



The **Regulation** and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Enable Care (Aughnacloy)
Establishment ID No: 11275
Date of Inspection: 8 July 2014
Inspector's Name: Caroline Rix
Inspection No: 16561

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Enable Care Services
Address:	77 Moore Street Aughnacloy BT69 6AR
Telephone Number:	(028) 8555 7745
E mail Address:	enablecareni8@yahoo.co.uk
Registered Organisation / Registered Provider:	Enable Care Services Unlimited / Mr Paul O'Keefe
Registered Manager:	Mrs Ann Maguire
Person in Charge of the agency at the time of inspection:	Mrs Ann Maguire /Ms Geraldine McConnell (assistant manager)
Number of service users:	220
Date and type of previous inspection:	1 August 2013, Primary Announced
Date and time of inspection:	8 July 2014 from 9.30am to 5.30pm 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	5
Staff	3
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	40	14 plus 10 after the closure date

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

Enable Care Services is based in Aghnacloy, and provides domiciliary services to adults in the Armagh, Dungannon and Fermanagh areas. The agency employs 94 staff (an increase of 9 from last year) and provides care to 220 (an increase of 58 from last year) service users in their own homes. Services provided include personal care, meals, essential hygiene cleaning, day & night sits. Service users who receive services are older people, those with physical disabilities, learning disabilities and mental health care needs. The Southern Health and Social Care Trust and Western Health and Social Care Trust commission these services. The agency does not have any privately funded service users at present.

Enable Care Aghnacloy had two requirements and three recommendations made during the agency's previous inspection on 1 August 2013. Both of the requirements were found to be 'compliant'. Two of the three recommendations were found to be 'compliant' with the third 'substantially compliant' this outstanding area has been carried forward and included within the attached quality improvement plan(QIP).

Summary of Inspection

Detail of inspection process

The primary unannounced inspection for Enable Care Aghnacloy was carried out on 8 July 2014 between the hours of 09.30 hours and 17.30 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection on 30 June and 2 July 2014, and a summary of findings is contained within this report. Findings following these home visits were discussed with the manager.

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

One requirement and seven recommendations (one restated from 1 August 2013) have been made in respect of the outcomes of this inspection.

Staff survey comments

Forty staff surveys were issued and fourteen, plus ten after the closure date, were received which is a disappointing response.

Staff comments were included on two of the returned surveys;
'Very good support from the office/management.'

'I would like the opportunity to assist service users more e.g. days out, trips away. Very happy with job in general'.

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with five service users and three relatives between 30 June and 2 July 2014 to obtain their views of the service being provided by Enable Care in the Aughnacloy vicinity. The service users interviewed are located in Fivemiletown and surrounding areas, have been using the agency for a period of time ranging from approximately two months to five years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals
- Financial assistance for example shopping

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 are usually introduced to new members of staff by a regular carer. All of the people interviewed informed the UCO 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.

It was good to note that all of the people interviewed had no concerns regarding the services being provided by the care staff. None of the people interviewed had made a complaint about the agency, however all were aware of whom they should contact if any issues arise. It was good to note that all of the people interviewed were able to confirm that management from the agency visits to ensure satisfaction or that observation of staff practice had taken place.

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

- "Great team of girls."
- "No concerns whatsoever about the service. The girls are very thoughtful and caring."
- "Couldn't make a complaint about anything."
- "If I need to change my call for anything, it is absolutely no problem."

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of four service users. During the home visits, the UCO did not observe any service users experiencing restraint in the form of bed rails or lap bands.

Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; however two service users informed the UCO that carers sometimes do shopping for them. The matter was discussed with the manager and it is recommended that any such assistance is recorded in line with the agency's policy.

During the home visits, the UCO was advised that one service user is receiving assistance with medication by the carers which was being recorded appropriately on the log sheets. All visits by carers are to be recorded on log sheets which are held in the service user's home however due to the system in place it was difficult for the UCO to review the sheets and ensure that all calls had been recorded. The matter was discussed with the manager and it is suggested that the agency reviews the system for recording calls so that the information is easier to review.

