



The **Regulation** and  
**Quality Improvement**  
Authority

## **PRIMARY INSPECTION**

**Name of Establishment:** Provincial Care Services Agency Limited  
**Establishment ID No:** 11077  
**Date of Inspection:** 8 and 11 September 2014  
**Inspector's Name:** Amanda Jackson  
**Inspection No:** 16601

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

<b>Name of agency:</b>	Provincial Care Services Agency Limited
<b>Address:</b>	70 Ballynahinch Road Carryduff BT8 8DP
<b>Telephone Number:</b>	(028) 9081 2288
<b>E mail Address:</b>	angela.mckeever@provincialcare.com
<b>Registered Organisation / Registered Provider:</b>	Provincial Care Services Agency Limited / Ms Ann Monica Byrne
<b>Registered Manager:</b>	Mrs Angela Eileen McKeever
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Angela Eileen McKeever
<b>Number of service users:</b>	553
<b>Date and type of previous inspection:</b>	7 January 2014 / Primary Announced Inspection
<b>Date and time of inspection:</b>	8 September 2014 09.00 to 18.00 hours Primary Unannounced Inspection  11 September 2014 Day two of inspection 09.00 to 10.30 hours
<b>Name of inspector:</b>	Amanda Jackson

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods/Process

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

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

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

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

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

### Consultation Process

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

Service users	3
Staff	5
Relatives	10
Other Professionals	1

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	40	8

### 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:

<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.

## **Profile of Service**

Provincial Care Service is a domiciliary care agency operating from a locality site based on the Ballynahinch Road in Carryduff. Service provision currently provides personal care and domestic tasks to approximately 553 service users (548 at the last inspection) with a range of conditions. Service users catered for include older people, those with physical disabilities, mental ill health and learning disabilities, living within the South Eastern Trust, Belfast Trust and the Southern Trust areas. The agency currently employs approximately 176 staff (145 at the last inspection) approximately 9 of the 176 staff are office based.

Provincial Care Service had three requirements and one recommendations made during the agency's previous inspection on 7 January 2014. Two of the three requirements were found to be 'compliant' with the remaining requirement reviewed as 'moving towards compliance'. This requirement has been carried forward into this inspection QIP. The one recommendation stated at the last inspection was found to be 'compliant'.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Provincial Care Service was carried out on 8 September 2014 between 09.00 and 18.00 hours and Thursday 11 September 2014 09.00 to 10.30 hours to further review staff recruitment files as detailed with theme three of this report. Following the two day inspection a serious concerns meeting took place on 18 September 2014 to discuss breaches in regulation regarding recruitment practices which were found not to be in compliance with regulations and standards. Evidence presented during the meeting reflected positive action taken by the agency to ensure full compliance had been re-established regarding recruitment processes.

The agency continues to make steady progress in respect of the other identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection on 29 August and 4 September 2014 and a summary report is contained within this report. Findings following these home visits were discussed with the registered manager Angela McKeever on the day of inspection.

The inspector had the opportunity to meet with five staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

**Six requirements and three recommendations have been made in respect of the outcomes of this inspection.**

### **Staff survey comments**

40 staff surveys were issued and eight received which is a disappointing response.

Staff comments included on the returned surveys included:

“The care that is provided by PSCA is of a high standard that promotes independence within the service users home. Offering a caring support system for both families and service user”

“Not getting paid bank holiday. We don’t even get any extra on xmas nights.”

“6a) Do not remember who. I completed something. General Comment: I am very happy with my work and manager.”

“5d) once a year. 5e) occasionally. General comment: Poor communication.”

## Home Visits summary

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with three service users and ten relatives between 29 August and 4 September 2014 to obtain their views of the service being provided by Provincial Care. The service users interviewed are located in Groomsport, Newry and Belfast areas, have been using the agency for a period of time ranging from approximately one to twelve years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals

The UCO was advised that care is being provided by consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. All of the people interviewed have no concerns regarding the timekeeping of the agency’s staff; however there were mixed results regarding the agency notifying service users if their carer had been significantly delayed, this would be good practice to do so when possible.

