

PRIMARY INSPECTION

Name of Establishment: Jark Healthcare

Establishment ID No: 11250

Date of Inspection: 6 January 2015

Inspector's Name: Caroline Rix

Inspection No: IN020277

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Jark Healthcare
Address:	Unit 25/26 Down Business Park 46 Belfast Road Downpatrick BT30 9UP
Telephone Number:	02844839996
E mail Address:	mparks@jark.co.uk
Registered Organisation / Registered Provider:	Jark Recruitment/ Jaclyn Kay (Acting Responsible Person)
Registered Manager:	Marie Parks
Person in Charge of the agency at the time of inspection:	Marie Parks
Number of service users:	186
Date and type of previous inspection:	18 February 2014, Primary Announced
Date and time of inspection:	6 January 2015 from 9.30am to 3.30pm Primary unannounced inspection.
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 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	2
Staff	0
Relatives	3
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	30	11

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

Jark Healthcare is a domiciliary care agency based on the outskirts of Downpatrick and operating in the locality of Lisburn, Downpatrick, and surrounding areas. The service provides care to 186 service users who are older people, children and people with learning disability. Jark provides service provision in the areas of personal care, domestic tasks and social support. Jark Healthcare currently employs 74 domiciliary care staff. The South Eastern Health and Social Care Trust and Southern HSC Trust commission these services.

Jark Healthcare had three requirements and five recommendations made during the agency's previous inspection on 18 February 2014. All requirements were reviewed as 'compliant'. Each of the five recommendations were found to be 'compliant'. This outcome is to be commended.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Jark Healthcare was carried out on 6 January 2015 between the hours of 09.30 and 15.30. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Interviews of service users were carried out by the UCO prior to the inspection and a summary of feedback is contained within this report. Findings following these home visits were discussed with the registered manager.

The inspector did not have the opportunity to meet with staff members to discuss their views on the day of inspection as this was an unannounced inspection and staff was not available.

One requirement and five recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

Thirty staff surveys were issued and eleven (plus two after closure date) received which is a fair response.

Staff comments were included on a number of the returned surveys as follows;

'Marie is always at the end of the phone if you need her help.'

'I am very happy with agency, good training given and plenty of support from office.'

'I have worked with different care sectors but I must say Jark has been the best job I've been in.'

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with two service users and three relatives on 3 and 4 December 2014 to obtain their views of the service being provided by Jark Healthcare. The service users interviewed live in Ballynahinch, have been using the agency for a period of time ranging from approximately three months to five years, receive at least one call per day and are receiving assistance with the following:

- Management of medication
- Personal care
- Sitting service

The UCO was advised that 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 advised of the name of, or are introduced to, new members of staff by a regular carer. The majority of the people interviewed confirmed 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. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

All of the people interviewed had no concerns regarding the quality of care being provided by the staff from Jark Healthcare and were aware of whom they should contact if any issues arise. Two relatives advised that they had made complaints regarding consistency of staff and missed calls; both informed the UCO that they were satisfied with the outcome. It was good to note that all of the people interviewed were able to confirm that management from the agency visits regularly to ensure their satisfaction with the service; however none were able to confirm that observation of staff practice had taken place in their home. The registered manager advised that this is carried out on a regular basis; records are kept in the office and are available for review for the inspector.

A number of people interviewed also confirmed that they had received a book from the agency when the service commenced and that it is completed by the carers at all calls. Examples of some of the comments made by service users or their relatives are listed below:

- "Very happy with the service."
- "No call to complain."
- "Excellent service."
- "The carers take the time to talk to us which I like."

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 'Quality Assurance' policy and 'Statement of Purpose' dated February 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 and review her training records supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines (September 2012). However, some of the registered managers update training areas were reviewed as out of date in the past year and have been recommended for renewal. Additional areas of training relevant to the registered manager's role and responsibilities had been completed during 2014 and are to be commended, such as staff supervision/appraisals and dementia awareness.

Review of appropriate appraisal processes for all management staff were confirmed during inspection however supervision records for the registered manager were not in place and has been requested for implementation.

Monthly monitoring processes are currently in place and operational. However, the reports for October and November 2014 were not available for review and it is recommended that these reports are completed monthly and retained within the agency office.

Records regarding one medication incident were reviewed and found to have been recorded, managed and reported within RQIA timeframes. However records were not fully completed within the agency to evidence actions taken to prevent recurrence, these records are required to be maintained.

One requirement and three recommendations have been made in relation to this theme.

The registered manager is required to maintain records detailing all incident investigation outcomes and any actions taken in consequence.

The registered manager is recommended to complete outstanding update training on mandatory subject areas. The responsible person (acting) is recommended to maintain records of each registered manager supervision meeting completed.