It was good to note that the files reviewed contained detailed care plans and risk assessments, however there was no summary of the care being provided to one service user and the manager has been requested to address this matter.

Summary

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 **substantially compliant** in relation to this theme.

The agency's 'Management and control of operations' policy and 'Statement of Purpose' viewed contain information on the organisational structure, the qualifications and experience of senior staff, but need expanded to include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager and assistant manager during inspection and review of records for the manager and senior staff supported a process in place for some but not all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training have been requested for review.

A staff competency process has been developed by the agency and is operational for all staff.

Review of appropriate appraisal processes for all management staff were confirmed during inspection however supervision records were not in place and have been recommended for completion.

Monthly monitoring processes are currently in place and operational. The report template was revised and implemented since previous inspection and found to be appropriately detailed.

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

The registered manager is required to expand their 'Statement of Purpose' to include the role and responsibilities of all grades of staff within the organisation.

The registered manager is recommended to complete all mandatory training updates in line with best practice guidelines.

The registered manager is recommended to expand their staff training and development procedure in line with RQIA mandatory guidelines (September 2012).

The registered manager is recommended to provide all service users and their carers/representatives with a summary of the key findings from their annual quality review report and advise that a copy of the full report is available on request.

The registered manager is recommended to ensure that all staff have recorded formal supervision meetings 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 'Record Keeping' which was found to be satisfactory and in line with standard 5 and contained clear guidance for staff on this subject.

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

The agency has a policy and procedure in place on use of 'Restraint' dated September 2012 which was reviewed as satisfactory.

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

The agency has a policy and procedure on 'Safeguarding and Protecting Service User's Money and Valuables' which was reviewed and needs amended. This was discussed with the registered manager.

Two recommendations have been made in relation to this theme.

The registered manager is recommended to ensure individual care plans and risk assessments include specific management plans relating to the area of restraint.

The registered manager is recommended to amend their 'Safeguarding and Protecting Service User's Money and Valuables' procedure to remove reference to service users' pensions and provide all staff with their updated procedure.

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 and or recommendations have been made in respect of this theme.

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

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 6 (c)	<p>The registered manager is required to provide all service users with an updated 'Complaints procedure' that includes the role and contact details of independent advocacy service and the NI Commissioner for Complaints along with the role of RQIA in relation to unresolved complaints.</p> <p>(Restated from 8 & 9 August 2012)</p>	<p>The revised complaints procedure dated August 2013 was viewed and further expanded on day of inspection. This document now contains all required information in relation to the role and contact details of independent advocacy service /NI Commissioner for Complaints and RQIA.</p>	Twice	Compliant
2	Regulation 13 Schedule 3(12)	<p>The registered manager is required to expand their 'Staff Recruitment procedure' to detail their process of AccessNI applications for potential new staff.</p>	<p>The staff recruitment procedure dated July 2014 was reviewed has been expanded to include a detailed process for AccessNI application for potential care staff. The procedure now includes all required details in line with schedule 2.</p>	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 8.11	<p>The responsible person is recommended to develop a monthly monitoring report which contains a summary of staff monitoring, service user monitoring, compliments and complaints and evidence of how any issues arising have been managed.</p> <p>(Restated from 8 & 9 August 2012)</p>	<p>Records of the monthly monitoring reports viewed for February to June 2014. These reports now include relevant sections and contain details of views obtained and actions taken as a result of feedback.</p>	Twice	Compliant
2	Standard 14.1	<p>The registered manager is recommended to expand their 'Protection of Vulnerable Adult's procedure' to include a flowchart of key steps staff should follow within the process.</p>	<p>The Protection of Vulnerable Adults procedure viewed dated August 2013 contains a flowchart. This flowchart was expanded on the day of inspection and found to be satisfactory. The registered manager is recommended to provide all staff with a copy of this updated guidance flowchart.</p>	Once	Substantially compliant
3	Standard 8.10	<p>The registered manager is recommended to expand their 'Quality Improvement procedure' to specify the timescale for their service user monitoring processes.</p>	<p>The Quality Improvement procedure dated August 2013 was viewed and had been expanded to include timescales for each process.</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>1) Enable Care monitor service users by management/supervisors by completing the following: house visits also by service users completing annual questionnaires; we also monitor by telephone call and complete the telephone monitoring form. Training is on going i.e. continuous and this lends to competence and skills required and delivered by all our staff.</p> <p>2) The registered manager also engages in mandatory training on a continuous basis she has applied for NVQ level 5 management with Omagh College and is currently waiting on start dates. They attend any meetings from the Trust for example the continuously plan and any other relevant meetings which ensure that experience and skills necessary for management of the agency.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The 'Statement of Purpose' and the policy on 'Management and Control of the Operations' both dated June 2014 were reviewed as partially compliant. The structure regarding management within the agency needs expanded to include the current role and responsibilities of each grade of staff. This structure includes the registered person, registered manager, assistant manager, together with the Director of Communications and Care, personnel manager, six supervisors and all other staff including care staff.</p> <p>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) with exception to medication (scheduled for mid-July 2014) and Child protection and have been recommended for renewal.</p> <p>The registered manager has also completed training in the areas of supervision and appraisal and this is to be commended.</p> <p>The registered manager explained that due to her absence for health reasons she is currently working on a phased return process which includes update training on mandatory subject areas.</p> <p>Most areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor. The current staff training plan reviewed contained all grades of staff and had been planned for period up to August 2014, and included the registered manager booked for medication and child protection training during July 2014.</p> <p>The registered manager has applied to commence the course of QCF Level 5 in care with Rutledge training organisation which is due to start autumn 2014. The importance of this additional training 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.</p>	<p>Substantially compliant</p>

