



The Regulation and
Quality Improvement
Authority

PRIMARY ANNOUNCED INSPECTION

Name of Establishment:	West Belfast Agency
Establishment ID No:	11202
Date of Inspection:	10 April 2014
Inspector's Name:	Caroline Rix
Inspection No:	16541

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	West Belfast Agency
Address:	Unit 5, Cloona Business Centre 30 – 31 Colin Road Belfast BT17 0LG
Telephone Number:	(028) 9062 0002
E mail Address:	dcbelfast@gmail.com
Registered Organisation / Registered Provider:	West Belfast Agency / Mrs Susan Virginia Ward
Registered Manager:	Mrs Sammie-Jo Ward, Acting manager
Person in Charge of the agency at the time of inspection:	Ms Maura McLaughlin, Service manager
Number of service users:	62
Date and type of previous inspection:	15 November 2013 Primary Announced from 9.30am to 4.45pm
Date and time of inspection:	10 April 2014 from 9.30am to 4.15pm Primary inspection (unannounced)
Name of inspector:	Caroline Rix

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 inspection to assess the quality of services being provided. The report details the extent to which the 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	1
Relatives	1
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	19	3

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:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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

West Belfast Agency is a domiciliary care agency based in Cloona Oasis Centre, 30-31 Colin Road, Belfast, BT17 0LG. Under the direction of the service manager Maura McLaughlin, a staff of 20 provides a domiciliary care service to 62 service users. These service users live in their own homes in the Dunmurry and Lisburn areas of Northern Ireland. Staffs provide a range of services including personal care, social support and some domestic assistance. The service users have been assessed as requiring these services due to old age and infirmity, learning disability, physical disability and / or mental health care needs. The South Eastern Health and Social Care Trust commission these services. The agency ownership changed December 2013 with Mrs Susan Ward now responsible person and Miss Sammie Jo Ward as acting manager. Service users had been advised of the change of ownership verbally during December 2013, with a revised service user's guide currently being distributed to them all.

Review of action plans/progress to address outcomes from the previous inspection.

West Belfast Agency had five requirements and five recommendations made during the agency's previous inspection on 15 November 2013. All of the five requirements were found to be 'compliant'. Three of the five recommendations were found to be 'compliant', with the remaining two 'moving towards compliance'. These two outstanding recommendations have been carried forward to this year's Quality Improvement Plan.

Summary of Inspection

Detail of inspection process

The annual announced inspection for West Belfast Agency was carried out on 10 April 2014 between the hours of 09.30 hours and 16.15 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report.

The inspector had the opportunity to visit three service users on the day of inspection and a summary report is contained within this report. Findings following these home visits were discussed with the manager.

The inspector had the opportunity to meet with one staff member on the day of inspection to discuss her views regarding the service and their feedback is included within the body of this report.

Two requirements and three recommendations (two restated from November 2012 and November 2013) have been made in respect of the outcomes of this inspection.

Staff survey comments

Nineteen staff surveys were issued and three were received back which is a disappointing response. The service manager confirmed that all surveys had been given to staff and reminded of their importance.

Staff comments included on returned surveys:

‘We don’t get to spend enough time with clients.’

‘Not having a lot of time with clients.’

Home Visits summary

The inspector spoke with three service users and one relative during the home visits to obtain their views on the service being provided. The service users interviewed have been using the agency for a period of time from one year to four years and receive from one to three calls per day from West Belfast Agency.

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

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the carers from West Belfast Agency or their level of training. None of the people interviewed had made a complaint about the agency. All of the people interviewed were aware of whom to contact should any issues arise.

Examples of some of the comments made by service users are listed below:

- “I am very happy with the care and service I receive; the girls are more like friends to me now. I trust them fully and they help me both with tasks but I can confide in them as well.”
- “My girls are very good; they know what I need and I can depend on them so don’t have to worry. They help me with all that I need.”
- “The girls are wonderful; I know I couldn’t manage without their help. I resisted accepting help for some time and now find their support and encouragement invaluable. The girls are encouraging and never condescending. I enjoy their company and feel they have helped me more than I had ever expected.”

It was good to note that the majority of the people interviewed confirmed that management from the agency visits to ensure their satisfaction with their service and that observation of staff practice had taken place in their home.