The majority of the people interviewed had no concerns regarding the quality of care being provided by the staff from Provincial Care and all were aware of whom they should contact if any issues arise. The UCO was informed that complaints had been made to the agency regarding timekeeping and quality of care; the complainants were satisfied with the outcome. Two relatives had made complaints in relation to quality of care which have not been addressed to their satisfaction and were discussed with the registered manager during the inspection day.

It was good to note that the majority of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service and that observation of staff practice had taken place. Examples of some of the comments made by service users or their relatives are listed below:

- “Having consistent carers is good; they pick on changes of conditions quickly and notify the family so they can be addressed.”
- “The carers are so friendly and chatty; we look forward to them calling.”
- “It gives peace of mind for me to know that someone will be checking on my XXX and will contact me if anything is wrong.”
- “There is very good confidentiality. The carers are locals but never talk about other clients.”
- “Couldn’t say a bad word about them.”

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the homes of six service users. During the home visits, the UCO was informed or observed that all service users were experiencing restraint in the form of bed rails; the use of such was documented in the files of four service users. The matter was discussed with the registered manager during the inspection day and has been requested for attention to ensure that a copy of the service user's risk assessment is held within all service user's file.

Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. All visits by carers are to be recorded on log sheets which are held in the service user's home and it was good to note that there were no issues to be addressed.

During the home visits, the UCO was advised that one service user is receiving assistance with medication by the carers from Provincial Care; however this was not part of the service user's care plan or risk assessment. The above matter was discussed with the registered manager during the inspection day and has been requested to amend the documentation as required.

## Summary

### Theme one - Management and control of operations

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

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

The agency's 'Management and control of the agency policy dated 10 March 2014' and 'Statement of Purpose' dated 01 January 2014 viewed contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager Angela McKeever during inspection supported a process of training in place. Review of records for the manager and two management staff did not support a process in place for mandatory training consistent with the RQIA mandatory training guidelines 2012 as this has not been implemented to date by the agency. All areas of training including supervision and appraisal and associated competency assessments have been requested for review.

Review of appropriate supervision and appraisal processes for all management staff were confirmed during inspection.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update during inspection to clearly reference the numbers of service users, relatives, staff and commissioners spoken with during quality monitoring and to include an area for staff competence matters as appropriate.

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



Two requirements and two recommendations have been made in relation to this theme and relate to registered manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3) and 13(b), and the revision of the associated policy, procedure and programme. Revision to the staff supervision and appraisal policy to include management staff in line with Standard 13.2 and review of the monthly monitoring report in compliance with Standard 8.11.

## **Theme 2 - Records management**

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

The agency has a policy and procedure in place on 'Recording and reporting care practices' dated 10 January 2014 which was found to be satisfactory and in line with standard 5 and contained guidance for staff on this subject.

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

The agency has a policy and procedure in place on use of restraint dated 29 August 2014 which was reviewed as satisfactory.

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

The agency has a policy or procedure on 'Handling Service Users Monies' dated 30 September 2014 which outline clearly the agencies non involvement in service user financial matters. The policy also clearly details were such an occasion may arise that staff should notify their manager without delay.

Two requirements and one recommendation have been made in relation to this theme and relates to staff training compliant with the RQIA mandatory training guidelines 2012, updating of service user risk assessment information and accurate daily recording (Regulation 21(2) and staff supervision in place compliant with standard 13.3.

## **Theme 3 – Recruitment**

The agency has achieved a level of **Moving towards compliance** in relation to this theme.

Review of the agency policy and procedure dated 29 August 2014 confirmed compliance. Review of two recruitment records on 8 September did not confirm compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2 in accordance with the agency recruitment policy.

Review of three additional recruitment files (more recently recruited staff members) on Thursday 11 September 2014 took place and confirmed general compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2 with exception to varied dates in a contract for one staff member and confirmation of a referee in a second file. Both matters were attended with immediate attention and presented for review during the serious concerns meeting which took place on Thursday 18 September 2014 at RQIA.

