



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Loughgall DCA**

**03 February 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 03 February 2016 from 10.00 to 17.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	4

The details of the QIP within this report were discussed with the Hilary McCamley (Supported Housing Manager, Mental Health Support and Recovery) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Southern HSC Trust/Mrs Paula Mary Clarke	<b>Registered Manager:</b> Teresa O'Neill (Acting Registered Manager)
<b>Person in charge of the agency at the time of Inspection:</b> Hilary McCamley (Supported Housing Manager, Mental Health Support and Recovery).	<b>Date "Acting" Manager Registered:</b> 01 February 2016
<b>Number of service users in receipt of a service on the day of Inspection:</b> 09	

### 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 and theme 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:

Prior to inspection the following records were analysed:

- Previous inspection report/QIP dated 15 January 2015.

During the inspection the inspector met with the Supported Housing manager, mental health support and recovery, who was in charge of the agency.

The following records were viewed during the inspection:

- Agency registration certificate.
- Three care and support plans
- Care records
- Monthly quality monitoring reports
- Minutes of service users' meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Recruitment policy
- Induction policy/procedure
- Induction records
- Staff Handbook
- Supervision policy
- Staff register/information
- Disciplinary policy
- Agency's staff rota information.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the Loughgall Domiciliary Care Agency was an unannounced care inspection dated 15 January 2015. The completed QIP was returned to RQIA and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 15 January 2015.

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 14</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>(b) so as to safeguard service users against abuse or neglect;</p> <p>The registered person is required to outline to RQIA the proposed alternative arrangements for ensuring that service users do not pay the electricity costs associated with the registered office. The registered person must also identify any over payments made by service users in relation to the office electricity costs and forward to RQIA plans for reimbursing service users.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager advised that this matter had been addressed and that arrangements of costs for reimbursement to service users have been estimated.</p>	

Previous Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 5.2</p>	<p>It is recommended that the agency maintains records as specified in Minimum Standard 5.2.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Three care records examined showed care interventions provided at each visit was recorded within daily notes.</p>	

### **5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

#### **Is Care Safe?**

The agency's Recruitment Policy (July 2013) contained information to ensure that appropriate employment checks are completed. Staff employment records are retained in the HSC Trust Human Resource Department. The agency maintains an alphabetical index of all domiciliary care staff employed. The manager confirmed that prior to commencing employment all staff is required to have an occupational health medical check.

All new agency staff is required to undertake a period of induction in keeping with the agency's induction policy/procedure dated July 2013. Staff confirmed that the programme lasts up to at least one month but is generally longer to ensure that all areas are covered and objectives met. The agency's induction programme includes mandatory training, reading/reflecting on policies/procedures, communication systems understanding their role and function within the care/support environment, multi-professional collaboration and various emergency procedures.

Policies and procedures held were retained electronically and in hard copy format. It was recommended that hard copies retained should be cross referenced with those held electronically to ensure only current publications are retained and available to staff.

Staff confirmed they were provided with a handbook and have access to all policies and procedures and receive regular supervision during their induction period with an evaluation record maintained. Three staff records viewed contained signed evidence of their induction programme.

The agency's Disciplinary Policy/Procedure, dated 01 April 2015, outlines the process for addressing unsatisfactory performance of staff.

Four service user satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated they were satisfied with staffing levels. One respondent commented that "some staff is more helpful than others and more understanding of my need". All respondents indicated satisfaction that staff helps them to feel safe and secure.

Three staff satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated they were satisfied that the care provided was safe; that there was at all times an appropriate number of suitably skilled and experienced staff to meet the needs of service users. Respondents also indicated they were satisfied that they and the agency operate in a person centred manner and that they would be taken seriously if they were to raise a concern.

#### **Is Care Effective?**

Staff confirmed they were satisfied that the arrangements for service user involvement within the service were effective. Examination of staff duty rosters reflected staffing levels as described by the manager and staff. Appropriately trained staff was included on each shift.

Staff were clear about their roles and responsibilities and described having knowledge of the service users care and support. Staff confirmed that they had access to all policies including

the whistleblowing policy (2015). It was noted that staff receive a verbal handover at the commencement of shift and can access written records to update their knowledge of the service user and receive notification of duties to be completed.