<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>7.13 We at this moment and time have no medication errors or incidents however we are fully aware of the procedures and protocol to follow in relation to same.</p> <p>12.9 The policies and procedures are adhered to and in the event of them not being followed, retraining will be provided or disciplinary proceeding may be indicated depending upon circumstances involved. The services users complete an annual questionnaire which is part of the quality improvement and this gives us a valuable insight into the performance of staff.</p> <p>Monitoring is a major part and this is on-going to ensure that staffs are trained in the appropriate field. Staffs are evaluated before training and after training to gauge their level of ability and capability.</p> <p>13.5 This years appraisal are currently being carried out in accordance with procedures</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency 'Supervision and Appraisal' policy and procedure dated August 2013 was reviewed and clearly referenced practices for care staff and the processes for management staff regarding supervisions and appraisal.</p> <p>Appraisal for the registered manager currently takes place on an annual basis and was reviewed for December 2013. Supervision meetings regarding the registered manager have not been completed for the last six months as she is currently on a phased return to work following a period of absence due to ill health.</p> <p>The inspector reviewed the agency log of incidents and found that none had been required to be reported through to RQIA over the past year. Therefore no records were reviewed relating to this area.</p> <p>Monthly monitoring reports completed by the registered person were reviewed during inspection for February to June 2014 and found to be detailed, concise and compliant. Revision of the monthly monitoring report template had taken place since the previous inspection and been implemented.</p> <p>The agency is currently completing their annual quality review for the year 2013/14, with service user feedback not yet collated into their annual report. The inspector reviewed their previous annual report/ summary and the manager confirmed that the summary had not been shared with service users; this is recommended to be shared with all service users.</p>	<p>Substantially compliant</p>

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</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>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 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>7.9 If a specific technique is required i.e. epilepsy training the trust will provide this course for the specific care worker before the service commences. At present we have no Service User that requires ear/eye drops that is our responsibility but if this was the case they would be trained by a qualified professional in relation to same. Our updated will incorporate the administration by care workers of eye/ear drops</p> <p>b) Training is mandatory for all staff members and is carried out on an on going basis to allow staff to gain the skills necessary for the work to be performed</p> <p>12.4 Job description for senior supervisors of their roles and responsibilities and they have completed their NVQ 3 to enable them to fulfil this role adequately.</p> <p>13.1 NVQ level 3 training also guidance is given by the office in relation to appraisals</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency holds a 'Training and Development' policy and procedure. Review of this policy was found to be partially compliant, and needs expanded to reference the RQIA mandatory training guidelines and frequency (September 2012).</p>	<p>Substantially compliant</p>

Details of recent training during 2013/14 was reviewed on the agency training plan/scheduling tool and verified in the assistant manager and senior staff files during inspection. The staff training plan currently provides annual update training on each subject area. Each of the areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor.