One requirement has been made in respect of this theme.

**The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.**

**Follow-Up on Previous Issues**

<b>No.</b>	<b>Regulation Ref.</b>	<b>Requirements</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Number of Times Stated</b>	<b>Inspector's Validation of Compliance</b>
1	Regulation 16 (1) (b) and Regulation 21 (1)	The registered person / manager is required to update the staff meeting policy and procedure templates and ensure appropriate implementation of the revised templates across all staff teams and trust areas. This will aim to enhance shared staff learning.	The policy and procedure templates dated 12/05/2014 for staff attendance and standard agenda were reviewed as appropriate during inspection together with evidence of staff meetings taking place consistently across all locality areas once in 2014. A further date for staff meetings was evidenced on the agency staff meeting planning calendar for October/November 2014. At this time the agency will review staff attendance at team meetings and any discrepancies in those staff failing to attend were appropriate.	Third	Compliant
2	Regulation 23 (1)	The registered person/manager is required to ensure all vulnerable adult cases are referenced within the monthly quality report.  (Minimum standard 8.11)	Review of three monthly monitoring reports for June, July and August 2014 clearly evidenced an ongoing vulnerable adult matter aligned to the agency and actions being taken. The agency has recently added an additional section to the monthly report template specifically for vulnerable adult matters and this is to be commended.	Once	Compliant

<p>3</p>	<p>Regulation 22</p>	<p>The registered person / manager is required to ensure all complaints are managed appropriately and records maintained to support the process.</p> <p>(Minimum standard 15.10)</p>	<p>The agency has received two complaints during 2014 since the previous inspection in January 2014. Review of both complaints evidenced a range of records from both the trust quality monitoring personnel and the agency and included staff statements in respect of both matters. The inspector did however raise concern (as per the previous inspection) that it remained difficult to follow the sequence of events in both matters. In one complaint there appeared to be a time delay in addressing the matter and there was no evidence of a satisfactory conclusion to the matter. Staff statements in some cases were not dated and signed and there were also two staff statements for some matters with differing information yet completed by the same staff members. Discussion with Angela McKeever (registered manager) during inspection confirmed that Angela agreed with the inspector findings. Angela has been required to address the shortfalls within the two complaints reviewed including all correspondence and a clear sequence of events. The inspector has further required the next three complaints to be forwarded to RQIA for review to ensure compliance with Regulation 22 and Standard 15.</p>	<p>Once</p>	<p>Moving towards compliance</p> <p>To be commenced with immediate effect from the date of inspection.</p>
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 5.3	It is recommended that the registered manager reviews the current staff induction programme and on-going training programme to ensure staff are provided with guidance on the matters that need to be recorded and reported to the registered manager.	<p>Review of new recording and reporting induction and ongoing training materials introduced since the previous inspection were found to be compliant. The induction and ongoing training reflect the same information regarding key points for staff to remember and include the agency policy and procedure on this matter.</p> <p>Review of one staff member record during inspection evidenced appropriate action taken by the agency in addressing poor practice in this area.</p>	Once	Compliant

<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>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Registered Manager completes a minimum of 90 hours of study, training, courses, reading or by viewing relevant internet pages which contribute to the development of the profession as a whole in line with the NISCC continuous Learning and Development Standards</b></p> <p><b>Registered Manger has completed mandatory training to ensure that they are up to date in all areas relevent to the management of provision of care services in line with the RQIA Guidance on Mandatory training.</b></p> <p><b>Additionally the Registered Manager has just under taken and completed the QCF Level 5 Diploma in Leadership for Health and Social Care Service.</b></p>	<p>Compliant</p>

