouraged to highlight any training needs at any time. Those providing supervision have received appropriate training.

The agency provides mandatory training to all staff; it was noted that staff also receive training specific to the needs of individual service users. The agency's electronic training system identifies when training is required to be updated.

Staff were aware of the whistleblowing policy and their responsibility in highlighting concerns.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives at tenant's meetings/family meetings in relation to staffing arrangements and new staff; records viewed recorded comments made.

Staff could describe the impact of staff changes on service users; the manager stated that the agency endeavours to maintain continuity of staff.

Induction records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that they had the appropriate knowledge and skills to carry out their job roles; they described how their induction included meeting service users and becoming familiar with their care and support. Service users can decline to receive care and support from staff; those who met with the inspector stated that their privacy and dignity is respected at all times.

The manager could describe the agency's procedure for managing unsatisfactory performance of a staff member. The manager stated that staff covering in the absence of the manager have undertaken a competency assessment.

Service User Comments:

- "The staff are good"
- "If I am happy here"
- "I talk to the staff"
- "The staff are very attentive"

Staff Comments:

- "I receive supervision; it is brilliant"
- "If I have any concerns I can speak to the team leader"
- "I received induction at the start of my employment"
- "We have monthly team meetings"
- "There are opportunities for further development"
- "There is good teamwork and communication"

Relatives' Comments:

- "I am happy with things"
- "I speak to the manager if I am worried about anything"
- "Staff are good to xxxxxx"
- "xxxxxx life is better"
- "Staff are very approachable"
- "My relative makes their own rules"
- "Staff inform me of any concerns"

Areas for Improvement

There were no areas for improvement identified in relation to Theme 1.

Number of Requirements	0	Number Recommendations:	0
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5.4 Theme 2 – Service User Involvement

Service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments viewed reflected the views of service users and/or representatives. Service users' representatives stated that they are involved in the completion of individualised care and support plans and that their views and wishes are reflected.

There was evidence of positive risk taking in collaboration with the service user and/or their representatives. Staff develop a care plan in conjunction with service users; those viewed provided examples of positive risk taking. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as independently as possible.

Is Care Effective?

Service users care is reviewed monthly by the agency's staff; they are encouraged to participate in a review of their care and support which involves representatives for the HSC trust annually or as required. Staff record daily the care and support provided and care plans are reviewed six monthly or as required. Service users and their representatives stated that they are involved in the development of their care and support plans and views reflected. Care plans viewed detail the wishes, choices and routines of service users and contain information specific to the needs of individual service users. Staff described methods used to enable service users to communicate their views and wishes.

The agency facilitates monthly tenants meetings and quarterly family meetings; records viewed indicate that service users and their representatives are encouraged to express their views and opinions. Service users and their relatives are informed of the agency's complaints procedure the agency maintains a record of all compliments and complaints. Monthly monitoring visits are completed and documentation viewed records engagement with service users and their representatives.

Service users have been provided with the human rights booklet in an appropriate format and details of an advocacy service is contained within the agency's service user guide.

Is Care Compassionate?

The agency has a policy relating to service user participation; it details the need for service users to be consulted in relation to all aspects of their care and support. Discussions with staff, service users and relatives indicate that service users receive care in an individualised manner. Care plans viewed were written in a person centred manner.

Staff discussed examples of responding to service users' preferences; records of tenant meetings indicate the involvement of service users. The manager stated that service users are encouraged and supported to attend the tenants advisory group and the service users Quality forum to enable them to express their views on the service provided.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service user representatives.

The manager stated that the agency liaises with the HSC trust regarding best interest practices for service users where there are capacity and consent issues.

Staff Comments:

- “Service users are encouraged to express their views and opinions”
- “Service users and their relatives are involved in developing their care plans”

Relatives’ Comments:

- “I am informed of any concerns”
- “xxxx is very happy”
- “I am happy; my relative is listened to”
- “My relative can tell the staff what they want”

Service User Comments:

- “The staff listen to you”
- “Staff discuss my care; I can do what I want”
- “I am happy with everything”

Areas for Improvement

There were no areas for improvement identified in relation to Theme 2.

Number of Requirements	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

Monthly Quality Monitoring

The inspector viewed the agency’s quality monitoring documentation in place and noted that monthly monitoring visits are completed by the agency’s services manager. The registered manager stated that they prepare a weekly and monthly audit prior to the visit. Records viewed recorded the views of service users, their relatives and were appropriate relevant professionals had been recorded. The documentation details any incidents or safeguarding concerns; it was noted that an action plan is developed.

Complaints

The agency has received 16 complaints for the period 1 January 2014 to 31 March 2015; nine of the complaints related to environmental issues; this was verified from records viewed and discussion with the manager. The agency’s complaints policy outlines the procedure in handling complaints; records viewed indicated that the policy and procedures had been followed.

Number of Requirements	0	Number of Recommendations:	0
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	John Fisher	Date Completed	12/06/15
Registered Person	Peter McBride	Date Approved	12.06.15
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	12/06/2015

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to Supportedliving.services@rqia.org.uk from the authorised email address

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