Training records for the assistant managers and senior staff were found to be in place regarding all areas of mandatory training.

The assistant manager has completed her NVQ Level 3 Health and Social Care training in February 2014 which included the areas of supervision and appraisal and this is to be commended. The assistant manager has applied to commence the course of QCF Level 5 in care with Rutledge training organisation which is due to start autumn 2014.

Records reviewed and discussion with the manager indicated that senior staffs are not all registered with NISCC and they are recommended to apply for registration.

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</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>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>8.10 As stated in 12.9 practices are audited and management ensure they are inline with Enable Care Services policies and procedures and action is taken where applicable</p> <p>7.13 To date we have had no medication errors, however if an incident should arise it would be dealt with in the appropriate manner in accordance with policies and procedures</p> <p>12.9 As stated above</p> <p>13.5 Supervisors have a recorded appraisal with management and any training necessary will be given</p>	<p>compliant</p>
<p>Inspection Findings:</p>	
<p>The agency ‘Supervision and Appraisal’ policy and procedure dated August 2013 was reviewed and clearly referenced practices for care staff and the processes for management staff regarding supervisions as quarterly and annual appraisals.</p> <p>The appraisal for the assistant manager currently takes place annually and was reviewed during inspection for February 2014. Supervision for the assistant manager and senior staff members has not taken place and has been recommended to be completed in line with their procedure timescale.</p>	<p>Substantially compliant</p>

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
	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

<p>Provider's Self-Assessment:</p>	
<p>A) All records are kept up to date and in order and are secured in our filing cabinets C) Records are available for inspection by the RQIA</p> <p>2) every services users home is provides with a file containing a copy of the service user plan with a list of emergency contact numbers, DC1 assessment of needs, risk assessment and care plan also daily report sheets for care worker to record every visit. All are kept up to date and in good order</p> <p>5.2 The records maintained in the service users home contains all the details outlined in standard 5.2 if there is any change in circumstance it is updated in the careplan. Any contact between Social Worker are kept by a copy of email</p> <p>5.6 Again all records are accurate and up to date</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policies on 'Recording and Reporting Care Practices' dated January 2013 'Handling Service User's Monies' dated July 2014 and the 'Restraint' policy dated September 2012 were all reviewed during inspection as compliant.</p> <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 spot checking template which includes a section on adherence to the agency recording policy • Staff group supervision template includes records management (recording and reporting) <p>All templates were reviewed as appropriate for their purpose.</p>	<p>Substantially compliant</p>

Staff handbook viewed dated 2013 (with additions made during 2014 relating to social media guidance) contained staff guidance on the areas being reviewed within this theme.

Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising.

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as compliant in these areas.

The registered manager/assistant manager discussed records management as a regular topic during staff meetings/group supervision, review of six recent staff meeting minute records dated February to July 2014 evidenced this topic.

Review of four service user files during home visits confirmed appropriate recording in the general notes and medication records, with the exception of one service user's record which did not contain a summary of the care being provided. This was discussed with the registered manager who confirmed this matter had been addressed.

Records viewed in two service user's files noted that each service users was experiencing restraint in the form of bed rails; the use of such was not fully documented in the care plans or risk assessment records for these service users. The matter was discussed with the registered manager and it is recommended that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.

<p>Criteria Assessed 2: 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>At present we have no Service Uses who avails of this service, however if this matter was to arise all staff members are fully trained and would follow policy . Standard 8.14 does not apply to us at this minute and time but again if this was the case amount paid would be fully recorded</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The ‘Safeguarding and Protecting Service User’s Money and Valuables’ policy and procedure dated June 2013 includes clear guidance for staff on handling service users money for shopping, however, the procedure needs amended to remove the reference to the area of handling service users pension books. The manager is recommended to ensure all staff is provided with the updated procedure.</p> <p>Review of the care plans during the UCO home visits advised that the service users are not receiving any financial assistance from the agency; however two service users informed the UCO that carers sometimes do shopping for them. The matter was discussed with the manager and it is recommended that any such assistance is recorded in line with the agency’s policy. Discussion with the registered manager confirmed that the assistance described had been for emergency shopping by staff and records had been appropriately maintained. Staff members met on the inspection day confirmed that they would assist a service user with purchase of milk or bread occasionally if family unable to do so.</p>	<p>Substantially compliant</p>