Inspection Findings:	
<p>The statement of purpose dated 01 January 2014 and the policy on Management and control of the agency dated 10 March 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person Monica Byrne, registered manager Angela McKeever, together with the office managers, area managers, key workers and all other staff including management and care staff.</p>	<p>Complaint</p>
<p>Training records and associated competency records for the registered manager Angela McKeever were found not to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). Angela confirmed that training is attended by both herself and management staff however a training file has not to date been maintained for management staff.</p> <p>The manager has completed training in the areas of supervision and appraisal as part of her level 5 course and this was reviewed within course module materials during inspection.</p> <p>Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers.</p>	<p>Moving towards compliance to be completed three months from the date of inspection</p>
<p>The registered manager Angela McKeever has just completed a City and Guilds Level 5 Diploma in leadership for health and social services (QCF) and this is to be commended in keeping abreast of developing areas in domiciliary care.</p>	<p>Compliant</p>
<p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from 2014 to 2017.</p>	<p>Compliant</p>

<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>The Registered Manager systematically audits working practices within the agency by a number of methods to ensure the work is consistent, action is taken when necessary.</b></p> <p><b>All medication errors and incidents are recorded and reported in accordance with Provincial Cares procedures to the appropriate authorities.</b></p> <p><b>The effects of training on practice and procedures are evaluated as part of quality improvment.</b></p> <p><b>Staff appraisal are carried out annually to review performance against their job description and agree personal development in accordance with the procedures.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency Supervision and appraisal policy and procedure dated 10 October 2014 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is required in this respect.</p>	<p>Moving towards compliance</p> <p>To be completed one month from the date of inspection</p>



<p>Appraisal for the manager currently takes place on an annual basis and was reviewed for 2013 and 2014 for the registered manager Angela McKeever. Supervision also takes place twice annually and again this was referenced within the managers records during inspection.</p> <p>The inspector reviewed the agency log of two incidents reported through to RQIA over the past year (two vulnerable adult incidents). Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the vulnerable adult matters within appropriate timeframes.</p> <p>Monthly monitoring reports completed by the registered person were reviewed during inspection for June, July and August 2014 and found to be detailed, concise and substantially compliant. Recent revision of the report template to include a specific section on vulnerable adult matters was commended during inspection. The inspector did however note that the numbers of service users, relatives, staff and commissioners being spoken with were not being consistently recorded on the report templates and this was discussed for attention during the inspection. The inspector also recommended inclusion of staff competency matters within the monthly report as appropriate.</p>	<p>Compliant</p> <p>Compliant</p> <p>Substantially compliant</p> <p>To be completed one month from the date of inspection</p>
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<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>The Registered Manager ensures that no domiciliary care worker is supplied by the company unless he or she has the experience and skills necessary for the work they are to perform.</b></p> <p><b>All staff are fully trained however when necessary, training in specific techniques is provided by a qualified healthcare professional.</b></p> <p><b>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</b></p> <p><b>Managers and supervisory staff are trained in supervision and performance appraisal for all staff within the company.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency holds a training and development policy and procedure dated 29 August 2014 which sits alongside the annual training programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 with exception to inclusion of training in Managing service users monies, restraint and fire safety which have been required/recommended for inclusion in the policy and training</p>	<p>Substantially compliant</p> <p>To be completed two months from the date of inspection</p>

<p>programme.</p> <p>Training records and associated competency records for two randomly selected area managers (Sarah Wright and Sonya Portersfield) were found not to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). Angela McKeever (registered manager) confirmed that training is attended by both herself and management staff however a training file has not to date been maintained for management staff (as previously detailed under theme one criteria one of this report).</p> <p>Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers</p> <p>One of the two office managers Sarah Wright has also completed training in the areas of supervision and appraisal within the Level 5 QCF qualification and this was reviewed during inspection. The areas of supervision and appraisal are recommended to be evidenced in all other management staff records.</p>	<p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p> <p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p>
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<p><b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</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>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The Registered Manager systematically audits working practices within the agency by a number of methods to ensure the work is consistent, action is taken when necessary.</b></p> <p><b>All medication errors and incidents are recorded and reported in accordance with Provincial Cares procedures to the appropriate authorities.</b></p> <p><b>The effects of training on practice and procedures are evaluated as part of quality improvment.</b></p> <p><b>Staff appraisal are carried out annually to review performance against their job description and agree personal development in accordance with the procedures.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency Supervision and appraisal policy and procedure dated 10 October 2014 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is required in this respect.</p>	<p>Moving towards compliance</p> <p>To be completed one month from the date of inspection</p>

