



The **Regulation** and
Quality Improvement
Authority

Todd's Close

**29F Randalstown Road
Antrim
BT41 4LH**

Follow-Up Inspection – Enforcement Monitoring

28 August 2014

1. GENERAL INFORMATION

1.1 Name of Agency: Todd's Close Supported Living Service

1.2 Address: 29F Randalstown road, Antrim BT41 4LH

1.3 Telephone No: 07850650084

1.4 Fax No: N/A

1.5 Email: manager.toddclose@inspirewellbeing.org

1.6 Name of Person(s) / Partnership / Organisation Registered to Carry on the Agency:

Inspire Wellbeing Limited

1.7 Name of Person Registered to Manage the Agency:

Mrs Gillian Carr- Registered Manager (registration pending)

1.8 Type of Agency: Domiciliary Care Agency

1.9 Registration Status and Legislative Framework

Todd's Close Supported Living Service is registered as a Domiciliary Care Agency and provides supported living type domiciliary care services to individuals with a learning disability. The agency's registration number is 11075 and the agency is registered in accordance with the following:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Health and Personal Social Services (Quality Improvement and Legislation)(2003 Order)(Commencement No.4 and Transitional Provisions) Order (Northern Ireland)2007
- The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

1.10 Inspection Details

a) Type of Inspection:

Follow up Inspection – Enforcement Monitoring

b) Date and Time of Inspection:

28 August 2014
10:00-16:00

c) Agency Representatives:

Mrs Louise Smith – Services Manager, Beacon
Mr John Fisher – Deputy Manager
Ms Clayre Dickson – Deputy Manager

d) Name of Inspector:

Mrs Joanne Faulkner
Inspector/Quality reviewer

2. BACKGROUND

Todd's Close, located close to Antrim town centre, is a supported living type domiciliary care agency for adults with learning disabilities, operating under the auspices of Inspire Wellbeing Limited. The agency currently has capacity to provide care and support to 32 service users. The aim of the agency is to support service users within their own homes to live as independently as possible within their local community. The service users have a tenancy with Oaklee Housing.

Two secondary unannounced inspections of the service were undertaken on 25 June and 2 July 2014 and during the inspections a number of concerns were identified.

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.

This follow up inspection was undertaken in order to evaluate compliance with the matters documented in the following Failure to Comply Notices:

- FTC/DCA/11075/01/2014-15
- FTC/DCA/11075/02/2014-15
- FTC/DCA/11075/03/2014-15
- FTC/DCA/11075/04/2014-15

3. FINDINGS IN RELATION TO THE FAILURE TO COMPLY NOTICES

FTC/DCA/11075/01/2014-15

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

Action Required to Comply with Regulations:

The registered person must introduce a policy and procedure detailing staff entitlement to breaks whilst on duty in a service user's home. This procedure must reflect the legislative requirements of the European Working Time Directive, 2003.

The registered person must demonstrate that the policy and procedure has been implemented and that staff are familiar with it.

The registered person must introduce a process to accurately record that staff are taking breaks in line with the policy and procedure.

The registered person must ensure that there is adequate staff cover in place to ensure staff breaks are facilitated whilst at all times ensuring continuity of care to service users.

Records Examined:

- The agency's policy and procedure for staff breaks whilst on duty, (August 2013, V1).
- The agency's electronic training system
- The agency's rest breaks recording documentation
- The agency's staff rota documentation
- The agency's weekly audit record

Inspection Findings:

The inspector met with Mrs Louise Smith, Services manager, Mr John Fisher, and Ms Clayre Dickson, Deputy Managers, at the agency's registered address, 29F Randalstown Road, Antrim.

The inspector read the agency's policy for staff rest breaks. It outlines the frequency and duration of staff breaks and the procedure for staff to access breaks whilst on duty and record that they were taken. It was noted by the inspector that the procedure reflects the legislative requirements of the European Working Time Directive, 2003.

The inspector viewed a template recently introduced by the agency that provides a record of when staff had received a rest break whilst on duty in a service user's home. The inspector noted that staff are required to sign the break record sheet and record the time taken, thus indicating that a break had been taken. The inspector viewed the documentation in place from 19 August 2014 and cross referenced this information with the agency's rota information; it was noted that on the dates checked, all staff on duty had recorded that a rest break had been taken. The inspector observed that the template detailed the staff member's full name and the time of the break; it was signed by the staff member and by the area manager.