Staff described receiving formal one to one supervision six-eight weekly and sometimes group supervision at team meetings. The agency's supervision policy was dated 2011 with review dated 2013. Records of supervision were retained within individual staff files. The development of a staff supervision matrix for ease of access to supervision dates and forward planning would be useful to the manager for monitoring purposes and forward planning. One recommendation was made in regard to review of the supervision policy dated 2011.

Mandatory staff training was discussed with the manager who stated that certificates of attendance were held within individual staff files. It was noted that Fire drill was not recorded and unrecorded dates in other training was noted against some staff names. Fire safety training was planned for 24 February 2016 and 2 March 2016. Review of mandatory training matrix should be undertaken to ensure records retained are kept up to date.

Discussion was held with the senior support worker regarding the agency's policies and procedures which were retained in hard copy format and electronically. It was recommended that hard copies of policies/procedures retained should be cross referenced with those held electronically to ensure only current publications are retained for staff reference.

Four service users' satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated that they felt staff knew how to care for them and responds to meeting their needs.

### **Is Care Compassionate?**

Staff confirmed that staffing arrangements and any associated issues or concerns raised by service users or their representatives are discussed at the monthly service users meetings.

The manager explained that the agency endeavours to provide continuity of staff to service users and that they are always informed of the details of new staff being provided to support them; service users who spoke to the inspector stated that they are always introduced to new staff.

Staff described the process for meeting each service user's needs and described the importance of respecting the privacy, dignity and choices of service users. Service users stated that staff respects their privacy, wishes and dignity.

Induction and training records viewed indicated that staff receive training specific to the needs of individual service users. Staff stated that they had the appropriate knowledge and skills to fulfil the requirements of their role. Service users indicated that they felt staff supplied had the knowledge and skills to provide the required care and support to meet their needs.

The agency's disciplinary policy and procedure dated 01 April 2015 outlines the process for addressing unsatisfactory performance of staff.

Four service users' questionnaires were returned to RQIA following the inspection. Respondents indicated that they felt satisfied with the care and support provided by staff and that their views and opinions are sought about the quality of the service.

Three of the staff satisfaction questionnaires distributed were completed and returned to RQIA following the inspection. Respondents indicated satisfaction in all areas and that the provision of care was compassionate; respondents were satisfied that service users receive care and support from staff who are familiar with their care needs; service users have their views and experiences taken into account in the way service is provided and delivered and that service users views are listened to by staff.

### Areas for Improvement

Recommendations made related review of policies and procedures.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

### Is Care Safe?

The manager advised that prior to providing care to individual service users the agency receives a range of multi-disciplinary assessments from the HSC Trust. Assessments of need and risk assessments viewed reflected the views and choices of service users and where appropriate their representatives.

One service user who spoke to the inspector stated that they are involved in developing their care and support plans and that they are encouraged to express their views and can choose the care they receive. No issues or concerns were expressed or indicated.

Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible; they could describe a range of positive risks that service users are supported to take. Risk assessments are completed in conjunction with service users and their representatives.

### Is Care Effective?

Service users and where appropriate their relatives are encouraged to participate in an annual review of their care involving representatives for the HSC Trust. Staff records the daily care and support provided and care plans are reviewed following the annual review or as required; staff also complete a monthly report for each individual service user. Service users stated that they meet with their keyworker regularly to discuss their needs.

Two care support plans examined were discussed with the manager as there was limited detail noted in regard to the interventions required to meet each identified need. The provision of staff update training in care planning was discussed. Daily recorded evaluations of care provided showed the arrival time of each visit was recorded by agency staff. However, the departure time was not recorded. Recommendation was made in regard to specific recording of the agreed intervention required to meet each identified need and the recording of departure times by agency staff.

The agency facilitates monthly service user meetings; records of meetings viewed indicated that service users are encouraged to express their views and opinions and that their wishes

and choices are respected. Service users and their relatives are informed of the agency's complaints procedure; the agency has a process for maintaining a record of all compliments and complaints.

Monthly quality monitoring visits were conducted; documentation viewed indicated engagement with staff, service users and where appropriate their representatives.

The agency's 'Service User Charter' includes human rights information in a suitable format; a number of service users are currently availing of the support of an independent advocate.