<p>Appraisal for the area managers currently takes place annually and was reviewed during inspection for the two randomly selected area managers for 2013 and 2014.</p> <p>The current monthly monitoring reports do not provide comment on management staff matters and competence should they arise and this was discussed during inspection with the registered manager Angela McKeever for future consideration (as required).</p>	<p>Compliant</p> <p>Not applicable</p>
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<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

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

**THEME 2  
Regulation 21 (1) - Records management**

**Criteria Assessed 1: General records**

**COMPLIANCE LEVEL**

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>All records are maintained and kept up to date, in good order and in a secure manner. These records are available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</b></p> <p><b>The Registered Manager ensures that the management team/keyworkers ensure that records referred to in paragraph (1) regarding the service user plan is detailed of the services provided to the service user and are kept up to date at the service users home and kept in good order in an agreed place.</b></p> <p><b>The Monitoring Manager/ Area Managers and or Keyworkers ensure that the records maintained in the service user home diary contain; the date and time of arrival/departure of every visit carried out, a record of what tasks are done, any changes to circumstances or changes to care plans, any accidents / near misses or incidents occurring and actions taken.</b></p> <p><b>Since January 2014 recording and reporting training included on our training schedule on a bi-annual basis for all staff this training includes signing off of the company policy.</b></p> <p><b>All records are legible, accurate and up to date and signed by the person making the entry.</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency policies on Recording and reporting care practices dated 10 January 2014, Handling service user's monies dated 30 September 2014 and the Restraint policy dated 29 August 2014 were all reviewed during inspection as compliant. The staff handbook reviewed also detailed all of the above areas.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>• Daily evaluation recording which is logged within an annual hard back diary under each day page.</li> <li>• Medication administration is detailed on the daily evaluation recording.</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> <p>All templates were reviewed as appropriate for their purpose.</p>	<p>Compliant</p> <p>Compliant</p>

Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2013/14. Staff supervision records for 2013-14 were also reviewed as compliant within two of the three staff files reviewed. The third file has been requested to be brought into compliance with the agency supervision policy timeframes. One staff competence issues arising as referenced earlier in this report under recommendation one within the follow up section was confirmed as compliant.

Substantially compliant

To be completed one month from the date of inspection

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 moving towards compliance in these areas. A number of areas were found not to be up to date and are required for review.

Moving towards compliance

To be completed two months from the date of inspection

Angela McKeever (registered manager) discussed records management as a regular topic for discussion during staff meetings/group supervision, review of the most recent staff meeting minutes across all locality areas for April/May 2014 evidenced this topic.

Compliant

Review of six service user files prior to the inspection by the UCO confirmed appropriate recording in the general notes and medication records. One care plan and risk assessment was noted to be out of date regarding medication being given and this was discussed during the inspection day with Angela McKeever (registered manager) for attention.

Substantially compliant

To be completed with immediate effect

Review of six service user records prior to the inspector visit and discussion with Angela McKeever (registered manager) during inspection confirmed that restraint is in place for a number of service users in respect of bedrails. Review of six service user files during the UCO visits evidenced documentation in this respect within four of the six files reviewed. This again this was discussed during inspection with Angela McKeever (registered manager) for attention within all service user files.