As part of the home visits, the inspector reviewed the agency’s files relating to three service users. It was good to note that all of the files contained copies of the service user’s care plans and that the agency staffs were completing the log sheets appropriately. However risk assessments were not in place within the files viewed. This was discussed with the service

manager, who explained that updated service user files are currently being distributed to all service users following the change of ownership of the agency. These new files will contain all the required information including risk assessments. The new files are expected to be provided to all service users by the end of April 2014.

Theme 1 - 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 **compliant** in relation to this theme.

Discussions with the acting registered manager during inspection and review of records for the acting registered manager, service manager and senior care staff / team leaders supported a process in place relating to areas of mandatory training and this was found to be consistent with the RQIA mandatory training guidelines 2012.

A staff competency process is in place for all staff including the acting registered manager and other senior staff along with appropriate supervision and appraisal processes. Records evidenced that the acting registered manager and senior care staff / team leaders had received annual appraisals along with regular supervision meetings. However the service manager had not received an annual appraisal and this should be carried out.

Monthly monitoring reports were completed and contained relevant information relating to staff training and development and confirmed that the manager demonstrated competence and skill to fulfil her role and responsibilities.

Records regarding one service user accident and one medication incident were reviewed and found to have been appropriately recorded and reported within RQIA timeframes.

One recommendation has been made for quality improvement in relation to this theme. The acting manager is recommended to complete an appraisal with the service manager to review her performance against her job description and agree a personal development plan in accordance with their procedure.

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' which contains guidance for staff on this subject.

Records within three service users' files evidenced appropriate processes in place for service user recording in the areas of daily care and medication records. However risk assessments were not in service users' home files.

The agency policy and procedure on Medication Assistance dated March 2014 was viewed which included their medication recording template and was found to be satisfactory.

The agency currently provides assistance or prompting in relation to administration of medications to a number of service users as detailed within their care plans and records were review as satisfactory.

The agency does not currently provide care to any service users that require some form of restraint therefore no records for this area were available for review.

Two requirements or one recommendation (restated) have been made for quality improvement in relation to this theme. The acting manager is required to ensure relevant risk assessments are in place within all service users home held files. The acting manager is required to expand their Handling service users' money procedure to include the occasional purchase of small grocery items such as milk or bread for service users. The acting manager is recommended to ensure all staff is provided with their updated recording and reporting procedure. (Restated from November 2013)

Theme 3 – Recruitment

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

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

No requirements or recommendations have been made for quality improvement in relation to this theme.

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

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 5 Schedule 1	<p>The registered manager is required to expand their Statement of Purpose to include the relevant qualifications and experience of the responsible person.</p> <p>(Restated from 19&20 November 2012)</p>	<p>The Statement of Purpose viewed dated January 2014 had been expanded and included the relevant qualifications and experience of the responsible person.</p>	Twice	Complaint
2	Regulation 6	<p>The registered manager is required to update their Service Users Guide to include details of how they may access written records retained in the agency office.</p> <p>(Restated from 19&20 November 2012)</p>	<p>The Service User's Guide dated January 2014 was viewed which includes details of how they may access written records retained in the agency office. The agency's updated guide along with other relevant information is currently being distributed to all service users as part of a rolling programme, expected to be completed by end of April 2014.</p>	Twice	Compliant
3	Regulation 21	<p>The registered manager is required to develop a policy and procedure on management of records in line with Regulation 21 Schedule 4 and Standard 10.</p> <p>(Restated from 19&20 November 2012)</p>	<p>The Management of Records procedure has been developed dated April 2014. This document was reviewed and is in line with Regulation 21 Schedule 4 and Standard 10.</p>	Twice	Compliant