The responsible person (acting) is recommended to complete monthly monitoring reports and retain a copy of each within the agency office.

Theme 2 - Records management

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

The agency has a range of templates reviewed during inspection which supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user files during inspection supported general compliance in these areas, with the exception to one service user's records, which had not been fully and consistently completed by care staff and is recommended to be addressed.

The agency has a policy and procedure in place on use of restraint dated February 2014 as part of their 'Protection of Vulnerable Adults' policy, which was reviewed as satisfactory.

The agency currently provides care to a number of service users that require some form of restraint. Within the sampled records, service user care plans and risk assessments in relation to this area were appropriately detailed.

The area of service user's finances was not reviewed during inspection as the registered manager confirmed that currently no service users receive assistance with finances, for example shopping, from the agency staff.

Two recommendations have been made in relation to this theme.

The staff spot checking template was reviewed and is recommended to be expanded to include a section on adherence to the agency recording policy.

The registered manager is recommended to ensure service user records are fully and consistently completed by care staff at every visit.

Theme 3 – Recruitment

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

Review of the agency staff recruitment records confirmed compliance with Regulation 13 and schedule 3. A sample of four staff recruitment records were reviewed for those employed during 2014.

One recommendation has been made in respect of this theme.

The registered manager is recommended to retain a signed copy of all staff terms and conditions issued.

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

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 6 (c)	The registered manager is required to provide all service users with an updated complaints procedure that includes the role of RQIA in relation to unresolved complaints. (Restated from 15 &17 October 2012)	The Complaints policy and procedure dated February 2014 was viewed and records confirmed that all service users had been provided with this updated information during May/June 2014.	Twice	Compliant
2	Regulation 15(6)(a)	The registered manager is required to expand the 'Protection of Vulnerable Adults' procedure to include reference to 'Safeguarding Vulnerable Adults a Shared Responsibility Standards and Guidance (2010)'.	The 'Protection of Vulnerable Adults' procedure viewed had been updated February 2014 and contains all required details.	Once	Compliant
3	Regulation 21(1) Schedule 4 6	The registered manager is required to retain details of the training undertaken by all staff.	A system has been introduced and viewed, with training records for all staff held in manual files and on their computer system.	Once	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Minimum Standard 14.1	The registered manager is recommended to expand the 'Protection of Vulnerable Adults' procedure for staff to include a simplified flowchart of the key steps within the process.	The 'Protection of Vulnerable Adults' procedure dated February 2014 was viewed and now contains a simplified flowchart of the key steps within the process for staff to follow, records evidenced that this information had been provided to all staff.	Once	Compliant
2	Minimum Standard 8.11	The registered person is recommended to include evidence of the action taken by the agency in respect of any vulnerable adult case received within their monthly monitoring reports.	The monthly monitoring reports by the responsible person reviewed, these contain a section for recording evidence of the action taken by the agency in respect of any vulnerable adult case received. No vulnerable adult reports were received in the past year.	Once	Compliant
3	Minimum Standard 14.4	The registered manager is recommended to develop a staff competency assessment to be implemented following 'Protection of Vulnerable Adults' update training.	A staff competency assessment tool has been developed and introduced since last inspection. Records evidenced that staff have completed this assessment following 'Protection of Vulnerable Adults' update training in July and August 2014.	Once	Compliant

4	Minimum Standard 1.8	The registered manager is recommended to expand their 'Quality Assurance' procedure to specify the types and frequency of monitoring contacts/visits they will undertake with service users each year.	The 'Quality Assurance' procedure and schedule viewed includes details of frequency for each contact/visit undertaken with service users each year.	Once	Compliant
5	Minimum Standard 8.12	The registered manager is recommended to expand their annual quality review process to include the views of staff and purchasers of care.	Records show that annual staff and trust care manager surveys have been developed. These are scheduled to be sent out January 2015 as part of their annual quality review process.	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.	
Criteria Assessed 1: Registered Manager training and skills 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. 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. 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	
Provider's Self-Assessment:	
The registered manager undertakes regular updates in mandatory training in relation to regulations and local authorities requirements. The registered manager is trained to NVQ level 4 standards. Jark are currently working on training programmes for the registered manager and the office staff. This will include mandatory updates as well as newly designed courses to meet the ever changing requirements of the industry.	Substantially compliant

Inspection Findings:	
<p>The agency's 'Quality Assurance' policy and 'Statement of Purpose' dated February 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.</p> <p>The training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). However the following areas were also reviewed as out of date in the past year and have been recommended for renewal, infection control and food hygiene.</p> <p>Additional areas of training relevant to the manager and management staff's roles and responsibilities had been completed during 2014 and are to be commended, such as staff supervision/appraisals and dementia awareness.</p> <p>Most areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor.</p> <p>The registered manager is not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from 2013 to 2016 with current registration certificate displayed in main office.</p>	Substantially compliant