Substantially compliant

To be completed with immediate effect



<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>Currently the company does not provide this arrangement, however staff are given a training at induction and again annually on Managing service user money as part of the mandatory training requirements set out by the regulators.</b></p>	<p>Not applicable</p>
<p><b>Inspection Findings:</b></p>	
<p>Review of the care plans during the UCO home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO.</p>	<p>Not applicable</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b>                  Provider to complete</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b>                  Substantially compliant</p>
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<b>THEME 3 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>	

<p><b>Provider's Self-Assessment:</b></p> <p>The Registered Manager/ Provider ensures that no domiciliary care worker is supplied by the company</p> <p>During interview process the interviewer will review the applicant’s identity check for two references with one being the most recent employer, review gaps in employment and review previous employments history paid or voluntary. The interviewer will check the Access NI is complete with the relevant forms of ID and submit these to Access NI.</p> <p>All offers of employment are subject to receipt of two satisfactory references, an acceptable Enhance Disclosure Certificate from Access NI, confirmation of any professional qualifications and satisfactory completion of the company’s Induction Training programme. During this training the applicant will then complete our occupational health questionnaire.</p> <p>If in the event of the Enhanced Disclosure Certificate indicates that the applicant is disqualified from working with our client groups, the information is confirmed as valid with the applicant and we would advise the applicant we suspect that a possible offence has been committed by their applying for the post and proceed to refer the matter to Access NI, PSNI, RQIA and the Independent Safeguarding Authority for consideration of further action.</p> <p>Before making an offer of employment the Manager must ensure the employees details are correct on the computer system and their personnel file contains the required documents as set out with in Standard 11.2.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Review of the staff recruitment policy dated 29 August 2014 confirmed compliance with regulation 13 and schedule 3.</p> <p>Review of five 2014 staff recruitment files during inspection confirmed partial compliance with Regulation 13, Schedule one and standards 8.21 and 11.2. Areas of non compliance reviewed during inspection included:</p> <ul style="list-style-type: none"> <li>• Appropriate references</li> <li>• Full employment history and explanation of gaps</li> <li>• Valid car insurance</li> <li>• Staff contract</li> <li>• Job description</li> </ul>	<p>Compliant</p> <p>Moving towards compliance</p> <p>To be completed with immediate effect.</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete

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

## **Additional Areas Examined**

### **Complaints**

The agency completed documentation prior to the inspection in relation to eleven complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector chose not to review 2013 complaints during this inspection given that a 2013 complaint was reviewed during the previous inspection in January 2014 and a requirement made at that time. The inspector reviewed the two complaints received during 2014 during the agency's inspection and confirmed all records not to be compliant as previously discussed at requirement three within the follow up section of this report.

**Moving towards compliance – To be commenced with immediate effect from the date of inspection.**

### **Additional matters examined**

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

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Monica Byrne (Registered person), Angela McKeever (Manager) and Aisling Byrne (area manager)** as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



**Quality Improvement Plan**

**Unannounced Primary Inspection**

**Provincial Care Services Agency Limited**

**8 and 11 September 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 **Monica Byrne (registered person), Angela McKeever (registered manager) and Aisling Byrne (area 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	Regulation 22	<p>The registered person / manager is required to ensure all complaints are managed appropriately and records maintained to support the process.</p> <p>(Minimum standard 15.10)</p> <p>As discussed within requirement three within the follow up section of this report and within the additional areas section at the end of this report.</p>	Twice	All complaints received will be logged chronologically with a clear sequence of events maintaining records including outcomes to support the process.	To be commenced with immediate effect from the date of inspection.
2	Regulation 11(1) Regulation 11(3)	<p>The registered person / manager is required to ensure all training records and associated competency records for the registered manager and management staff are compliant with Regulation 11(1) Regulation 11(3), Standards 8.17, 12.6 and the RQIA mandatory training guidelines (2012) and include management training in the areas of supervision and appraisal in accordance with standard 13.1.</p> <p>As discussed within theme one, criteria one and three of this report.</p>	Once	Training folders to record and evidence training records and associated competency records have been created and will be completed by 09/12/2014 to comply with Regulation 11(1) Regulation 11(3), Standards 8.17, 12.6 and the RQIA mandatory training guidelines (2012) and include management training in the areas of supervision and appraisal in accordance with standard 13.1.	To be completed three months from the date of inspection