4	Regulation 15(6)(a)	The registered manager is required to update their 'Safeguarding Vulnerable Adult's' procedure to cross reference the relevant legislation and include a simplified flowchart of key steps staff should follow within the process.	The Protection of Vulnerable Adults procedure was reviewed dated January 2014. This document has been expanded and cross referenced to the relevant legislation, a flowchart has been developed and records evidenced that staff have been provided with this updated information.	Once	Complaint
5	Regulation 16(2)(a)	<p>The registered manager is required to ensure staff knowledge and competence following staff training in the area of Vulnerable Adults protection.</p> <p>The registered manager should develop and implement a staff competency assessment tool regarding protection of vulnerable adult's knowledge.</p>	The agency has developed a staff competency assessment tool following staff training in the area of Vulnerable Adults protection. This assessment is planned to be introduced at their next team meetings.	Once	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 5 & 9.1	<p>The registered manager is recommended to develop a policy and procedure on recording and reporting in line with Standard 5.</p> <p>(Restated from 19&20 November 2012)</p>	<p>A Recording and Reporting policy and procedure has been developed dated January 2014. This was reviewed and found to be in line with standard 5.</p> <p>The agency is recommended to ensure all staff is provided with this updated information.</p>	Twice	Moving towards compliance
2	Standard 9.3	<p>The registered manager is recommended to develop all the policies and procedures within appendix 1; these should be centrally indexed and compiled into one manual. These policies and procedures should be cross referenced with Standard 9.1 Appendix 1.</p> <p>(Restated from 19&20 November 2012)</p>	<p>The Policy and Procedure manuals reviewed are currently indexed. However the registered manager is recommended to develop all the policies and procedures within appendix 1 centrally indexed and cross referenced with Standard 9.1 Appendix 1.</p>	Twice	Moving towards compliance
3	Standard 9.4	<p>The registered manager is recommended to ensure all policies and procedures are dated when issued, reviewed or revised.</p> <p>(Restated from 19&20 November 2012)</p>	<p>The review of a number of policies and procedures confirmed that these have been dated when issued, revised and date for next review included.</p>	Twice	Compliant

4	Standard 9.5	<p>The registered manager is recommended to develop a system to evidence that all policies and procedures are reviewed three yearly and ratified when issued.</p> <p>(Restated from 19&20 November 2012)</p>	<p>A system has been developed to review all policies and procedures at least three yearly, ensure they are ratified when issued and version control recorded.</p>	Twice	Compliant
5	Standard 8.11	<p>The responsible person is recommended to expand their monthly monitoring reports to include details of action taken in respect of any vulnerable adult's cases received and also to reflect how actions from the previous month had been carried forward.</p>	<p>The monthly monitoring reports reviewed for December 2013 to February 2014 had been expanded and contained details required and where needed reflected the follow up process from month to month.</p>	Once	Compliant

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.	
<p>Criteria Assessed 1: Registered Manager training and skills</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>Regulation 11 (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>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). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The Registered Manager has taken the necessary training for managing the agency and any changes regarding new courses to be undertaken will be carried out. The agency is monitored regularly in relation to the size and the needs of both staff and service users to ensure sufficient care, competence and skills are sought. The Registered Manager undertakes training required to ensure all areas relevant to the management and provision of services, records of such training are maintained as necessary for inspection.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency Statement of Purpose dated April 2014 was found to be clear with details regarding the agency responsibilities surrounding the management and control of the agency.</p> <p>The structure also detailed the agency management staff in terms of the role of the service manager and three senior care staff.</p>	<p>Compliant</p>

As detailed within the self-assessment above, records evidenced that the acting registered manager had completed the mandatory training as detailed within RQIA guidelines. The frequency of the training completed had met the timescales specified as best practice.

The acting registered managers training records also confirmed training had been completed on specific topics relevant to her role and responsibilities along with confirmation she is currently undertaking the QCF Level 5 Health and Social Care course and this is to be commended in keeping her abreast of new areas of development.

<p>Criteria Assessed 2: Registered Manager’s competence</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</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 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>Provider's Self-Assessment:</p>	
<p>The Registered Manager or Service Manager systematically audits working practices within the agency to ensure the work is consistent, action is taken when necessary. All medication errors and incidents are reported in accordance with procedures to the appropriate authorities. All training records are kept on practice and procedures is evaluated as part of quality improvment. The Registered Manager has record of staff appraisal to review their performance against their job description and agree personal development in accordance with the procedures.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Monthly monitoring reports completed by the registered person were reviewed during inspection for December 2013 to February 2014. These reports were found to contain relevant details and confirmed that the manager demonstrated competence and skill to fulfil her role and responsibilities.</p> <p>The agency has changed ownership in December 2013, and as described within the self-assessment above, the acting manager is in the process of reviewing working practices and systems within the agency. This has included a review of policies and procedures, documentation revised for service users and staff meetings, supervision and appraisals. Records confirmed that care worker staff appraisals have been completed during the past year.</p>	<p>Compliant</p>