<p>Criteria Assessed 2: Registered Manager's competence</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>Provider's Self-Assessment:</p>	
<p>The registered manager regularly audits our working practices to ensure they are consistent with the agency's policies and procedures and any action is taken where necessary.</p> <p>All medication errors and incidents are reported to the appropriate authorities in accordance with all local procedures and policies.</p> <p>The registered manager and staff are aware of the importance of training and the effect on practice and procedures which is evaluated within our quality improvement process.</p> <p>The registered manager and line manager hold annual appraisals with all staff members where performance is reviewed against job description and personal development plans are agreed with both parties.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>Appraisal for the manager and management staff currently takes place on an annual basis and was reviewed for October 2014 for the registered manager. Supervision records were not completed for the registered manager. The inspector discussed the registered manager's supervision process during inspection, who confirmed that six weekly meetings take place with the responsible person but have not been recorded; the recording of supervision meetings has been requested for review.</p>	Substantially compliant

The inspector reviewed the agency log of the one incident reported through to RQIA over the past year of a medication issue. Review of this incident confirmed appropriate reporting to RQIA regarding the medication incident within appropriate timeframes; however records were not fully completed within the agency to show actions taken to prevent recurrence and are required to be maintained.

Monthly monitoring reports completed by the registered person (acting) were reviewed during inspection for September 2014 and December 2014 and found to be detailed, concise and compliant. The registered person monthly monitoring reports for October and November 2014 were not available to review and it is recommended that these reports are completed monthly and retained within the agency office.

The agency has recently issued surveys to all service users asking for their views as part of their annual quality review for the year 2014. A number of these surveys have been returned but have not yet been reviewed and collated as part of their annual report. The feedback and information from service users, staff and commissioners are expected to be completed into their annual quality report shared with all interested parties within the next two months and will include their evaluation of staff training completed to date and their proposed future training requirements.

<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 person ensures that no care is provided by any staff member until they have the relevant training, experience and skills to carry out the role. In certain circumstances district nurses provide the relevant service user specific training to the individuals involved.</p> <p>Jark have a computerised training log for each individual which identifies expiry dates and makes management aware. All training needs are identified individually and arranged with individuals. Regular training occurs in relation to supervision and appraisal performance for managers and supervisory staff.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>A system has been introduced following the previous inspection, with training records for all staff held in manual files and on their computer system. The management staff records of appraisals and supervision were not reviewed at this inspection.</p>	Compliant

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<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>	
Provider's Self-Assessment:	
<p>The registered manager regularly audits our working practices to ensure they are consistent with the agency's policies and procedures and any action is taken where necessary.</p> <p>All medication errors and incidents are reported to the appropriate authorities in accordance with all local procedures and policies.</p> <p>The registered manager and staff are aware of the importance of training and the effect on practice and procedures which is evaluated within our quality improvement process.</p> <p>The registered manager and line manager hold annual appraisals with all staff members where performance is reviewed against job description and personal development plans are agreed with both parties.</p>	Provider to complete
Inspection Findings:	
The management staff records of appraisals and supervision were not reviewed at this inspection.	Not applicable

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 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

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.

COMPLIANCE LEVEL

Provider's Self-Assessment:	
<p>All records are kept up to date, in good order and in a secure manner. These are available for inspection at anytime by authorized personnel from RQIA.</p> <p>Jark make up 2 folders for each service user on commencement of services. One for service users home and one to be held in the office with all the relevant information held in accordance with policies and procedures.</p> <p>All records are legible, accurate up to date and signed and dated by the person making the entry</p>	Substantially compliant
Inspection Findings:	
<p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications. • The agency hold a money agreement within the service user agreement • Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping • Staff group supervision template includes records management (recording and reporting) <p>All templates were reviewed as appropriate for their purpose.</p> <p>The staff spot checking template was reviewed and is recommended to be expanded to include a section on adherence to the agency recording policy.</p> <p>Review of four staff files during inspection confirmed their adherence to records management as detailed within the staff supervision records for 2014 with no staff competence issues arising.</p> <p>Review of three service user files during the inspection confirmed appropriate recording in the general notes and medication records with exception to one file where records had not been consistently completed. The registered manager is recommended to ensure service user records are fully and consistently completed by care staff at every visit.</p>	Substantially compliant

Review of the medication agreement within each service user's file confirmed the agreement had been discussed and confirmed/signed with service user and/or family member(s).

The agency has a policy and procedure in place on use of restraint dated February 2014 as part of their 'Protection of Vulnerable Adults' policy, which was reviewed as satisfactory.

Review of service user records and discussion with registered manager confirmed that restraint is in place for a number of service users in respect of bedrails. Review of a sample of service user files during inspection evidenced care plans and risk assessments (where appropriate) were in place providing guidance for staff on their use.