3	Regulation 13(b)	<p>The registered person / manager is required to ensure the training and development policy, procedure and programme of training are revised to include all areas of training compliant with the RQIA mandatory training guidelines (2012)</p> <p>As discussed within theme one, criteria three of this report.</p>	Once	The registered manager has revised and updated the training and development policy, procedure and programme of training to include all areas of training compliant with the RQIA mandatory training guidelines (2012).	To be completed two months from the date of inspection
4	Regulation 16(2)(a)	<p>The registered person / manager is required to ensure all staff training is up to date and clearly referenced within staff training files.</p> <p>(Minimum standard 12.3 and 12.7)</p> <p>As discussed within theme two, criteria one of this report.</p>	Once	Staff training files are undergoing a full audit and a revised overview table is to be reinserted into them all to clearly reference what training has been completed and the further date for updates. This is planned to be completed by 16/11/2014	To be completed two months from the date of inspection
5	Regulation 21(2)	<p>The registered person / manager is required to ensure all service user records are accurate and up to date and include appropriate risk assessment information in respect of restraint.</p> <p>As discussed within theme two, criteria one of this report.</p>	Once	All managers have been made aware of the requirement to ensure all service user records are accurate and up to date including appropriate risk assessment information in respect of restraint with immediate effect.	To be commenced with immediate effect from the date of inspection.

6	Regulation 13 and Schedule 3	<p>The registered person / manager is required to ensure all staff recruitment is compliant with Regulation 13, Schedule 3 and Standard 8.21 and 11.2.</p> <p>As discussed within theme three, criteria one of this report.</p>	Once	<p>Application form has been amended: It now includes 'Month/Year 'with an example. Created an additional sheet for extra employment history.</p> <p>Additional section added to clearly capture applicant nok name; address; relationship to applicant and contact numbers.</p> <p>Updated application form section Special Requirements to state 'Two satisfactory written references, one of which is from the applicant's <b>present</b> or <b>most recent employer.</b>'</p> <p>All references requests cover letter and/or email bodies are now been printed and held in the personnel files</p> <p>.</p> <p>Any references received are to be cross referenced with the application form to ensure one of which is from the applicant's <b>present</b> or <b>most recent employer.</b>'</p> <p>In the event of receiving a reference form someone other than the named person a phone call is to be made to verbally check that person is in a position to give the reference. Follow up call is noted onto the reference form.</p> <p>All references received are to be date stamped, scanned, sorted to team share folder and passed to registered manager to verify prior to going in to files.</p> <p>Amended interview form to now include a dark</p>	To be commenced with immediate effect from the date of inspection.

				box to prompt the interviewers to ensure they obtain dates of previous employment as per application form and log gaps in employment history and reasons for gaps here prior to commencing with interview.	
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**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 13.2	<p>The registered person / manager is recommended to review the agency supervision and appraisal policy to include arrangements for management staff.</p> <p>As discussed within theme one, criteria's two and four of this report.</p>	Once	The agency's Supervision and Appraisal Policy has been revised and updated to include arrangements for management staff.	To be completed one month from the date of inspection
2	Standard 8.11	<p>The registered person / manager is recommended to review the monthly quality monitoring report to include the numbers of service users, relatives and staff spoken with during this monitoring process. The report is also recommended to detail any staff competency matters as appropriate.</p> <p>As discussed within theme one, criteria two of this report.</p>	Once	The agency's monthly quality monitoring report has been revised to include the numbers of service users, relatives and staff spoken with during this monitoring process. The report additionally has had a section added to detail any staff competency matters.	To be completed one month from the date of inspection
3	Standard 13.3	<p>The registered person / manager is recommended to ensure all staff supervisions are up to date and compliant with the agency policy and procedure timeframes.</p> <p>As discussed within theme two, criteria one of this report.</p>	Once	All managers have been reminded of the agency's supervision timeframes and to record the reason if an employee does not receive their supervision within the agency policy timeframe, this procedure will be spot audited by either the registered person	To be completed one month from the date of inspection

				or manager.	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	A E McKeever
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	A M Byrne

<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	A.Jackson	03/11/14
Further information requested from provider			