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
	Substantially compliant

THEME 3 Regulation 13 - Recruitment	
<p>Criteria Assessed 1:</p> <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.	<p>COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment:</p> <p>13A) References are required before commencement of the position b) Training and induction is required before starting within the company C) A medical is completed before commencement d) full and satisfactory information is available as outlined</p> <p>8.21 Arrangement are in place to ensure that police checks are carried out and references requested before commencement of employment</p> <p>11.2 standard 11.2 is fully adhered to before employment is offered , an application form is filled out and details checked</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Review of the staff 'Recruitment and Selection' policy and procedure dated July 2014 confirmed compliance with regulation 13 and schedule 3.</p> <p>Review of four 2014 staff recruitment files during inspection confirmed compliance with Regulation 13 and Schedule 3. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection. The recruitment process was also confirmed during discussion with three longer standing staff members.</p>	<p>Compliant</p>

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

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

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 records relating to three of the seven complaints received during 2013, these confirmed that they had been appropriately managed and resolved. The agency has not had any further complaints since November 2013 to allow for the inspector to review on-going compliance.

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 registered manager Ann Maguire and assistant manager Geraldine McConnell, 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

Unannounced Primary Inspection

ENABLE CARE SERVICES AUGHNACLOY

8 JULY 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 registered manager Ann Maguire and assistant manager Geraldine McConnell 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 5 (1) Schedule 1 (7)	The registered manager is required to expand their Statement of Purpose to include the role and responsibilities of all grades of staff within the organisation.	Once	Statement of purpose is updated and includes the role and responsibilities of all grades of staff within the organisation	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	Minimum Standard 14.1	<p>The registered manager is recommended to provide all staff with a copy of the updated flowchart of key steps staff should follow within the vulnerable adult protection process.</p> <p>(Restated from 1 August 2013)</p>	Twice	Staff received a copy of the flow chart of the step by steps to follow within vulnerable adult protection process and they have to sign to show that they have received this	Within three months of inspection date.
2	Minimum Standard 8.17	The registered manager is recommended to complete all mandatory training updates in line with best practice guidelines.	Once	All training for the registered manager and acting manager have been completed	Within three months of inspection date.
3	Minimum Standard 1.9	The registered manager is recommended to provide all service users and their carers/representatives with a summary of the key findings from their annual quality review report and advise that a copy of the full report is available on request.	Once	A summary of the annual report has been given to each supervisor to hand deliver to all service users and on summary states that a copy of the full report is available on request	Within three months of inspection date.
4	Minimum Standard 12.3	The registered manager is recommended to expand their staff training and development procedure in line with RQIA mandatory guidelines (September 2012)	Once	Staff training and developing procedure has been updated in line with RQIA mandatory guidelines	Within three months of inspection date.

5	Minimum Standard 13.3	The registered manager is recommended to ensure that all staff has recorded formal supervision meetings in accordance with their procedure.	Once	Staff are receiving a formal supervision which is recorded in accordance with their procedure	Within six months of inspection date.
6	Minimum Standard 5.2	The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.	Once	Where relevant care plans and risk assessments will include management plans relating to area of restraint	Within two months of inspection date.
7	Minimum Standard 4.2	The registered manager is recommended to amend their 'Safeguarding and Protecting Service User's Money and Valuables' procedure to remove reference to the area of handling service users' pension books. The manager is recommended to ensure all staff is provided with the updated procedure.	Once	Safeguarding and protecting service users money and valuables procedure has been updated and the reference to the handling of service users pension books has been removed and staff have been given a copy of the new updated procedure at training	Within two 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	Geraldine McConnell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Paul OKeefe

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	C.Rix	19/08/14
Further information requested from provider			