<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>Jark have financial transaction record sheets which need to be completed by service user and staff member on every transaction. Receipts are to be held with records. Money handling permission sheets must be signed by each service user and line manager before this service can be availed.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that no service users are currently receiving financial assistance, for example shopping, from the agency; therefore no records were reviewed in this area.</p>	Not applicable

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

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

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:	
Jark have their own recruitment process which is in accordance with local authorities. We have compliance grids in place which coincide with our sign off sheets. All these specific requirements and checks have to be carried out and proof evidenced in their staff file which is kept in the office. Access NI's and reference checks are carried out on all staff members before being offered employment. Full application packs are completed and held in the office which include all areas covered in standard 11.2.	Substantially compliant
Inspection Findings:	
Four files for staff recruited between March and June 2014 were reviewed during inspection, and confirmed compliance with Regulation 13, Schedule 3. The full driving licence and car insurance were obtained and reviewed during inspection. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection with the exception to a contract for one care worker not received, although had been issued in line with standard 11.4. The registered manager is recommended to retain a signed copy of all staff terms and conditions issued.	Substantially compliant

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

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. The inspector reviewed three of the thirteen complaints received in 2013 during the agency's inspection and confirmed all records to be compliant. Records of four out of fifteen complaints received during 2014 were also reviewed, these indicated that each had been appropriately managed and 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 Marie Parks, registered 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.

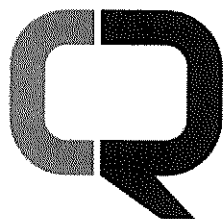
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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

Enquiries relating to this report should be addressed to:

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

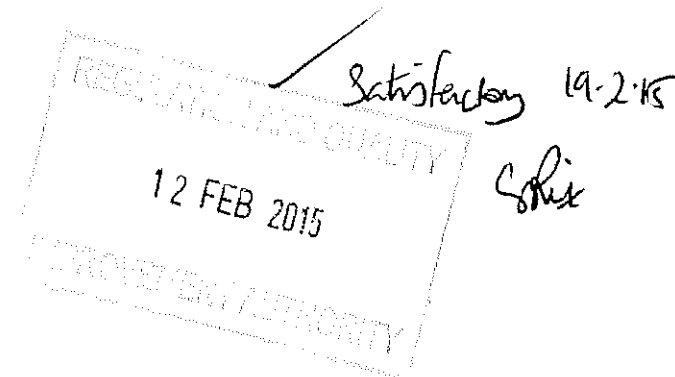
Caroline Rix
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Primary Unannounced Inspection
Jark Healthcare
6 January 2015



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 Marie Parks, registered 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 21 (1) Schedule 4(9)	The registered manager is required to maintain records detailing all incident investigation outcomes and any actions taken in consequence.	Once	All documents Re all incidents will be recorded with full findings.	Immediately and on-going following inspection.

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	Minimum Standard 8.17	The registered manager is recommended to complete all outstanding update training on mandatory subject areas.	Once	Registered manager completed all outstanding training Wednesday 23 rd January 2015.	Within three months of inspection date.
✓ 2	Minimum Standard 13.3	The responsible person (acting) is recommended to maintain records of each registered manager supervision meeting completed.	Once	Formal supervisions have been booked in for the next 12 months.	Within three months of inspection date.
✓ 3	Minimum Standard 8.11	The responsible person (acting) is recommended to complete monthly monitoring reports and retain a copy of each within the agency office.	Once	These will be completed on a monthly basis.	Within one month of inspection date.
✓ 4	Minimum Standard 5.2	The registered manager is recommended to expand their staff spot checking template to include a section on adherence to the agency's recording policy.	Once	Spot check template amended to include that both Daily Report Sheets and Medication Sheets were checked.	Within one month of inspection date.
✓ 5	Minimum Standard 8.10	The registered manager is recommended to ensure service user records are fully and consistently completed by care staff at every visit.	Once	Memo sent to all care staff to remind correct procedure to fill out both Daily Reports and Medication Sheets. Templates also sent.	Within one month of inspection date.

✓ 6	Minimum Standard 11.4	The registered manager is recommended to retain a signed copy of all staff terms and conditions issued.	Once	Jark updated Staff terms and conditions October 14. All copies returned and held in Staff files.	Within one month of inspection date.
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Cambridge 16.1.15

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	CLARE MARIE PARKS
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jaclyn May

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Caroline Rie	14-2-15
Further information requested from provider			

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: 

NAME: Jark Healthcare
Registered Provider

DATE 10.02.15

SIGNED: 

NAME: Claire Marie Parks
Registered Manager

DATE 19/2/15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Pauline Rie	19.2.15
Further information requested from provider			