The inspector was informed by the service manager that the agency has allocated an additional staff member to facilitate staff breaks. The inspector viewed the agency's rota information and rest break template and noted that an additional member of staff had been allocated to cover breaks; this had commenced on 19 August 2014.

The inspector viewed minutes of a recent staff meeting which detailed that the content of the policy for staff rest breaks was discussed; the deputy manager, Mr

John Fisher, provided a record of all staff who had attended. The inspector viewed the agency's electronic training system and noted that staff were required to confirm that they had read and understood the policy.

The inspector spoke with two members of staff who stated that they had read the policy. They stated that they are required to take a break whilst on duty and to ensure that they record that they have availed of a break. The staff members informed the inspector that the agency has provided an area for staff breaks in the modular building on site.

Conclusion:

The inspector was satisfied that the agency had taken appropriate steps to address the actions required to comply with Regulation 13 (c).

FTC/DCA/11075/02/2014-15

The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

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;

Action Required to Comply with Regulations:

The registered person must ensure that the charges for personal care currently being paid by service users to the agency cease on or before 14 August 2014. RQIA must be provided with written confirmation on or before 14 August, that charges to service users have ceased.

The registered person must ensure that a calculation is performed which details the amount of payments made by service users to the agency in respect of fixed charges for personal care.

The registered person must provide evidence of engagement with the HSC Trusts involved in commissioning care for service users to establish a process for securing repayment due to individual service users.

Records Examined:

- The agency's correspondence with RQIA, relevant HSC Trust
- Minutes of a meeting chaired by the CEO of the organisation and the service users representatives

- Spreadsheet compiled by the agency detailing calculations of charged made to the service users by the agency for personal care
- The agency's record of service users who had cancelled standing orders for personal care charges

Inspection Findings:

At a meeting with RQIA on 14 August 2014 and in subsequent correspondence forwarded by the agency to RQIA, it was confirmed by Prof. Peter McBride, Chief Executive Officer of Inspire Wellbeing Limited that all charges made to the service users by the agency for personal care would cease as of 14 August 2014.

The inspector viewed minutes of a meeting chaired by Prof. Peter McBride with service users' representatives on 19 August 2014; it outlined the process for ceasing charges made by the agency to the service users for personal care. Service users also attended a meeting on 20 August 2014 and were informed of the decision to cease such charges.

Clayre Dickson, deputy manager, informed the inspector that agency staff have been supporting service users to visit their bank to cancel relevant standing orders since the meeting on 20 August 2014. The inspector viewed documentation that recorded the service users who had been supported by staff to cancel their standing orders. It was noted by the inspector that five service users had still to complete this process; the service manager stated that the agency planned to support those service users to visit the bank on 29 August 2014.

The registered manager contacted the inspector on 29 August 2014 to confirm that those five service users had been support to visit the relevant banks and that all standing orders were now cancelled.

During the inspection, the service manager showed the inspector a spreadsheet which recorded the calculations made by the agency detailing the amount of payments made by service users to the agency in respect of fixed charges for personal care. A copy of this forwarded to RQIA on 28 August 2014 by Inspire Wellbeing along with other relevant information pertaining to the aforementioned Failure to Comply notices issued on 18 July 2014.

The inspector viewed correspondence from the CEO of the organisation to the relevant HSC Trusts, requesting meetings to discuss the issue of charges made to service users for personal care and the process for securing repayment of monies due to individual service users.

Conclusion:

The inspector was satisfied that the agency had taken appropriate steps to address the actions required to comply with Regulation 14 (b).

FTC/DCA/11075/03/2014-15

The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

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;

Action Required to Comply with Regulations:

The registered person must ensure that at all times there are appropriate number of suitably skilled and experienced persons to meet the needs of the service users.

The registered person must ensure that records are retained which detail the identified needs of each individual service user and provide evidence that the agency is staffed to ensure service users' needs are met accordingly.

Records Examined:

- The agency's staff rota documentation
- Documentation detailing expected hours to be delivered to meet the assessed needs of the service users.
- The agency's weekly delivered hours summary sheet
- The agency's staff allocation template
- The agency's rest break template

Inspection Findings:

The inspector viewed the agency's rota information; this included the delivered rota, the staff allocation record and the agency's delivered hours weekly summary record.