### **Is Care Compassionate?**

Discussions with staff and service users indicated that care is provided in an individualised manner. One service user confirmed that they are consulted about the care they receive and stated that they can refuse any aspect of their care and support. The service user could describe the agreed care and support that they receive from the agency's staff.

The staff described the agency's process for engaging with service users and their representatives where appropriate. Staff described examples of responding to service users' wishes; records of tenant's meetings indicated the involvement of service users and where appropriate their representatives.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. It was noted that the agency provides service users with information on human rights in an appropriate format.

The manager could describe the process of liaising with the HSCT care management team and relatives regarding best interest practices for service users who are identified as having capacity issues.

The agency's response to complaints and comments made by service users and/or their representatives indicates that views are taken into account and responded to them.

### **Service User Comments:**

- "Staff listen to me; they are good, very helpful".
- "Staff talks to me about my care plan and I feel the care is excellent".
- "I spend my money on what I want".

### **Areas for Improvement**

There was one area identified for improvement within Theme 2. Improvement in recording of full details of interventions to meet each identified need within care support plans and the recording of departure times by agency staff.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 5.3 Additional Areas Examined

### 5.5.1 Monthly Quality Monitoring

The agency's monthly quality monitoring reports were examined. Reports contained the views of staff, service users, relatives and where appropriate relevant professionals. The record details any incidents or safeguarding concerns; staffing issues, staff supervision, staff training, environmental issues and outcome of a financial audit.

### 5.5.2 Complaints

The agency had received no complaints for the period 01 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the registered manager.

#### Areas for Improvement

No areas were identified for improvement within the additional areas inspected.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Hilary McCamley, supported housing manager, mental health support and recovery, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

### 6.1 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 (Northern Ireland) 2007.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) assessed by the inspector.

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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 12.7</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2016</p>	<p>A record is kept in the agency, for each member of staff, of all training including induction, and professional development activities undertaken by staff.</p> <p>This recommendation relates to review of mandatory training records to ensure an accurate record is retained.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The agency has in place a record of all mandatory training, This record is currently being reviewed by the new manager and it is being up dated to reflect all the mandatory training that has been completed by the staff. this record will be maintained on the staff member file and in electronic file for ease of access.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 9.5</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2016</p>	<p>Policies and procedures are subject to systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures</p> <p>This recommendation relates to:</p> <ul style="list-style-type: none"> <li>• Hard copies of policies/procedures retained should be cross referenced with those held electronically to ensure only current publications are retained and available to staff</li> <li>• Review of the supervision policy dated 2011.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All policies are currently under reviewed and are being updated by the new manager . All hardcopies will be transferred to electronic file to be accessed by all staff this will reflect continuity across all Supported Housing Domiciliary Schemes within Support and Recovery Mental Health.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2016</p>	<p>It is recommended that the agency maintains records as specified in Minimum Standard 5.2.</p> <ul style="list-style-type: none"> <li>• The departure times of every visit made by agency staff should be recorded within care record intervention notes.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Staff have been advised to record all departure time on completion of the care tasks this will now be evidenced relating to each visit in all service users daily evaluation notes</p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 3.3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2016</p>	<p>The registered manager ensures that the care plan includes information on:</p> <ul style="list-style-type: none"> <li>• the care and services to be provided to the service user;</li> <li>• directions for the use of any equipment;</li> <li>• the administration or assistance with medications</li> <li>• how specific needs and preferences are to be met; and</li> <li>• the management of identified risks.</li> </ul> <p>This recommendation relates to ensuring the agreed intervention to meet each specific identified need is recorded within care support plans.</p>		
<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Care and support plans are under review and will be amended to reflect agreed intervention to met specific needs. This work is ongoing and should be completed in 2016.</p>			
<p><b>Registered Manager Completing QIP</b></p>	<p>Teresa O'Neill</p>	<p><b>Date Completed</b></p>	<p>02/03/2016</p>
<p><b>Registered Person Approving QIP</b></p>		<p><b>Date Approved</b></p>	
<p><b>RQIA Inspector Assessing Response</b></p>	<p>Priscilla Clayton</p>	<p><b>Date Approved</b></p>	<p>05 /03/16</p>

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**