The inspector reviewed the agency log of one medication incident and one accident reported through to RQIA over the past year. Review of both of these incidents were appropriately recorded and reported within RQIA timeframes hence supporting manager competence in this area.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</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>Provider's Self-Assessment:</p>	
<p>The Registered Manager or Service Manager ensures that no domiciliary care worker is supplied by the agency unless he/she has the experience and skills necessary for the work he/she is to perform. The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. The senior Staff or Service Co ordinators will monitor this reguraly and report necessary concerns in relation to any of the Regulations/Standards and action will be taken by Management when required. When necessary, training in specific techniques is required for a service user the Service Manager or Service Co Ordinator will arrange for specific training to take place by a qualified healthcare professional or trainer.The Registered Manager and Service Manager are trained in supervision and performance appraisal for all staff within the agency.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency currently has one service manager and three senior care staff/team leaders employed. Details of recent training during 2013/14 was reviewed on the agency training plan/scheduling tool and verified in the service manager and senior care staff/team leaders staff files during inspection. These records confirmed that staff had completed refresher/update training as required on each mandatory training subject.</p> <p>The senior care staff/team leaders training records also confirmed training had been completed on specific topics</p>	<p>Compliant</p>

relevant to their role and responsibilities and the particular needs of their service users. These had included a training course by ILM at level 4 on Leadership and Management which was completed in December 2013 by the service manager and each of the three senior care staff/team leaders and is to be commended. This course had included training on staff supervision and appraisals.

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</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 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>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>The Registered Manager or Service Manager systematically audits working practices within the agency to ensure the work is consistent, action is taken when necessary. All medication errors and incidents are reported in accordance with procedures to the appropriate authorities. All training records are kept on practice and procedures is evaluated as part of quality improvment. The Registered Manager has record of staff appraisal to review their performance against their job description and agree personal development in accordance with the procedures. The agencys Service Co Ordinator or Senior Staff will also be involved in assisting the Management staff in carrying out aduits etc and to ensure all neseccary information regarding improvment for training needs etc are addressed and all staff are competent within their job role.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Supervision records for 2013/14 were reviewed during inspection for the senior care staff/team leaders and provided a detailed discussion/record surrounding current working arrangements, training matters and on-going development. The records were reviewed within these staff member’s files which confirmed appropriate post training assessments had been completed. The senior care staff/team leaders annual appraisal records were viewed which had been completed in October and November 2013. However the service manager had not received an annual appraisal, therefore the acting manager is recommended to complete an appraisal with the service manager to review her performance against her job description and agree a personal development plan in accordance with their procedure.</p>	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

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

Criteria Assessed 1: General records

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.

Provider's Self-Assessment:	
All records specified in schedule 4(11) are maintained and kept up to date and in good order and in a secure manner and available for inspection at the agency premises by any person from the RQIA. The Registered Manager or Service Manager ensures that the senior staff and Service Co Ordinators 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 a good manner. All details relating to standard 5.2 are recorded and maintained in the service user home file and adhered to, any changes to circumstances or changes to care plans are reported to the Service Manager and the following will be updated. All records are legible, accurare and up to date and signed by the person making the entry.	Substantially compliant
Inspection Findings:	
<p>As detailed within the follow up section above, a Recording and Reporting policy and procedure has been developed dated January 2014. This was reviewed and found to be satisfactory and in line with standard 5. The acting manager is recommended to ensure all staff is provided with this updated information.</p> <p>The agency policy and procedure on Medication Assistance dated March 2014 was viewed which included their medication recording template and was found to be satisfactory. Records reviewed within three service user files during inspection confirmed appropriate recording in the daily logs and medication records. The care plan relating to one service user contained details of the agreed level of assistance staff would provide regarding medication administration. Staff records confirmed that guidance had been provided to the staff required to provide this service user with medication assistance.</p> <p>Review of three staff files during inspection confirmed adherence to records management as detailed within the staff spot check and supervision records for 2013-2014.</p> <p>Discussion by the inspector with three service users and one representative confirmed that they had been given advice regarding secure storage of records in their homes and specified the location of the home held records for staff to access.</p> <p>A review of three service user home files evidenced that no risk assessments were in place. However the office held records contained all the service users risk assessments. Discussion with the service manager indicated that</p>	Substantially compliant