The deputy manager provided details of the expected hours of care and support to be delivered to the service users by the agency; she stated that this information had been calculated in conjunction with the trust following the assessment of needs of the service users.

The inspector cross referenced the information on the rotas and the allocation sheets with the expected hours to be delivered and sampled a number of days between 18 August and 28 August 2014. The inspector noted that on the dates sampled the delivered hours were reflective of and exceeded the expected hours. The service manager stated that the delivered hours were greater to account for the additional member of staff that had been provided to cover staff rest breaks.

The inspector noted that the weekly audit documentation completed by senior staff of the Inspire Wellbeing Limited recorded that the hours delivered were reflective of the hours expected.

The deputy managers stated that the rostered rota is compiled three weeks in advance to ensure that adequate cover is provided. The service manager stated that the agency is currently recruiting additional staff. Clayre Dickson, deputy manager, stated that the needs of service users are regularly reassessed and that this may then require an adjustment to the staffing levels and the expected hours of care and support to be delivered.

The agency has recently introduced an Excel spreadsheet and the deputy managers stated that all rota information is required to be inputted into this database; this was viewed by the inspector.

Conclusion:

The inspector was satisfied that the agency had taken appropriate steps to address the actions required to comply with Regulation 16.-1 (a).

FTC/DCA/11075/04/2014-15

The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

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,

Action Required to Comply with Regulations:

The registered person must ensure that an up to date and accurate record is maintained of the details of each supply of a domiciliary care worker to a service user.

Records, including delivered staff rotas and daily staff deployment sheets, should accurately detail the names of staff and locations where staff have been on duty.

The registered person must introduce a monitoring process to ensure that records provide accurate and consistent information about each supply of staff to a service user. A record should be retained which demonstrates that this process has been completed.

Records Examined:

- The agency's staff rota documentation
- The agency's delivered hours summary sheet
- The agency's staff allocation record
- The agency's weekly audit checklist

Inspection Findings:

The inspector viewed the agency's rota information; this included the delivered rota, the staff allocation record and the agency's delivered hours weekly summary record. The inspector read the agency's procedure for completion of delivered hours which outlines the roles and responsibilities of staff within the agency in relation to accurately recording the agency's rota and staff allocation record.

It was noted by the inspector that the records viewed detailed the names of staff on duty and the allocated area they were required to work.

The agency's rota has been updated to include a glossary of abbreviations used; it clearly denotes the staff names and their job role. The service manager informed the inspector that the agency has recently introduced an Excel spreadsheet and stated all rota information is required to be inputted into this database; this was viewed by the inspector.

The allocation record details the area that staff are allocated to whilst on duty; it was noted by the inspector that staff who are required to work part of the shift in another area is recorded and details the time spent in each area. The inspector observed that the allocation records are signed by the team leader on duty at the end of the shift and by the deputy manager and the person completing the agency's weekly audit. However, the inspector highlighted that the documentation did not include a space to record full name and job role of the person signing. It is required that a separate signature line should be included for this signature and also space to record their full name and position within the organisation. A requirement has been made in relation to this issue.

The agency has introduced a weekly audit check list. This is completed presently by the senior managers within the organisation who visit the agency and examine the documentation in place in relation to the records maintained which denote the details of each supply of a domiciliary care worker to a service user. These records were available for the inspector to view.

Conclusion:

The inspector was satisfied that the agency had taken appropriate steps to address the actions required to comply with Regulation 21.–(1) (a).

The inspector will continue to monitor the agency's compliance with this Regulation and the agency is required to ensure continued compliance with legislative requirements and minimum standards.

The inspector would like to thank the agency's staff for their participation and full cooperation with the inspection process.

Enquiries relating to this report should be addressed to:

Mrs Joanne Faulkner
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Follow Up Inspection – Enforcement Monitoring

Todd's Close

28 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 Mr John Fisher, Deputy 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	21.-(1)(a)	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p style="padding-left: 40px;">(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>	One	<p>The staff allocation record has been revised to include a space to record full name, signatures and position within organisation.</p> <p>The full names and signatures were implemented on the 1st September 2014.</p> <p>A further revision of the record will include staff designation from week commencing the 29th September 2014.</p>	Two Months from the date of inspection: 28 October 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Gillian Carr
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Peter McBride

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	17 October 2014
Further information requested from provider			