the trust care manager had advised the agency not to retain risk assessments in service user's home files. The acting manager and service manager confirmed that risk assessments are currently being distributed to all service users as part of a rolling programme, expected to be completed by end of April 2014.

A review of three service user risk assessments held in office files indicated that restraint measures are not required as part of their care provision. The service manager confirmed that no service users currently require any form of restraint.

The staff member interviewed confirmed that training and guidance was provided in relation to recording and reporting both at induction, as part of the staff handbook and at on-going supervision meetings with the service manager.

<p>Criteria Assessed 3: Service user money records</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>Provider's Self-Assessment:</p>	
<p>The Registered Manager has a strict policy in place in relation to Service User money records or The Handling of Service Users money. The Agency has arrangements in place for the provision of prescribed services to a service user for the arrangemetns for a care worker to act as an agent for, or recieves money from, a service user. Details of the arrangements can be found in the agencys policy. Records are kept of any arrangements agreed for the agency care worker to handle money for a service user which the agency will only agree to this if its a request from the Care Manager.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has in place a policy on ‘Handling Service Users Money’ dated February 2014. This policy and procedure was reviewed and provides guidance and information for staff on this subject. However this procedure is required to be expanded regarding the occasional purchase of small grocery items such as milk or bread for service users.</p>	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

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

Provider's Self-Assessment:	
<p>The Registered manager or Service Manager ensures that no domiciliary care worker is supplied by the agency unless the following requirements are met from Regulation 13. The Registered Manager or Service Manager also ensures that the following arrangements are in place for pre - employment checks on the new applicant, criminal history disclosure sought from Access NI and all appropriate referrals are made in order to safeguard children and vulnerable adults. Before making an offer of employment there are following checks to be carried out in line with standard 11.2 before making an offer of employment.</p>	Compliant
Inspection Findings:	
<p>The agency has a staff recruitment and selection procedure dated February 2014 which was reviewed and covering all the required areas. The policy was found to be in line with Regulation 13, schedule 3.</p> <p>Five staff files inspected (three recruited within the last year and two employed over one year) evidenced that the requirements of Regulation 13 Schedule 3 have been fully met. All documentation in relation to the recruitment process for these staff members was retained and stored securely. Staff files evidenced signed and dated copies of contracts of employment along with a copy of their job description held within all staff files.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. Five complaints had been received during this period, records reviewed evidenced that these had been appropriately managed and each had been resolved.

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 acting registered manager Sammie Jo Ward and service manager Maura McLaughlin, 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:

Caroline Rix
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Announced Primary Inspection

West Belfast Agency

10 April 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 acting registered manager Sammie Jo Ward and service manager Maura McLaughlin 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 21 (2)	The acting manager is required to ensure relevant risk assessments are in place within all service users home held files.	Once		Within two months of inspection date.
2	Regulation 15 (6)	The acting manager is required to expand their Handling service users' money procedure to include the occasional purchase of small grocery items such as milk or bread for service users.	Once		Within two months of inspection date.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), 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 5 & 9.1	The acting registered manager is recommended to develop a policy and procedure on recording and reporting in line with Standard 5. The agency is recommended to ensure all staff is provided with this updated information. (Restated from 19&20 November 2012)	Three		Within two months of inspection date.
2	Standard 9.3	The acting registered manager is recommended to develop all the policies and procedures within appendix 1; these should be centrally indexed and compiled into one manual. These policies and procedures should be cross referenced with Standard 9.1 Appendix 1. (Restated from 19&20 November 2012)	Three		Within two months of inspection date.
3	Standard 13.5	The acting manager is recommended to complete an appraisal with the service manager to review her performance against her job description and agree a personal development plan in accordance with their procedure.	Once		Within three months of inspection date.

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	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			